Page 1 of 2 LO60618

U.S. DEPARTMENT 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# 804000503

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: 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.

9.8.10

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] 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	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.

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	USCA	5285					X				X			X				
17		5286					X				X					X		
18		5287					X				X			X				
19		5288	X						X					X				
20		5289	X						X							X		
21		5290	X						X					X				
22		5291	X						X					X				
23		5292	X						X							X		
24		5293	X						X					X				
25		5294	X						X							X		
26		5295	X						X							X		
27		5296	X						X					X				
28		5297	X						X					X				
29		5298				X							X			X		
30		5299						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)

FOIA11-804000505

U.S. DEPARTMENT 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

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.: ~

9.10.10

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	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.

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	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				
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 6 of 2 2066621

U.S. DEPARTMENT 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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804000507

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 17039

CITY, STATE, ZIP CODE: St Andre Avellin CANADA

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

AREA CODE & TELEPHONE NO.: —

9.14.10

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	USEF	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),

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SIGNATURE OF OWNER/SHIPPER(I certify that 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

2060621

FORM 1-802000508

U.S. DEPARTMENT OF AGRICULTURE
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	5375	X							X				X				
17		5376					X			X						X		
18		5377						X					X	X				
19		5378	X							X				X				
20		5379	X							X				X				
21		5380					X			X				X				
22		5381	X							X				X				
23		5382	X							X						X		
24		5383	X							X						X		
25		5384	X							X						X		
26		5385	X							X				X				
27		5386	X						X					X				
28		5387	X						X					X				
29		5388	X							X				X				
30		5389	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)

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FORM 804000509

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.: —

9.14.10

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.
- [ ] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/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				
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				
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.

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

2060624
Page 2 of 2
FOIA11-804000540

U.S. DEPARTMENT OF AGRICULTURE
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	5465					X			X				X				
17		5466	X							X				X				
18		5467	X							X				X				
19		5468			X					X						X		
20		5469					X			X						X		
21		5470					X			X				X				
22		5471				X							X	X				
23		5472					X			X						X		
24		5473	X							X				X				
25		5474			X					X				X				
26		5475					X			X				X				
27		5476				X								X				
28		5477					X			X				X				
29		5478					X			X				X				
30		5479	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 10 of 2 L0600

U.S. DEPARTMENT 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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FOIA11-804000511

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 Julia est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

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

9.14.10

AREA CODE & TELEPHONE NO.: 717-865-75906

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.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

L060623

Page 2 of 2

FOIA11-804000512

U.S. DEPARTMENT OF AGRICULTURE
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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SIGNATURE 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 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.

FOIA11-804000513

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 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.

9.14.10

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	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.

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

2060622

Page 2 of 2

BOIA 11-804000514

U.S. DEPARTMENT OF AGRICULTURE
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	5405	X						X							X		
17		5406						X		X				X				
18		5407					X			X				X				
19		5408					X				X					X		
20		5409					X		X					X				
21		5410	X							X						X		
22		5411	X							X						X		
23		5412					X						X			X		
24		5413				X							X	X				
25		5414					X			X						X		
26		5415				X							X			X		
27		5416					X		X						X			
28		5417	X						X						X			
29		5418						X		X				X				
30		5419	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 of 2 L060648

U.S. DEPARTMENT 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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PCIAS 1-804000515

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. Andrea Avellin

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

AREA CODE & TELEPHONE NO.: —

9.21.10

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	US82	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				
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.

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

Page 2 FOIA11-804000516 0646

U.S. DEPARTMENT OF AGRICULTURE
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		
27		5566					X			X				X				
28		5567					X			X						X		
29		5568					X						X			X		
30		5569					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 1 of 2 L0606

FOIA11-804000517

U.S. DEPARTMENT 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 9.21.10

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. Adea - 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	USEZ	5510	X						X							X		
2		5511					X						X	X				
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 of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

page 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	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),

VS FORM 10-13A
(SEP 2002)

Page 1 of 2 L06066

U.S. DEPARTMENT 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 1-804000519

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown, PA 9.21.10
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. Adrea-Avillen
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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USEC	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.

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	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		
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SIGNATURE 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 of 2 2060647

U.S. DEPARTMENT 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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FOIA11-804000521

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

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

9.23.10

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: Sonestown PA 17038

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

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

STREET ADDRESS: 517 Rang St. Julia

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	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.

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

Page 2 of 2 FOIA11-804000522 L06064;

U.S. DEPARTMENT OF AGRICULTURE
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				
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				
27		5596					X			X				X				
28		5597	X							X						X		
29		5598	X						X					X				
30		5599						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)

P99 1 of 2 L9600648

U.S. DEPARTMENT 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

9-24-10

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.: —

CHECK THE BOX THAT INDICATES THE 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	5600						X					X			X		
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		
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.

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

PART 1 - INSPECTOR

10606710
Page 2 of 2

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(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.

FOIA11-804000524

FORM 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	5615					X			X					X			
17		5616	X						X					X				
18		5617					X			X				X				
19		5618	X						X					X				
20		5619	X						X					X				
21		5620						X		X						X		
22		5621					X			X				X				
23		5622	X							X				X				
24		5623	X										X	X				
25		5624				X							X	X				
26		5625		X							X					X		
27		5626					X				X					X		
28		5627					X				X			X				
29		5628	X										X	X				
30		5629	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 1 of 2 1060650

U.S. DEPARTMENT 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 11-804000525

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE | DATE

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

9.28.10

VEHICLE LICENSE NO. AND DRIVER'S NAME

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. Juliaest

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin CA Nada

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	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		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),

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SIGNATURE OF OWNER/SHIPPER (I certify that 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

L060650
page 2 of 2
FOIA11-804000526

U.S. DEPARTMENT OF AGRICULTURE
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	5645	X										X			X		
17		5646					X						X	X		~~X~~		
18		5647						X					X	X				
19		5648	X						X					X				
20		5649	X										X			X		
21		5650	X							X						X		
22		5651						X					X			X		
23		5652					X			X						X		
24		5653	X										X			X		
25		5654	X										X			X		
26		5655	X										X			X		
27		5656	X										X	X				
28		5657					X			X				X				
29		5658	X										X			X		
30		5659					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 of 2 L060627

U.S. DEPARTMENT 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 1-804000527

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE | DATE

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

9.28.10

VEHICLE LICENSE NO. AND DRIVER'S NAME

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	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.

SIGNATUR (b)(6),

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

DATE

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

9.28.10

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: 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] 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),

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

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	5735				X							X			X		
17		5736	X										X			X		
18		5737	X										X			X		
19		5738					X				X			X				
20		5739					X				X			X				
21		5740	X										X	X				
22		5741	X										X			X		
23		5742						X		X				X				
24		5743						X		X				X				
25		5744						X		X				X				
26		5745						X					X	X				
27		5746	X							X				X				
28		5747	X							X						X		
29		5748					X			X				X				
30		5749					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

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: CAVCI CANADA EXPORT INC

9.28.10

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 Avel/in 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),

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SIGNATURE OF OWNER/SHIPPER(I certify that 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

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

	TAG PREFIX	Tag NO.	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	5675	X										X			X		
17		5676	X										X			X		
18		5677					X			X				X				
19		5678	X							X				X				
20		5679					X			X				X				
21		5680	X										X			X		
22		5681	X							X				X				
23		5682	X							X				X				
24		5683					X			X						X		
25		5684	X							X				X				
26		5685						X		X				X				
27		5686	X										X			X		
28		5687	X										X			X		
29		5688	X										X			X		
30		5689					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)

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OMB 0504000533

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

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

10.6.10

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, Julia est,

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] 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	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.

SIGNATUR (b)(6),

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

	TAG PREFIX	Tag NO.	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),

POD 10 of 2 L06 U6 07

U.S. DEPARTMENT 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

10-6-10

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. 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.

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.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

2060629

PAGE 2 OF 2

FOIA11-804000536

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

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

(b)(6),

VS FORM 10-13A
(SEP 2002)

U.S. DEPARTMENT 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 11-804000537

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

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

10.6.10

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 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	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.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Page 2 of 2 FOIA11-804000538 6644

U.S. DEPARTMENT OF AGRICULTURE
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),

VS FORM 10-13A
(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FOIA11-804000539

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: 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.:

10.14.10

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	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.

SIGNATUR (b)(6),

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

P968 2 F2 060645

USDA 1780400054

U.S. DEPARTMENT OF AGRICULTURE
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	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),

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

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FOIA11-804000541

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.

11.9.10

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 CA Nada

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	USEC	6291	X							X						X		
2		6292					X			X				X				
3		6293	X										X			X		
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.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Pay 2 of 2 1060762

IFOIA11-804000542

U.S. DEPARTMENT OF AGRICULTURE
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	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				
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),

VS FORM 10-13A
(SEP 2002)

Page 1 of 2 L060762

U.S. DEPARTMENT 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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FOIA11-804000543

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 Julia est.

11.9.10

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	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.

SIGNATUR (b)(6),

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	SEZ	6366					X		X						X			
17		6367						X		X				X				
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																		
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SIGNATURE 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 L060761

U.S. DEPARTMENT 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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FOIA11-804000545

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE | DATE

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

11.9.10

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.: 717-865-7506

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	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.

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	USDA	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		
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.)

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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

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 Julia est.

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.

11.9.10

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	USEZ	6321	X										X	X				
2		6322	X							X				X				
3		6323					X			X						X		
4		6324	X										X			X		
5		6325	X										X			X		
6		6326	X							X						X		
7		6327	X										X			X		
8		6328	X										X			X		
9		6329	X						X					X				
10		6330	X										X			X		
11		6331	X						X					X				
12		6332	X						X							X		
13		6333	X						X					X				
14		6334	X						X							X		
15		6335					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)

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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	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				
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SIGNATURE 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 Nr 2 [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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FOIA 1-804000549
FORM APPROVED
OMB NO. 0579-0160

11-23-10

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: Avel Canada Export Inc.
STREET ADDRESS: 94 Hoover Drive	STREET ADDRESS: 517 Rang St Julia est.
CITY, STATE, ZIP CODE: Jonestown PA 17030	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: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	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),

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SIGNATURE OF OWNER/SHIPPER (I certify that 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

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	USE	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				
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SIGNATURE 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 10-3A
(SEP 2002)

Page 1 of 2 20160160

U.S. DEPARTMENT 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 11-804000551

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USEZ	6591					X				X					X		
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.

SIGNATUR (b)(6),

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	VS97	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				
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	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. 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.

12.7.10

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	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.

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	VSEZ	6786					X			X				X				
17		6787						X		X				X				
18		6788	X						X							X		
19		6789					X		X					X				
20		6790						X		X				X				
21		6791					X			X				X				
22		6792					X			X				X				
23		6793					X			X						X		
24		6794	X							X				X				
25		6795	X							X				X				
26		6796	X										X			X		
27		6797					X			X						X		
28		6798				X				X				X				
29		6799				X				X						X		
30		6800				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 of 2 L060773

U.S. DEPARTMENT 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 1-804000555
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 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.

12.7.10

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	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.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Page 2 of 2 FDIA11-804000556 2060773

U.S. DEPARTMENT OF AGRICULTURE
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	6816					X						X	X				
17		6817	X						X							X		
18		6818	X										X			X		
19		6819	X							X						X		
20		6820					X			X				X				
21		6821					X			X				X				
22		6822	X							X				X				
23		6823					X			X				X				
24		6824				X				X				X				
25		6825	X										X			X		
26		6826					X				X					X		
27		6827					X			X				X				
28		6828	X							X						X		
29		6829	X							X						X		
30		6830					X		X					X				
31																		
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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 FORM 10-13A
(SEP 2002)

page 10 of 11 2060774

U.S. DEPARTMENT 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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804000557

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

7.10

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	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.

DATE

TIME

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

(b)(6),

FOIA11-304000559

U.S. DEPARTMENT 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.: 717-865-7566

CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Canada Export Inc. 2-8-11
STREET ADDRESS: 517 Rang St. Julie est.
CITY, STATE, ZIP CODE: St. Andre Avellin Quebec
AREA CODE & TELEPHONE NO.:

L0660796

CHECK THE BOX THAT INDICATES THE 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.
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		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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5CIA11804000561

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, Julia est,

CITY, STATE, ZIP CODE: St Andre Avellin CANada

AREA CODE & TELEPHONE NO.:

2.8.11

LO60795

CHECK THE BOX THAT INDICATES THE 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.

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	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																		
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),

FOIA11-304000563

U.S. DEPARTMENT 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: 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 Quebec

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

AREA CODE & TELEPHONE NO.:

2060708
3-1-11

CHECK THE BOX THAT INDICATES THE 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	USEZ	7670	X						X						X			
2		7671	X							X				X				
3		7672					X			X				X				
4		7673					X						X	X				
5		7674					X			X				X				
6		7675	X							X						X		
7		7676					X			X				X				
8		7677					X			X				X				
9		7678	X						X							X		
10		7679	X						X					X				
11		7680					X			X				X				
12		7681	X										X	X				
13		7682			X						X			X				
14		7683	X										X			X		
15		7684	X						X							X		

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

SIGNATURE (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	7685	X							X						X		
17		7686					X			X						X		
18		7687					X			X						X		
19		7688	X							X				X				
20		7689	X							X				X				
21		7690					X			X				X				
22		7691	X						X							X		
23		7692	X							X						X		
24		7693	X										X	X				
25		7694	X										X			X		
26		7695					X						X			X		
27		7696				X							X	X				
28		7697	X						X							X		
29		7698	X						X					X				
30		7699	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
20607098

U.S. DEPARTMENT 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.

FOIA11-804000565

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 Julia est.

CITY, STATE, ZIP CODE: Jonestown Pa 17038

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

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

AREA CODE & TELEPHONE NO.

20607006

3.1.11

CHECK THE BOX THAT INDICATES THE 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	USEC	7640					X			X				X				
2		7641	X							X				X				
3		7642						X		X				X				
4		7643	X										X		X			
5		7644					X			X					X			
6		7645					X						X			X		
7		7646			X						X					X		
8		7647	X										X			X		
9		7648	X										X			X		
10		7649	X							X				X				
11		7650						X			X					X		
12		7651	X										X	X				
13		7652					X				X			X				
14		7653	X										X			X		
15		7654	X										X			X		

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

SIGNATURE (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	0562	7655	X							X						X		
17		7656	X										X			X		
18		7657	X										X			X		
19		7658	X										X	X				
20		7659					X				X					X		
21		7660					X				X					X		
22		7661					X						X	X				
23		7662	X										X	X				
24		7663	X										X			X		
25		7664	X										X	X				
26		7665	X										X			X		
27		7666	X										X			X		
28		7667	X						X					X				
29		7668	X						X							X		
30		7669						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
L060706

FOIA11-804000567

U.S. DEPARTMENT 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

2060707 3.3.11

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

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

STREET ADDRESS: 74 Hoover Drive

STREET ADDRESS: 517 Range 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	7700					X		X					X				
2		7701					X						X			X		
3		7702	X										X			X		
4		7703	X										X			X		
5		7704	X							X				X				
6		7705	X							X				X				
7		7706	X							X				X				
8		7707	X							X						X		
9		7708	X							X				X				
10		7709	X							X				X				
11		7710	X							X				X				
12		7711	X							X				X				
13		7712				X							X	X				
14		7713				X							X	X				
15		7714				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)

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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	7715				X							X			X		
17		7716					X			X				X				
18		7717				X							X			X		
19		7718	X							X				X				
20		7719				X							X	X				
21		7720	X							X				X				
22		7721	X										X			X		
23		7722	X										X			X		
24		7723	X										X			X		
25		7724	X										X			X		
26		7725			X								X			X		
27		7726	X										X			X		
28		7727					X				X					X		
29		7728	X										X			X		
30		7729				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
L060707

U.S. DEPARTMENT 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 11-804000569

FORM APPROVED OMB NO. 0579-0160

L060725 3.22.11

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. 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.
- [ ] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/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	7910				X					X				X			
2		7911	X								X			X				
3		7912				X							X	X				
4		7913					X			X				X				
5		7914					X			X				X				
6		7915						X		X				X				
7		7916						X		X						X		
8		7917	X							X				X				
9		7918			X						X					X		
10		7919					X				X					X		
11		7920					X				X					X		
12		7921	X							X						X		
13		7922	X							X						X		
14		7923	X										X			X		
15		7924	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	USEZ	7925					X				X					X		
17		7926	X								X					X		
18		7927				X							X	X				
19		7928					X						X			X		
20		7929	X							X				X				
21		7930					X						X			X		
22		7931					X			X				X				
23		7932	X										X			X		
24		7933	X										X			X		
25		7934					X			X				X				
26		7935	X										X			X		
27		7936	X										X	X				
28		7937				X							X	X				
29		7938	X							X						X		
30		7939					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),

VS FORM 10-13A
(SEP 2002)

Page 2 of 2
L060725

U.S. DEPARTMENT 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.

FOIA11-804000571

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, 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.: —

3-22-11

L060711

CHECK THE BOX THAT INDICATES THE 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	USEZ	7880	X										X		X			
2		7881	X										X		X			
3		7882					X			X						X		
4		7883	X							X						X		
5		7884					X			X				X				
6		7885					X			X				X				
7		7886					X			X				X				
8		7887					X			X				X				
9		7888					X			X				X				
10		7889					X			X				X				
11		7890	X										X	X				
12		7891	X										X	X				
13		7892	X						X					X				
14		7893					X			X				X				
15		7894	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	USEC	7895						X						X				
17		7896					X			X				X				
18		7897					X				X					X		
19		7898	X										X			X		
20		7899					X			X				X				
21		7900					X						X	X				
22		7901	X										X			X		
23		7902	X										X	X				
24		7903	X										X	X				
25		7904	X						X							X		
26		7905	X										X			X		
27		7906	X							X						X		
28		7907	X										X	X				
29		7908	X							X				X				
30		7909	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
L060711

U.S. DEPARTMENT 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.

FOIA11-804000573

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

4.19.11

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7500

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.

L060727

CHECK THE BOX THAT INDICATES THE 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	8210	X										X			X		
2		8211					X		X							X		
3		8212	X							X				X				
4		8213	X										X			X		
5		8214					X			X				X				
6		8215				X							X	X				
7		8216				X							X	X				
8		8217	X										X			X		
9		8218	X										X	X				
10		8219					X				X					X		
11		8220					X			X					X			
12		8221				X							X	X				
13		8222	X							X						X		
14		8223			X					X				X				
15		8224	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	USEZ	8225	X										X			X		
17		8226					X			X				X				
18		8227				X							X	X				
19		8228				X							X		X			
20		8229				X							X	X				
21		8230	X										X			X		
22		8231	X										X	X				
23		8232	X							X				X				
24		8233					X						X	X				
25		8234	X										X			X		
26		8235						X					X	X				
27		8236					X			X				X				
28		8237				X							X	X				
29		8238	X						X					X				
30		8239	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),

FOIA11-804000575

U.S. DEPARTMENT 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: 4-19-11

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 Canada

AREA CODE & TELEPHONE NO.: 1060729

CHECK THE BOX THAT INDICATES THE 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	8180	X						X					X				
2		8181					X			X						X		
3		8182	X						X					X				
4		8183					X			X						X		
5		8184	X										X			X		
6		8185					X			X				X				
7		8186					X			X				X				
8		8187					X			X						X		
9		8188						X		X				X				
10		8189	X							X				X				
11		8190					X				X					X		
12		8191					X			X						X		
13		8192	X										X	X				
14		8193					X			X				X				
15		8194						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	USEZ	8195	X							X						X		
17		8196	X							X				X				
18		8197	X							X				X				
19		8198					X				X			X				
20		8199	X										X	X				
21		8200	X										X	X				
22		8201					X				X			X				
23		8202	X							X				X				
24		8203	X							X				X				
25		8204					X			X					X			
26		8205					X				X			X	X			
27		8206	X							X						X		
28		8207				X							X			X		
29		8208	X						X					X				
30		8209					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.

FOA01804000577

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: 941 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

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

CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Canada Export Inc 4.19.11

STREET ADDRESS: 517 Rang St, Julie est,

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.

L060726

CHECK THE BOX THAT INDICATES THE 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	8150					X			X				X				
2		8151	X										X			X		
3		8152	X						X					X				
4		8153					X		X					X				
5		8154	X						X							X		
6		8155					X				X				X			
7		8156	X							X				X				
8		8157					X			X						X		
9		8158	X							X				X				
10		8159	X						X					X				
11		8160	X										X	X				
12		8161	X										X	X				
13		8162	X										X			X		
14		8163					X			X						X		
15		8164					X						X			X		

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

SIGNATUR (b)(6),

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FOIA11-804000578

FORM 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	8165					X			X				X				
17		8166	X										X			X		
18		8167	X										X			X		
19		8168	X							X						X		
20		8169	X										X			X		
21		8170	X										X	X				
22		8171	X										X			X		
23		8172	X										X			X		
24		8173	X										X			X		
25		8174					X			X				X				
26		8175	X							X				X				
27		8176	X						X					X				
28		8177				X							X			X		
29		8178	X										X	X				
30		8179					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 3
L060726

U.S. DEPARTMENT 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.

FOIA11-804000579

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

VEHICLE LICENSE NO. AND DRIVER'S NAME

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

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

NAME OF AUCTION/MARKET: —

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

STREET ADDRESS: 517 Rang St Julia est,

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

AREA CODE & TELEPHONE NO.: —

4.26.11

L060728

CHECK THE BOX THAT INDICATES THE 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	8240	X							X						X		
2		8241	X							X				X				
3		8242						X					X			X		
4		8243	X										X	X				
5		8244					X			X				X				
6		8245					X						X	X				
7		8246	X						X							X		
8		8247					X				X					X		
9		8248					X						X	X				
10		8249	X							X						X		
11		8250	X						X							X		
12		8251				X							X			X		
13		8252					X			X				X				
14		8253	X										X			X		
15		8254	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	USEZ	8255	X							X					X			
17		8256	X										X	X				
18		8257	X										X			X		
19		8258				X							X			X		
20		8259						X		X				X				
21		8260	X							X				X				
22		8261					X			X				X				
23		8262					X			X						X		
24		8263					X			X				X				
25		8264	X							X						X		
26		8265	X							X						X		
27		8266					X			X				X				
28		8267						X		X				X				
29		8268					X			X				X				
30		8269						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
2060728

U.S. DEPARTMENT 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.

FCIA1-804000581

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.: 717-865-2586

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.

4-26-11

CHECK THE BOX THAT INDICATES THE 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	8270	X							X				X				L060730
2		8271	X							X				X				
3		8272					X			X						X		
4		8273	X										X			X		
5		8274	X							X				X				
6		8275						X		X						X		
7		8276						X					X			X		
8		8277					X			X				X				
9		8278						X		X						X		
10		8279	X						X					X				
11		8280					X			X				X				
12		8281					X			X				X				
13		8282					X			X				X				
14		8283	X							X				X				
15		8284					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	USEZ	8285	X							X					X			
17		8286					X						X	X				
18		8287	X										X			X		
19		8288	X							X						X		
20		8289					X			X						X		
21		8290					X			X						X		
22		8291					X						X			X		
23		8292	X										X	X				
24		8293					X			X				X				
25		8294	X										X			X		
26		8295	X							X				X				
27		8296					X			X				X				
28		8297	X							X				X				
29		8298	X							X						X		
30		8299					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
L060730

U.S. DEPARTMENT 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 1-804000583

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 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.:

5.3.11

L060716

CHECK THE BOX THAT INDICATES THE 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	8330						X					X			X		
2		8331	X										X			X		
3		8332	X						X							X		
4		8333					X						X		X			
5		8334	X							X						X		
6		8335					X						X	X				
7		8336					X			X						X		
8		8337	X										X			X		
9		8338	X						X					X				
10		8339	X						X							X		
11		8340	X										X			X		
12		8341				X							X	X				
13		8342					X			X						X		
14		8343					X			X						X		
15		8344	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	USEZ	8345				X							X			X		
17		8346				X							X	X				
18		8347					X			X				X				
19		8348	X										X	X				
20		8349	X						X					X				
21		8350				X							X			X		
22		8351	X							X				X				
23		8352	X							X				X				
24		8353					X			X				X				
25		8354	X						X					X				
26		8355	X						X					X				
27		8356	X						X							X		
28		8357	X							X				X				
29		8358					X		X					X				
30		8359					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
2060716

U.S. DEPARTMENT 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 11-804000585

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA 5.3.11
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
CITY, STATE, ZIP CODE: Jonestown PA	CITY, STATE, ZIP CODE
AREA CODE & TELEPHONE NO.: 717-865-7586	AREA CODE & TELEPHONE NO.

L060739

CHECK THE BOX THAT INDICATES THE 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	8420				X							X			X		
2		8421	X						X					X				
3		8422					X		X							X		
4		8423					X		X						X			
5		8424					X		X					X				
6		8425	X				1		X					X				
7		8426	X							X						X		
8		8427					X			X				X				
9		8428	X							X				X				
10		8429	X							X						X		
11		8430	X						X					X				
12		8431	X										X	X				
13		8432	X										X			X		
14		8433					X			X						X		
15		8434					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	USEZ	8435	X										X			X		
17		8436	X										X			X		
18		8437	X										X			X		
19		8438	X										X			X		
20		8439	X										X			X		
21		8440	X										X			X		
22		8441					X						X	X				
23		8442					X			X				X				
24		8443	X										X			X		
25		8444					X			X				X				
26		8445						X		X				X				
27		8446	X										X	X				
28		8447	X										X			X		
29		8448	X										X	X				
30		8449	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
L060739

U.S. DEPARTMENT 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.

FOIA11-804000587

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA 5.3.11
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	CITY, STATE, ZIP CODE: St Andre Avellin Canada
AREA CODE & TELEPHONE NO.: 717-865 7586	AREA CODE & TELEPHONE NO.: —

L060740

CHECK THE BOX THAT INDICATES THE 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	8390	X							X						X		
2		8391	X										X			X		
3		8392						X		X						X		
4		8393	X										X			X		
5		8394					X						X			X		
6		8395	X										X			X		
7		8396	X										X			X		
8		8397	X										X			X		
9		8398						X		X						X		
10		8399				X							X			X		
11		8401	X							X				X				
12		8402					X			X				X				
13		8403	X							X						X		
14		8404					X			X				X				
15		8405	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	USE2	8406				X							X			X		
17		8407				X							X			X		
18		8408					X			X				X				
19		8409	X										X	X				
20		8410	X							X				X				
21		8411	X						X							X		
22		8412					X		X							X		
23		8413	X							X				X				
24		8414	X							X						X		
25		8415	X										X	X				
26		8416				X							X		X			
27		8417	X						X					X				
28		8418	X							X				X				
29		8419	X							X						X		
30		8400					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
L060740

U.S. DEPARTMENT 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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FOIA19-804000589

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

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

5.3.11

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. Julia est.

CITY, STATE, ZIP CODE: Jonestown PA

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-965-7506

AREA CODE & TELEPHONE NO.

L060733

CHECK THE BOX THAT INDICATES THE 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	8360					X			X					X			
2		8361					X				X					X		
3		8362	X							X						X		
4		8363	X							X						X		
5		8364						X					X	X				
6		8365	X							X						X		
7		8366	X										X	X				
8		8367	X										X	X				
9		8368					X			X						X		
10		8369					X			X				X				
11		8370	X										X	X				
12		8371	X										X			X		
13		8372					X				X			X				
14		8373	X							X						X		
15		8374					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	USEZ	8375					X			X				X				
17		8376	X										X	X				
18		8377	X										X			X		
19		8378	X							X				X				
20		8379					X			X				X				
21		8380						X					X	X				
22		8381					X			X						X		
23		8382					X			X				X				
24		8383					X			X				X				
25		8384					X			X						X		
26		8385	X										X			X		
27		8386	X							X						X		
28		8387					X				X			X				
29		8388	X						X					X				
30		8389	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
L060733

U.S. DEPARTMENT 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 11-804000591
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~~: 5.10.11

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 7580

AREA CODE & TELEPHONE NO.: L060735

CHECK THE BOX THAT INDICATES THE 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	8480	X										X			X		
2		8481	X										X	X				
3		8482	X										X		X			
4		8483					X		X							X		
5		8484						X					X	X				
6		8485	X										X	X				
7		8486	X										X			X		
8		8487	X										X			X		
9		8488	X										X			X		
10		8489	X										X			X		
11		8490	X										X	X				
12		8491	X										X	X				
13		8492	X										X	X				
14		8493	X										X	X				
15		8494	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	VS82	8495	X										X			X		
17		8496	X										X			X		
18		8497	X										X			X		
19		8498	X										X			X		
20		8499	X										X			X		
21		8500					X			X				X				
22		8501					X			X				X				
23		8502	X										X			X		
24		8503					X			X						X		
25		8504	X										X			X		
26		8505	X										X			X		
27		8506	X						X					X				
28		8507	X										X			X		
29		8508					X						X			X		
30		8509	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
L0660735

U.S. DEPARTMENT 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#11-804000593

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 | 5.10.11

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore | CONSIGNEE (RECEIVER/DESTINATION) NAME: Lavel 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.: 717-865-7506 | AREA CODE & TELEPHONE NO.: 2060738

CHECK THE BOX THAT INDICATES THE 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	8450					X			X				X				
2		8451	X							X				X				
3		8452					X			X				X				
4		8453					X			X				X				
5		8454	X							X						X		
6		8455					X			X						X		
7		8456	X							X				X				
8		8457	X						X					X				
9		8458	X							X				X				
10		8459	X						X							X		
11		8460	X							X				X				
12		8461				X				X						X		
13		8462	X							X				X				
14		8463						X						X				
15		8464	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)

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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	8465	X										X	X				
17		8466					X			X						X		
18		8467					X			X				X				
19		8468					X		X							X		
20		8469	X						X					X				
21		8470	X							X				X				
22		8471	X										X	X				
23		8472						X		X				X				
24		8473	X						X							X		
25		8474	X							X				X				
26		8475						X		X				X				
27		8476						X		X				X				
28		8477	X							X				X				
29		8478	X										X			X		
30		8479	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),

FOIA11-804000595

U.S. DEPARTMENT 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: 5-19-11

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.

L060745

CHECK THE BOX THAT INDICATES THE 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	8630	X						X					X				
2		8631					X						X			X		
3		8632						X					X	X				
4		8633						X					X	X				
5		8634	X						X							X		
6		8635	X						X					X				
7		8636						X					X	X				
8		8637						X					X		X			
9		8638				X							X		X			
10		8639					X						X			X		
11		8640	X							X				X				
12		8641					X		X					X				
13		8642	X							X				X				
14		8643				X							X	X				
15		8644					X			X						X		

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

SIGNATUR (b)(6),

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE						SEX		BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFZ	8645					X			X						X		
17		8646					X						X	X				
18		8647	X										X			X		
19		8648	X										X			X		
20		8649	X										X			X		
21		8650					X						X			X		
22		8651	X										X			X		
23		8652					X						X			X		
24		8653					X				X			X				
25		8654	X										X			X		
26		8655				X							X			X		
27		8656	X						X					X				
28		8657	X						X					X				
29		8658	X						X							X		
30		8659	X						X							X		
31																		
32																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(b)(6),

VS FORM 10-13A
(SEP 2002)

page 2 of 2
L060745

U.S. DEPARTMENT 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.

FOA01-804000597

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: 5.19.11

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 CS

CITY, STATE, ZIP CODE: Jonestown PA 17039

CITY, STATE, ZIP CODE: St Andre Avellin Canada

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

AREA CODE & TELEPHONE NO.:

L060744

CHECK THE BOX THAT INDICATES 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	USFZ	8660				X							X	X				
2		8661	X										X			X		
3		8662						X		X				X				
4		8663						X					X	X				
5		8664	X						X							X		
6		8665	X										X	X				
7		8666						X		X				X				
8		8667						X		X				X				
9		8668					X			X				X				
10		8669				X							X	X				
11		8670						X		X				X				
12		8671						X					X	X				
13		8672				X							X			X		
14		8673					X						X			X		
15		8674	X							X					X			

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

SIGNATURE (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE						SEX		BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	115EB	8675					X						X	X				
17		8676	X						X					X				
18		8677					X			X						X		
19		8678					X			X				X				
20		8679	X										X	X				
21		8680	X							X						X		
22		8681					X			X				X				
23		8682	X						X					X				
24		8683	X							X				X				
25		8684	X										X			X		
26		8685	X										X			X		
27		8686				X							X	X				
28		8687					X						X	X				
29		8688	X							X				X				
30	V	8689				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
2060744

FOIA11-804000599

U.S. DEPARTMENT 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.: 717-865-7580

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

STREET ADDRESS: 517 Rang St. Julie,

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.

5.17.11

L060746

CHECK THE BOX THAT INDICATES THE 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	8540						X		X					X			
2		8541					X			X					X			
3		8542	X							X						X		
4		8543	X							X						X		
5		8544	X							X						X		
6		8545				X							X			X		
7		8546					X			X						X		
8		8547					X			X				X				
9		8548	X										X			X		
10		8549					X			X						X		
11		8550	X							X						X		
12		8551					X			X						X		
13		8552	X							X						X		
14		8553					X			X				X				
15		8554					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	USEZ	8555	X							X						X		
17		8556					X			X				X				
18		8557						X		X				X				
19		8558					X			X						X		
20		8559					X			X				X				
21		8560						X		X						X		
22		8561	X							X						X		
23		8562					X		X							X		
24		8563						X		X						X		
25		8564					X			X						X		
26		8565					X			X						X		
27		8566					X			X				X				
28		8567					X				X			X				
29		8568					X						X	X				
30		8569					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
L060746

U.S. DEPARTMENT 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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FOIA11-804000601

FORM APPROVED OMB NO. 0579-0160

5.17.11

L060741

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.: 717-865-2586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Lavel 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	8510	X										X		X			
2		8511					X			X				X				
3		8512	X										X			X		
4		8513	X						X							X		
5		8514					X			X						X		
6		8515						X		X				X				
7		8516				X							X			X		
8		8517					X			X						X		
9		8518					X			X						X		
10		8519	X						X					X				
11		8520	X							X				X				
12		8521	X							X				X				
13		8522	X							X				X				
14		8523					X			X						X		
15		8524					X			X				X				

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

SIGNATUR (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	USEZ	8525					X			X				X				
17		8526					X			X				X				
18		8527	X							X						X		
19		8528				X							X			X		
20		8529						X					X			X		
21		8530	X							X				X				
22		8531					X			X						X		
23		8532	X							X				X				
24		8533	X							X				X				
25		8534	X							X				X				
26		8535	X						X					X				
27		8536				X							X	X				
28		8537					X			X						X		
29		8538	X						X					X				
30		8539					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
L060741

FOIA11-804000603

U.S. DEPARTMENT 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

5.24.11

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: Quel Canada Export Inc

STREET ADDRESS: 517 Rang St Julia Est.

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

AREA CODE & TELEPHONE NO.

LD60743

CHECK THE BOX THAT INDICATES THE 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	8720	X										X			X		
2		8721	X										X			X		
3		8722	X						X					X				
4		8723	X							X				X				
5		8724				X							X	X				
6		8725	X							X				X				
7		8726						X					X			X		
8		8727				X							X			X		
9		8728	X							X				X				
10		8729				X							X	X				
11		8730						X					X		X			
12		8731	X						X					X				
13		8732					X			X				X				
14		8733					X			X				X				
15		8734					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	USEZ	8735	X							X				X				
17		8736	X										X			X		
18		8737	X							X						X		
19		8738	X							X						X		
20		8739	X						X					X				
21		8740				X							X	X				
22		8741				X							X	X				
23		8742					X			X						X		
24		8743	X							X				X				
25		8744	X							X				X				
26		8745					X			X				X				
27		8746						X		X				X				
28		8747					X			X				X				
29		8748					X						X			X		
30		8749				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
L060743

U.S. DEPARTMENT 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

5-24-11

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 7596

AREA CODE & TELEPHONE NO.

L060 742

CHECK THE BOX THAT INDICATES THE 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	8690	X							X				X				
2		8691					X			X						X		
3		8692					X			X						X		
4		8693	X						X					X				
5		8694					X		X					X				
6		8695	X						X							X		
7		8696					X			X				X				
8		8697					X			X				X				
9		8698				X							X	X				
10		8699					X			X						X		
11		8700					X			X				X				
12		8701				X							X	X				
13		8702	X							X				X				
14		8703	X							X						X		
15		8704				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	USFZ	8705	X										X			X		
17		8706					X			X				X				
18		8707	X										X			X		
19		8708	X										X			X		
20		8709	X										X			X		
21		8710	X							X				X				
22		8711	X							X				X				
23		8712	X						X							X		
24		8713	X							X						X		
25		8714	X							X				X				
26		8715	X						X					X				
27		8716	X										X	X				
28		8717	X										X			X		
29		8718					X						X	X				
30		8719	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
L060742

U.S. DEPARTMENT 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 11-804000607

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

5.26.11

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.: —

L060750

CHECK THE BOX THAT INDICATES THE 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	8750	X						X							X		
2		8751	X						X							X		
3		8752					X		X					X				
4		8753	X							X				X				
5		8754					X		X					X				
6		8755				X							X			X		
7		8756	X							X					X			
8		8757					X			X						X		
9		8758	X										X			X		
10		8759	X										X			X		
11		8760	X										X			X		
12		8761	X										X	X				
13		8762	X										X			X		
14		8763	X										X			X		
15		8764				X							X			X		

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

SIGNATUR (b)(6),

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

Page 1 of 2

PAGE 1 OF 2

PART 4 INSPECTOR L060750

U.S. DEPARTMENT OF AGRICULTURE
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	8765						X		X						X		
17		8766					X			X						X		
18		8767	X							X				X				
19		8768					X			X				X				
20		8769					X						X	X				
21		8770					X				X			X				
22		8771				X							X			X		
23		8772	X						X					X				
24		8773					X			X				X				
25		8774						X					X	X				
26		8775	X							X						X		
27		8776	X							X				X				
28		8777				X							X	X				
29		8778				X							X	X				
30		8779				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
L060750

U.S. DEPARTMENT 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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FOIA11804000609

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: Avel Canada Export Inc 5.26.11

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julia ests

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-0657586

AREA CODE & TELEPHONE NO.

L0601149

CHECK THE BOX THAT INDICATES THE 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	8780	X										X			X		
2		8781	X										X			X		
3		8782					X						X			X		
4		8783	X										X	X				
5		8784	X							X						X		
6		8785	X										X			X		
7		8786	X										X	X				
8		8787	X										X			X		
9		8788	X										X			X		
10		8789	X										X			X		
11		8790						X					X			X		
12		8791	X										X			X		
13		8792					X			X						X		
14		8793	X										X	X				
15		8794	X										X	X				

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

SIGNATUR (b)(6),

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	8795					X			X				X				
17		8796	X										X			X		
18		8797	X										X			X		
19		8798	X							X						X		
20		8799	X						X					X				
21		8800	X							X				X				
22		8801					X			X				X				
23		8802	X										X			X		
24		8803						X		X				X				
25		8804	X										X	X				
26		8805	X										X	X				
27		8806					X			X				X				
28		8807					X			X				X				
29		8808				X							X	X				
30		8809	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

L060749

U.S. DEPARTMENT 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 5-31-11

STREET ADDRESS: 517 Rang St, Julia est.

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: —

L060202

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	8840				X							X			X		
2		8841					X			X				X				
3		8842	X						X					X				
4		8843				X							X	X				
5		8844					X		X					X				
6		8845	X							X				X				
7		8846	X						[illegible]				X			X		
8		8847	X						X					X				
9		8848					X			X				X				
10		8849	X						X					X				
11		8850	X										X			X		
12		8851						X					X	X				
13		8852					X			X				X				
14		8853				X							X	X				
15		8854					X			X				X				

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

SIGNATURE (b)(6),

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obsolete

U.S. DEPARTMENT OF AGRICULTURE
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	VSEZ	8855					X		X					X				
17		8856					X		X							X		
18		8857				X							X	X				
19		8858					X		X	X				X				
20		8859				X							X	X				
21		8860	X										X	X				
22		8861	X							X					X			
23		8862	X						X					X				
24		8863					X		X					X				
25		8864				X							X			X		
26		8865	X							X				X				
27		8866					X		X					X				
28		8867	X						X						X			
29		8868	X						X							X		
30		8869			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
L060202

FOIA11-804000613

U.S. DEPARTMENT 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

5.31.11

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.

L060748

CHECK THE BOX THAT INDICATES THE 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	VSFZ	8810					X			X				X				
2		8811				X							X	X				
3		8812	X							X						X		
4		8813					X			X						X		
5		8814	X							X						X		
6		8815						X					X			X		
7		8816					X			X						X		
8		8817				X									X			
9		8818	X										X		X			
10		8819				X							X	X				
11		8820					X				X					X		
12		8821	X										X	X				
13		8822						X		X				X				
14		8823				X							X	X				
15		8824	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.

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	8825					X						X			X		
17		8826	X										X			X		
18		8827						X					X			X		
19		8828	X										X	X				
20		8829					X			X				X				
21		8830	X							X						X		
22		8831					X				X			X				
23		8832						X		X						X		
24		8833					X			X				X				
25		8834	X										X			X		
26		8835	X										X	X				
27		8836					X			X				X				
28		8837	X							X				X				
29		8838					X				X			X				
30		8839	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
L060748

FOIA11-804000615

U.S. DEPARTMENT 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: Avel Canada Export Inc. 5.31.11

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.

L060201

CHECK THE BOX THAT INDICATES THE 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	8870				X							X	X				
2		8871					X			X				X				
3		8872	X										X	X				
4		8873	X										X	X				
5		8874	X										X	X				
6		8875	X										X	X				
7		8876	X										X	X				
8		8877	X										X			X		
9		8878	X										X			X		
10		8879					X				X					X		
11		8880					X				X			X				
12		8881	X										X	X				
13		8882					X						X			X		
14		8883				X							X			X		
15		8884				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	VSEZ	8885				X							X	X				
17		8886	X										X	X				
18		8887					X			X						X		
19		8888					X			X						X		
20		8889	X										X			X		
21		8890				X							X			X		
22		8891					X				X			X				
23		8892					X				X					X		
24		8893					X				X			X				
25		8894				X							X			X		
26		8895					X			X						X		
27		8896						X		X				X				
28		8897	X							X						X		
29		8898					X			X						X		
30		8899					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
L060201

U.S. DEPARTMENT 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.

FOIA11-804000617

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: Avel Canada Export Inc 6-2-11

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.: 2060747

CHECK THE BOX THAT INDICATES THE 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	8900					X			X						X		
2		8901					X			X						X		
3		8902	X							X						X		
4		8903				X							X			X		
5		8904				X							X	X				
6		8905					X			X						X		
7		8906	X										X			X		
8		8907	X							X				X				
9		8908	X							X				X				
10		8909						X		X						X		
11		8910					X			X				X				
12		8911				X							X	X				
13		8912	X										X			X		
14		8913	X						X							X		
15		8914	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	USEZ	8915					X		X							X		
17		8916	X										X	X				
18		8917					X			X				X				
19		8918	X						X							X		
20		8919					X		X							X		
21		8920					X		X							X		
22		8921	X										X	X				
23		8922	X						X					X				
24		8923	X						X					X				
25		8924	X										X			X		
26		8925					X						X			X		
27		8926	X							X				X				
28		8927				X							X	X				
29		8928					X		X					X				
30		8929	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
L060747

U.S. DEPARTMENT 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: Cave LaNada Export Inc

STREET ADDRESS: 517 Rang St Julia.

CITY, STATE, ZIP CODE: St Andre Avellin QNada

AREA CODE & TELEPHONE NO.

6-7-11

L060203

CHECK THE BOX THAT INDICATES THE 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	DEZ	8930					X		X						X			
2		8931					X			X					X			
3		8932				X							X			X		
4		8933				X							X			X		
5		8934					X			X				X				
6		8935					X			X						X		
7		8936	X										X			X		
8		8937						X		X						X		
9		8938				X							X	X				
10		8939					X			X						X		
11		8940					X			X				X				
12		8941					X			X				X				
13		8942				X										X		
14		8943					X						X	X				
15		8944	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	USEZ	8945	X							X						X		
17		8946	X						X					X				
18		8947	X						X					X				
19		8948					X		X							X		
20		8949	X						X							X		
21		8950	X						X					X				
22		8951	X						X					X				
23		8952					X		X					X				
24		8953					X		X							X		
25		8954	X						X							X		
26		8955	X						X							X		
27		8956	X						X							X		
28		8957	X						X					X				
29		8958	X						X					X				
30		8959					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
2060203

U.S. DEPARTMENT 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 1-804000621

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: Ave / LAVAL A 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.: 717-865-7580

AREA CODE & TELEPHONE NO.: —

6-7-11

L060210

CHECK THE BOX THAT INDICATES THE 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, assisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/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	8990					X		X						X			
2		8991				X							X	X				
3		8992	X										X	X				
4		8993					X		X						X			
5		8994	X						X					X				
6		8995	X						X					X				
7		8996					X			X						X		
8		8997					X			X				X				
9		8998	X										X			X		
10		8999					X						X			X		
11		9000	X										X			X		
12		9001	X										X			X		
13		9002	X										X	X				
14		9003	X										X	X				
15		9004	X										X			X		

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

SIGNATURE (b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

(b)(6),

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	9005	X										X			X		
17		9006	X										X			X		
18		9007	X										X			X		
19		9008						X					X	X				
20		9009	X						X					X				
21		9010	X						X					X				
22		9011					X			X				X				
23		9012	X							X				X				
24		9013						X					X	X				
25		9014						X		X				X				
26		9015					X			X						X		
27		9016	X							X				X				
28		9017	X						X							X		
29		9018	X										X			X		
30		9019	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
L060210

FOIA11-804000023

U.S. DEPARTMENT 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: Ave Canada Export Inc

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julia Est

6-7-11

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.

L060208

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	8960	X						X						X			
2		8961	X							X						X		
3		8962	X						X					X				
4		8963	X							X						X		
5		8964				X							X	X				
6		8965	X						X							X		
7		8966	X						X					X				
8		8967					X						X			X		
9		8968	X										X			X		
10		8969					X						X			X		
11		8970					X			X				X				
12		8971	X										X	X				
13		8972	X										X	X				
14		8973	X										X	X				
15		8974	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	USFC	8975					X			X						X		
17		8976					X						X	X				
18		8977					X			X				X				
19		8978	X										X			X		
20		8979	X										X			X		
21		8980	X										X			X		
22		8981	X										X			X		
23		8982				X							X			X		
24		8983						X					X	X				
25		8984	X								X					X		
26		8985					X				X			X				
27		8986	X						X							X		
28		8987	X										X			X		
29		8988	X						X							X		
30		8989	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
L0602008

FOIA11-804000625

U.S. DEPARTMENT 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

6.14.11

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cave 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.

L0660219

CHECK THE BOX THAT INDICATES THE 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	9050					X			X				X				
2		9051					X			X				X				
3		9052					X			X						X		
4		9053					X			X						X		
5		9054	X							X				X				
6		9055	X										X	X				
7		9056					X						X	X				
8		9057					X						X	X				
9		9058					X			X				X				
10		9059	X							X				X				
11		9060				X							X	X				
12		9061	X										X	X				
13		9062	X										X	X				
14		9063					X			X				X				
15		9064	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	USEZ	9065	X										X	X				
17		9066					X						X	X				
18		9067					X						X			X		
19		9068	X							X						X		
20		9069					X				X				X			
21		9070	X							X				X				
22		9071	X							X						X		
23		9072	X										X			X		
24		9073					X			X				X				
25		9074	X						X							X		
26		9075						X					X			X		
27		9076	X							X				X				
28		9077					X			X				X				
29		9078	X							X						X		
30		9079				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 [illegible]3A
(SEP 2002)

Page 2 of 2
L060719

U.S. DEPARTMENT 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 1-804000627

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: 6.14.11

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cave 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.: 717-865-7596

AREA CODE & TELEPHONE NO.

L060220

CHECK THE BOX THAT INDICATES THE 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	9020				X							X	X				
2		9021	X							X				X				
3		9022					X			X				X				
4		9023	X							X						X		
5		9024					X			X				X				
6		9025	X							X				X				
7		9026	X							X				X				
8		9027					X			X				X				
9		9028	X							X						X		
10		9029					X			X				X				
11		9030					X			X				X				
12		9031	X							X				X				
13		9032					X			X						X		
14		9033						X					X		X			
15		9034					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	0542	9035	X							X				X				
17		9036						X					X	X				
18		9037				X							X	X				
19		9038	X							X				X				
20		9039	X							X				X				
21		9040						X					X	X				
22		9041						X		X				X				
23		9042					X			X				X				
24		9043						X		X				X				
25		9044	X							X				X				
26		9045					X			X				X				
27		9046	X							X				X				
28		9047	X							X				X				
29		9048	X							X				X				
30		9049					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
2060220

U.S. DEPARTMENT 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.

FOIA11-804000629

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE | DATE

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

6.16.11

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: 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	USE2	9110						X		X						X		
2		9111						X		X						X		
3		9112					X			X				X				
4		9113	X							X				X				
5		9114					X				X					X		
6		9115	X							X				X				
7		9116						X					X		X			
8		9117					X			X						X		
9		9118					X			X						X		
10		9119	X						X							X		
11		9120	X										X			X		
12		9121				X				X				X				
13		9122	X										X			X		
14		9123					X			X						X		
15		9124	X										X			X		

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

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.

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	VSEZ	9125					X			X				X				
17		9126	X										X			X		
18		9127					X			X						X		
19		9128	X										X			X		
20		9129					X						X	X				
21		9130					X			X						X		
22		9131					X			X				X				
23		9132	X							X				X				
24		9133					X						X			X		
25		9134				X							X	X				
26		9135				X							X	X				
27		9136	X										X	X				
28		9137	X										X			X		
29		9138	X						X					X				
30		9139	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
2060217

U.S. DEPARTMENT 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.

5OIA11804000631

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.: 717-865-7596

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

STREET ADDRESS: 517 Rang St. Julia Est.

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

AREA CODE & TELEPHONE NO.

L060229

CHECK THE BOX THAT INDICATES 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.
- [ ] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/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	9500					X			X						X		
2		9501					X			X						X		
3		9502	X						X					X				
4		9503	X						X							X		
5		9504	X						X							X		
6		9505	X						X							X		
7		9506	X							X					X			
8		9507	X						X					X				
9		9508	X						X					X				
10		9509	X						X					X				
11		9510	X						X					X				
12		9511	X						X					X				
13		9512					X			X						X		
14		9513	X							X				X				
15		9514					X				X					X		

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

SIGNATURE (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	9515	X										X	X				
17		9516	X										X			X		
18		9517	X										X	X				
19		9518					X						X	X				
20		9519					X		X							X		
21		9520	X						X						X			
22		9521					X						X			X		
23		9522	X							X				X				
24		9523	X										X	X				
25		9524	X										X			X		
26		9525					X				X			X				
27		9526				X							X	X				
28		9527					X				X					X		
29		9528	X							X				X				
30		9529	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
L060229

U.S. DEPARTMENT OF AGRICULTURE
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	Gray	Blk.	Pinto	Chesta	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0169					X				X			X				
17		0170					X				X					X		
18		0171					X			X						X		
19		0172	X										X			X		
20		0173	X										X			X		
21		0174					X						X			X		
22		0175	X						X					X				
23		0176	X						X					X				
24		0177	X						X							X		
25		0178	X						X							X		
26		0179	X						X					X				
27		0180	X						X					X				
28		0181				X				X						X		
29		0182	X							X						X		
30		0183					X			X						X		
31		0184					X			X				X				
32		0185					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 ___ OF ___

FOIA11-804000634

U.S. DEPARTMENT 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 P.M.

DATE: 12/15/08

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

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

NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang Ste-Julie Est

CITY, STATE, ZIP CODE: Jonestown, PA 17038

CITY, STATE, ZIP CODE: St. Andre-Avellin, Quebec Jov 1

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.
- [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	0186					X			X				X				
2		0187					X			X						X		
3		0188					X			X				X				
4		0189					X						X			X		
5		0190					X			X				X				
6		0191					X						X	X				
7		0192				X							X			X		Chestnut/white
8		0193			X					X						X		
9		0194			X					X				X				
10		0195		X						X				X				
11		0196					X			X						X		
12		0197						X					X	X				
13		0198				X							X			X		Chest/white
14		0199				X							X	X				Chest/white-1
15		0200		X						X				X				

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

(b)(6),

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 MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

(b)(6),

SIGNATURE OF OWNER/SHIPPER (I certify that 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

U.S. DEPARTMENT OF AGRICULTURE
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 preconditioning
			Bay	Gray	Blk.	Pinto	Chestn.	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Gold		
16	USFA	0201			X					X						X		
17		0202					X			X				X				
18		0203	X							X				X				
19		0204	X							X				X				
20		0205					X			X				X				
21		0206		X						X				X				
22		0207				X							X	X				Chest/white
23		0208				X							X	X				Black/white
24		0209					X			X				X				
25		0210			X								X	X				
26		0211					X						X	X				
27		0212				X							X	X				Chest/white
28		0213				X							X	X				Pal./white
29		0214				X							X			X		Chest./white
30	✓	0215					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:

DATE:

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

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang Ste-Julie Est

CITY, STATE, ZIP CODE: Jonestown, PA 17038

CITY, STATE, ZIP CODE: St. Andre-Avellin, Quebec J0V 1W

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

AREA CODE & TELEPHONE NO.:

12/5/08

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.
- [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	0186					X			X				X				
2		0187					X			X						X		
3		0188					X			X				X				
4		0189					X						X			X		
5		0190					X			X				X				
6		0191					X						X	X				
7		0192				X							X			X		chestnut/white
8		0193			X					X						X		
9		0194			X					X				X				
10		0195		X						X				X				
11		0196					X			X						X		
12		0197						X					X	X				
13		0198				X							X			X		Chest/white
14		0199				X							X	X				Chest/white-1 eye
15	↓	0200		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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(b)(6),

SIGNATURE OF OWNER/SHIPPER (I certify that 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

U.S. DEPARTMENT OF AGRICULTURE
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 preconditioning
			Bay	Gray	Blk.	Pinto	Chesta	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0201			X					X						X		
17		0202					X			X				X				
18		0203	X							X				X				
19		0204	X							X				X				
20		0205					X			X				X				
21		0206		X						X				X				
22		0207				X							X	X				Chest/white
23		0208				X							X	X				Black/white
24		0209					X			X				X				
25		0210			X								X	X				
26		0211					X						X	X				
27		0212				X							X	X				Chest/white
28		0213				X							X	X				Pal./white
29		0214				X							X			X		Chest./white
30	↓	0215					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),

FOIA11-804000638

U.S. DEPARTMENT 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 P.M.

DATE: 12/15/08

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

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

NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang Ste-Julie Est

CITY, STATE, ZIP CODE: Jonestown, PA 17038

CITY, STATE, ZIP CODE: St. Andre-Avellin, Quebec J0V 1W

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.
- [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	0186					X			X				X				
2		0187					X			X						X		
3		0188					X			X				X				
4		0189					X						X			X		
5		0190					X			X				X				
6		0191					X						X	X				
7		0192				X							X			X		Chestnut/white
8		0193			X					X						X		
9		0194			X					X				X				
10		0195		X						X				X				
11		0196					X			X						X		
12		0197						X					X	X				
13		0198				X							X			X		Chest/white
14		0199				X							X	X				Chest/white-1
15		0200		X						X				X				

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

S (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 (b)(6), E THAN 5 YEARS OR BOTH (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

U.S. DEPARTMENT OF AGRICULTURE
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 preconditioning
			Bay	Gray	Blk.	Pinto	Chestn.	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0201			X					X						X		
17		0202					X			X				X				
18		0203	X							X				X				
19		0204	X							X				X				
20		0205					X			X				X				
21		0206		X						X				X				
22		0207				X							X	X				Chest/white
23		0208				X							X	X				Black/white
24		0209					X			X				X				
25		0210			X								X	X				
26		0211					X						X	X				
27		0212				X							X	X				Chest/white
28		0213				X							X	X				Pal./white
29		0214				X							X			X		Chest./white
30	✓	0215					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),

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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 | DATE

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

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 1517 Rang Ste-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.: 12/30/18

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.
- [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	0248					✓				✓					✓		
2		0249					✓						✓	✓				
3		0250					✓		✓					✓				
4		0251					✓		✓					✓				
5		0252						✓		✓				✓				
6		0253	✓						✓					✓				
7		0254	✓						✓							✓		
8		0255	✓						✓							✓		
9		0256	✓						✓							✓		
10		0257	✓						✓							✓		
11		0258	✓						✓							✓		
12		0259	✓						✓							✓		
13		0260					✓			✓						✓		
14		0261	✓										✓			✓		
15	✓	0262	✓										✓			✓		

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 TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (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.

DATE

TIME

FOIA11-804000641

G - 38395 page

U.S. DEPARTMENT OF AGRICULTURE
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 prescription
			Bay	Gray	Blk.	Fndo	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0263				✓				✓				✓				
17		0264					✓			✓						✓		
18		0265					✓						✓			✓		
19		0266	✓										✓			✓		
20		0267	✓										✓	✓				
21		0268					✓			✓				✓				
22		0269						✓					✓	✓				
23		0270	✓										✓			✓		
24		0271	✓										✓	✓				
25		0272	✓										✓			✓		
26		0273					✓						✓			✓		
27		0274	✓										✓	✓				
28		0275	✓										✓	✓				
29		0276	✓				✓						✓	✓				
30		0277							✓					✓				
31		0278	✓						✓							✓		
32	✓	0279	✓						✓						✓			
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

G-38394 page 1

FOIA11-804000642

U.S. DEPARTMENT 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: Fredricksburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang Ste-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.

12/30/05

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.
- [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	0216					✓				✓			✓				
2		0217	✓						✓					✓				
3		0218	✓						✓					✓				
4		0219	✓						✓					✓				
5		0220					✓		✓					✓				
8		0221	✓						✓					✓				
7		0222					✓			✓				✓				
6		0223					✓			✓						✓		
9		0224					✓			✓						✓		
10		0225					✓			✓						✓		
11		0226	✓						✓							✓		
12		0227	✓							✓				✓				
13		0228	✓						✓					✓				
14		0229					✓			✓						✓		
15	✓	0230					✓			✓				✓				

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

SIGNATURE

CANADIAN FOOD INSPECTION AGENCY (CFIA)

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).

EST.

DATE

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

FOIA11-804000643

6-38394 pa

U.S. DEPARTMENT OF AGRICULTURE
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 preconditioning
			Bay	Gray	Blk.	Palo	Cheste	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0231					✓						✓	✓				
17		0232	✓							✓						✓		
18		0233	✓							✓						✓		
19		0234					✓			✓						✓		
20		0235					✓			✓						✓		
21		0236					✓						✓	✓				
22		0237	✓										✓			✓		
23		0238					✓						✓			✓		
24		0239	✓							✓						✓		
25		0240	✓										✓			✓		
26		0241	✓										✓			✓		
27		0242					✓						✓			✓		
28		0243	✓										✓			✓		
29		0244						✓		✓						✓		
30		0245					✓			✓				✓				
31		0246	✓										✓			✓		
32	✓	0247	✓										✓		✓			
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

FOIA11-804000644

6-38395-Pg

U.S. DEPARTMENT 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: 1-6-09

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

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

NAME OF AUCTION/MARKET: Lebanon Valley Livestock Mark

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang Ste-Julia 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

- [ ] 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	0248					✓				✓					✓		
2		0249					✓						✓	✓				
3		0250					✓		✓					✓				
4		0251					✓		✓					✓				
5		0252						✓		✓				✓				
6		0253	✓						✓					✓				
7		0254	✓						✓							✓		
8		0255	✓						✓							✓		
9		0256	✓						✓							✓		
10		0257	✓						✓							✓		
11		0258	✓						✓							✓		
12		0259	✓						✓							✓		
13		0260					✓			✓						✓		
14		0261	✓										✓			✓		
15	✓	0262	✓										✓			✓		

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

SIGN (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

G - 38395 page

U.S. DEPARTMENT OF AGRICULTURE
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	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0263				✓				✓				✓				
17		0264					✓			✓						✓		
18		0265					✓						✓			✓		
19		0266	✓										✓			✓		
20		0267	✓										✓	✓				
21		0268					✓			✓				✓				
22		0269						✓					✓	✓				
23		0270	✓										✓			✓		
24		0271	✓										✓	✓				
25		0272	✓										✓			✓		
26		0273					✓						✓			✓		
27		0274	✓										✓	✓				
28		0275	✓										✓	✓				
29		0276	✓				✓						✓	✓				
30		0277							✓					✓				
31		0278	✓						✓							✓		
32	↓	0279	✓						✓						✓			
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

1 48063

FOIA11-804000646

Page 1

U.S. DEPARTMENT 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: Fredricksburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang, Ste-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.: 1/9/04

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.
- [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	0280						✓		✓				✓				
2		0281					✓			✓				✓				
3		0282						✓		✓						✓		
4		0283	✓							✓				✓				
5		0284					✓			✓				✓				
6		0285						✓		✓						✓		
7		0286					✓			✓				✓				
8		0287	✓							✓						✓		
9		0288					✓			✓				✓				
10		0289				✓				✓				✓				
11		0290	✓							✓				✓				
12		0291	✓										✓			✓		
13		0292	✓										✓	✓				
14		0293	✓										✓	✓				
15		0294					✓			✓						✓		

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

SIG[redacted] (b)(6),

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(b)(6),

SIGNATURE OF OWNER/SHIPPER (I certify that 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

U.S. DEPARTMENT OF AGRICULTURE
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 preconditioning
			Bay	Gray	Blk.	Pinto	Chesta	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0295	✓							✓						✓		
17		0296	✓							✓						✓		
18		0297	✓							✓						✓		
19		0298					✓			✓						✓		
20		0299	✓							✓				✓				
21		0300	✓										✓			✓		
22		0301	✓										✓			✓		
23		0302	✓										✓			✓		
24		0303					✓			✓						✓		
25		0304	✓						✓							✓		
26		0305					✓			✓						✓		
27		0306	✓										✓			✓		
28		0307					✓			✓				✓				
29		0308				✓				✓				✓				
30		0309			✓					✓						✓		
31		0310	✓											✓		✓		
32	✓	0311	✓											✓		✓		
33																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(b)(6),

PAGE ___ OF ___

I 48064

page 1

FOIA 11-804000648

U.S. DEPARTMENT 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: Fredricksburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

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.:

1/9/16

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.
- [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	0312					✓						✓			✓		
2		0313					✓						✓			✓		
3		0314	✓										✓	✓				
4		0315	✓							✓				✓				
5		0316	✓										✓			✓		
6		0317			✓								✓			✓		
7		0318					✓			✓						✓		
8		0319					✓						✓			✓		
9		0320	✓							✓				✓				
10		0321	✓										✓			✓		
11		0322					✓						✓	✓				
12		0323	✓										✓	✓				
13		0324			✓								✓			✓		
14		0325	✓										✓			✓		
15	✓	0326	✓										✓	✓				

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 TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR [illegible] NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

(b)(6),

SIGNATURE OF OWNER/SHIPPER (I certify that 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

U.S. DEPARTMENT OF AGRICULTURE
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	Gray	Blk.	Pinto	Chesta	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0327	✓										✓	✓				
17		0328	✓							✓						✓		
18		0329	✓							✓						✓		
19		0330					✓			✓						✓		
20		0331					✓						✓	✓				
21		0332	✓										✓	✓				
22		0333	✓										✓			✓		
23		0334	✓										✓			✓		
24		0335	✓										✓	✓				
25		0336	✓						✓							✓		
26		0337	✓										✓			✓		
27		0338	✓										✓			✓		
28		0339	✓							✓				✓				
29		0340					✓			✓				✓				
30		0341					✓			✓						✓		
31		0342	✓										✓			✓		
32		0343	✓										✓	✓				
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

1 48063 [redacted]

Page 1 FOIA 1 804000650

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:00 AM
DATE: 7-12-09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Fredricksburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),
NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore
CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover DR.
STREET ADDRESS: 517 Rang Ste-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

- [ ] 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	0280						✓		✓				✓				
2		0281					✓			✓				✓				
3		0282						✓		✓						✓		
4		0283	✓							✓				✓				
5		0284					✓			✓				✓				
6		0285						✓		✓						✓		
7		0286					✓			✓				✓				
8		0287	✓							✓						✓		
9		0288					✓			✓				✓				
10		0289				✓				✓				✓				
11		0290	✓							✓				✓				
12		0291	✓										✓			✓		
13		0292	✓										✓	✓				
14		0293	✓										✓	✓				
15		0294					✓			✓						✓		

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 TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 (b)(6), ORE THAN 5 YEARS OR BOTH (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

US FORM 18-12

FOIA11-804000651

page 2

I 48070

U.S. DEPARTMENT OF AGRICULTURE
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 preconditions
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0389					X			X						X		
17		0390					X						X			X		
18		0391	X										X			X		
19		0392					X						X			X		
20		0393					X						X			X		
21		0394					X						X			X		
22		0395	X						X							X		
23		0396					X						X			X		
24		0397					X						X			X		
25		0398					X			X						X		
26		0399			X								X			X		
27		0400	X										X			X		
28		0401					X						X			X		
29		0402					X			X						X		
30		0403	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),

FOIA11-8040006 78065

page 2

U.S. DEPARTMENT OF AGRICULTURE
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 preconditioning
			Bay	Gray	Blk.	Pinto	Chesta	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0295	✓							✓						✓		
17		0296	✓							✓						✓		
18		0297	✓							✓						✓		
19		0298					✓			✓						✓		
20		0299	✓							✓				✓				
21		0300	✓										✓			✓		
22		0301	✓										✓			✓		
23		0302	✓										✓			✓		
24		0303					✓			✓						✓		
25		0304	✓						✓							✓		
26		0305					✓			✓						✓		
27		0306	✓										✓			✓		
28		0307					✓			✓				✓				
29		0308				✓				✓				✓				
30		0309			✓					✓						✓		
31		0310	✓											✓		✓		
32	✓	0311	✓											✓		✓		
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SIGNATURE 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 ___ OF ___

I 48064
FOIA11-804000653
page 1

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

3:00 AM (Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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: 3:00AM
DATE: 1-13-09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Fredricksburg PA

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

NAME OF AUCTION/MARKET: Lebanon Valley Livestock 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: Natural Meat
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

- [ ] 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	0312					✓						✓			✓		
2		0313					✓						✓			✓		
3		0314	✓										✓	✓				
4		0315	✓							✓				✓				
5		0316	✓										✓			✓		
6		0317			✓								✓			✓		
7		0318					✓			✓						✓		
8		0319					✓						✓			✓		
9		0320	✓							✓				✓				
10		0321	✓										✓			✓		
11		0322					✓						✓	✓				
12		0323	✓										✓	✓				
13		0324			✓								✓			✓		
14		0325	✓										✓			✓		
15	✓	0326	✓										✓	✓				

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 TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001). (b)(6),

SIGNATURE OF OWNER/SHIPPER (I certify that 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

U.S. DEPARTMENT OF AGRICULTURE
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	Gray	Blk.	Pinto	Chesta	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0295	✓							✓						✓		
17		0296	✓							✓						✓		
18		0297	✓							✓						✓		
19		0298					✓			✓						✓		
20		0299	✓							✓				✓				
21		0300	✓										✓			✓		
22		0301	✓										✓			✓		
23		0302	✓										✓			✓		
24		0303					✓			✓						✓		
25		0304	✓						✓							✓		
26		0305					✓			✓						✓		
27		0306	✓										✓			✓		
28		0307					✓			✓				✓				
29		0308				✓				✓				✓				
30		0309			✓					✓						✓		
31		0310	✓											✓		✓		
32		0311	✓											✓		✓		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

FOIA11-804000695

I 48064

page 2

U.S. DEPARTMENT OF AGRICULTURE
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 precaution
			Bay	Gray	Blk.	Pinto	Chestn.	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0327	✓										✓	✓				
17		0328	✓							✓						✓		
18		0329	✓							✓						✓		
19		0330					✓			✓						✓		
20		0331					✓						✓	✓				
21		0332	✓										✓	✓				
22		0333	✓										✓			✓		
23		0334	✓										✓			✓		
24		0335	✓										✓	✓				
25		0336	✓						✓							✓		
26		0337	✓										✓			✓		
27		0338	✓										✓			✓		
28		0339	✓							✓				✓				
29		0340					✓			✓				✓				
30		0341					✓			✓						✓		
31		0342	✓										✓			✓		
32		0343	✓										✓	✓				
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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),

PAGE ___ OF ___

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

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

VEHICLE LICENSE NO. AND DRIVER'S NAME:
NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore
CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover Dr
STREET ADDRESS: 517 Rang Ste Julie est

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.: 1/16/09

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.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/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	344					X			X				X				
2		345	X					X								X		
3		346					X	X								X		
4		347					X	X								X		
5		348	X					X								X		
6		349					X	X								X		
7		350	X					X								X		
8		351	X					X								X		
9		352					X	X						X				
10		353					X	X								X		
11		354					X	X								X		
12		355					X	X								X		
13		356	X							X				X				
14		357				X				X				X				
15		358				X			X							X		

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

S (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR (b)(6), MORE THAN 5 YEARS OR BOTH (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

VS FORM 10-13

U.S. DEPARTMENT OF AGRICULTURE
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 precaution
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	359					X			X						X		
17		360					X			X				X				
18		361	X							X						X		
19		362					X	X								X		
20		363					X	X								X		
21		364	X							X				X				
22		365	X						X							X		
23		366						X		X				X				
24		367	X					X								X		
25		368					X			X						X		
26		369	X					X								X		
27		370	X					X						X				
28		371	X					X								X		
29		372	X					X						X				
30		373					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 ___ OF ___

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FOIA11-804000658
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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: 9:00 AM

DATE: 7-19-09

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

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

NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover Dr

STREET ADDRESS: 517 Rang Ste 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

- [ ] 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.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/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	344					X			X				X				
2		345	X					X								X		
3		346					X	X								X		
4		347					X	X								X		
5		348	X					X								X		
6		349					X	X								X		
7		350	X					X								X		
8		351	X					X								X		
9		352					X	X						X				
10		353					X	X								X		
11		354					X	X								X		
12		355					X	X								X		
13		356	X							X				X				
14		357				X				X				X				
15		358				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 TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

(b)(6),

SIGNATURE OF OWNER/SHIPPER (I certify that 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

VS FORM 10-13

U.S. DEPARTMENT OF AGRICULTURE
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	Gray	Blk.	Finto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	359					X			X						X		
17		360					X			X				X				
18		361	X							X						X		
19		362					X	X								X		
20		363					X	X								X		
21		364	X							X				X				
22		365	X						X							X		
23		366						X		X				X				
24		367	X					X								X		
25		368					X			X						X		
26		369	X					X								X		
27		370	X					X						X				
28		371	X					X								X		
29		372	X					X						X				
30		373					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),

FOIA11-804000660

U.S. DEPARTMENT 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: Fredricksburg, PA

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang Ste-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

- [ ] 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	0468	X						X							X		
2		0469	X						X					X				
3		0470	X						X					X				
4		0471	X						X					X				
5		0472				X				X				X				
6		0473	X						X					X				
7		0474					X			X				X				
8		0475	X							X				X				
9		0476	X						X					X				
10		0477	X						X							X		
11		0478	X						X							X		
12		0479	X										X			X		
13		0480	X										X	X				
14		0481	X										X	X				
15		0482					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 TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IM (b)(6), THAN 5 YEARS OR BOTH (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 be (b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

page 1
FOIA11-804000661
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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: 1:00
DATE: 1-30-09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Fredricksburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),
NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore
CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover Dr.
STREET ADDRESS: 517 Rang Ste-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

- [ ] 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	0374	X						X					X				
2		0375	X						X							X		
3		0376					X			X					X			
4		0377	X						X							X		
5		0378				X				X				X				
6		0379	X										X	X				
7		0380					X						X	X				
8		0381	X							X				X				
9		0382	X						X							X		
10		0383	X						X							X		
11		0384					X						X			X		
12		0385					X						X			X		
13		0386					X						X			X		
14		0387					X						X			X		
15		0388	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 TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPI (b)(6), ORE THAN 5 YEARS OR BOTH (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

637156

U.S. DEPARTMENT OF AGRICULTURE
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 precaution
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	419	X					X						X				
17		420	X					X						X				
18		421	X							X				X				
19		422	X					X						X				
20		423	X					X								X		
21		424	X							X				X				
22		425	X							X				X				
23		426	X					X						X				
24		427	X					X								X		
25		428					X			X				X				
26		429					X			X				X				
27		430	X							X				X				
28		431					X	X						X				
29		432					X			X				X				
30		433					X			X				X				
31		434					X			X				X				
32		435	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),

I48070

U.S. DEPARTMENT OF AGRICULTURE
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 preconditioning
			Bay	Gray	Blk.	Fado	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0389					X			X						X		
17		0390					X						X			X		
18		0391	X										X			X		
19		0392					X						X			X		
20		0393					X						X			X		
21		0394					X						X			X		
22		0395	X						X							X		
23		0396					X						X			X		
24		0397					X						X			X		
25		0398					X			X						X		
26		0399			X								X			X		
27		0400	X										X			X		
28		0401					X						X			X		
29		0402					X			X						X		
30		0403	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
FOIA11-804000664
G37456

U.S. DEPARTMENT 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: Fredricksburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: Lebanon Valley Livestock Mark

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natrual Meat

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang Ste 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.: 1/23/07

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.
- [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	404					X			X						X		
2		405					X			X						X		
3		406	X						X					X				
4		407					X	X								X		
5		408					X			X				X				
6		409					X			X						X		
7		410	X						X							X		
8		411					X		X							X		
9		412	X					X						X				
10		413	X					X						X				
11		414	X							X						X		
12		415					X	X								X		
13		416	X						X							X		
14		417					X		X					X				
15		418	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 TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

(b)(6),

SIGNATURE OF OWNER/SHIPPER (I certify that 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

U.S. DEPARTMENT OF AGRICULTURE
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 precaution
			Bay	Gray	Blk.	Pinto	Chesta	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	419	X					X						X				
17		420	X					X						X				
18		421	X							X				X				
19		422	X					X						X				
20		423	X					X								X		
21		424	X							X				X				
22		425	X							X				X				
23		426	X					X						X				
24		427	X					X								X		
25		428					X			X				X				
26		429					X			X				X				
27		430	X							X				X				
28		431					X	X						X				
29		432					X			X				X				
30		433					X			X				X				
31		434					X			X				X				
32		435	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 ___ OF ___

Page 1

FOIA11-804000666

637156

U.S. DEPARTMENT 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: 9130

DATE: 1-26-08

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

(b)(6),

NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natrual Meat

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang Ste 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

- [ ] 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	404					X			X						X		
2		405					X			X						X		
3		406	X						X					X				
4		407					X	X								X		
5		408					X			X				X				
6		409					X			X						X		
7		410	X						X							X		
8		411					X		X							X		
9		412	X					X						X				
10		413	X					X						X				
11		414	X							X						X		
12		415					X	X								X		
13		416	X						X							X		
14		417					X		X					X				
15		418	X					X						X				

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

SIGNATURE

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
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	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0451	X										X	X				
17		0452					X						X			X		
18		0453						X		X				X				
19		0454						X		X				X				
20		0455				X				X						X		
21		0456					X						X			X		
22		0457					X						X			X		
23		0458				X				X				X				
24		0459					X			X				X				
25		0460					X			X				X				
26		0461					X			X				X				
27		0462			X					X						X		
28		0463			X					X						X		
29		0464	X							X				X				
30		0465	X							X				X				
31		0466					X			X				X				
32		0467					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),

FOIA11-804000668

637156

U.S. DEPARTMENT OF AGRICULTURE
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	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	419	X					X						X				
17		420	X					X						X				
18		421	X							X				X				
19		422	X					X						X				
20		423	X					X								X		
21		424	X							X				X				
22		425	X							X				X				
23		426	X					X						X				
24		427	X					X								X		
25		428					X			X				X				
26		429					X			X				X				
27		430	X							X				X				
28		431					X	X						X				
29		432					X			X				X				
30		433					X			X				X				
31		434					X			X				X				
32		435	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 ___ OF ___

Page 1

FOIA11-804000669

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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

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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: Fredricksburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang Ste. 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.: 1/27/04

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.
- [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	0436	X						X					X				
2		0437	X						X					X				
3		0438	X						X					X				
4		0439	X						X					X				
5		0440	X						X					X				
6		0441	X						X					X				
7		0442	X						X					X				
8		0443	X						X					X				
9		0444	X						X					X				
10		0445	X						X					X				
11		0446	X						X					X				
12		0447	X						X					X				
13		0448	X						X					X				
14		0449	X						X					X				
15		0450	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

U.S. DEPARTMENT OF AGRICULTURE
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 precaution
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USDA	0451	X										X	X				
17		0452					X						X			X		
18		0453						X		X				X				
19		0454						X		X				X				
20		0455				X				X						X		
21		0456					X						X			X		
22		0457					X						X			X		
23		0458				X				X				X				
24		0459					X			X				X				
25		0460					X			X				X				
26		0461					X			X				X				
27		0462			X					X						X		
28		0463			X					X						X		
29		0464	X							X				X				
30		0465	X							X				X				
31		0466					X			X				X				
32		0467					X			X				X				
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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

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:00 AM
DATE: 1-29-09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Fredricksburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: IN 40 825 Jeff Steffy
NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore
CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover DR.
STREET ADDRESS: 517 Rang Ste. 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

- [ ] 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	0436	X						X					X				
2		0437	X						X					X				
3		0438	X						X					X				
4		0439	X						X					X				
5		0440	X						X					X				
6		0441	X						X					X				
7		0442	X						X					X				
8		0443	X						X					X				
9		0444	X						X					X				
10		0445	X						X					X				
11		0446	X						X					X				
12		0447	X						X					X				
13		0448	X						X					X				
14		0449	X						X					X				
15		0450	X						X					X				

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

SIG (b)(6),

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
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 preconditioning
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16		0483						X		X				X				
17		0484					X			X				X				
18		0485					X			X				X				
19		0486	X										X			X		
20		0487	X										X	X				
21		0488					X			X				X				
22		0489	X										X			X		
23		0490	X										X	X				
24		0491	X										X	X				
25		0492			X								X	X				
26		0493	X										X	X				
27		0494	X										X	X				
28		0495	X										X			X		
29		0496	X										X			X		
30		0497	X										X	X				
31		0498					X						X	X				
32		0499			X								X			X		
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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	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16		0483						X		X				X				
17		0484					X			X				X				
18		0485					X			X				X				
19		0486	X										X			X		
20		0487	X										X	X				
21		0488					X			X				X				
22		0489	X										X			X		
23		0490	X										X	X				
24		0491	X										X	X				
25		0492			X								X	X				
26		0493	X										X	X				
27		0494	X										X	X				
28		0495	X										X			X		
29		0496	X										X			X		
30		0497	X										X	X				
31		0498					X						X	X				
32		0499			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.)

FOIA11-804000674

U.S. DEPARTMENT 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: Fredricksburg, PA

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang Ste-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.:

2/2/09

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.
- [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	0468	X						X							X		
2		0469	X						X					X				
3		0470	X						X					X				
4		0471	X						X					X				
5		0472				X				X				X				
6		0473	X						X					X				
7		0474					X			X				X				
8		0475	X							X				X				
9		0476	X						X					X				
10		0477	X						X							X		
11		0478	X						X							X		
12		0479	X										X			X		
13		0480	X										X	X				
14		0481	X										X	X				
15		0482					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 TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IM (b)(6), N 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

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 precaution
			Bay	Gray	Blk.	Fndo	Chesn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16		0483						X		X				X				
17		0484					X			X				X				
18		0485					X			X				X				
19		0486	X										X			X		
20		0487	X										X	X				
21		0488					X			X				X				
22		0489	X										X			X		
23		0490	X										X	X				
24		0491	X										X	X				
25		0492			X								X	X				
26		0493	X										X	X				
27		0494	X										X	X				
28		0495	X										X			X		
29		0496	X										X			X		
30		0497	X										X	X				
31		0498					X						X	X				
32		0499			X								X			X		
33																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

Page 1 [redacted]

FOIA11-804000676

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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 | DATE

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

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang Ste 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.: 2/4/19

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.
- [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	Chesto	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	0500			X					X				X				
2		0501			X					X				X				
3		0502					X	X								X		
4		0503					X		X							X		
5		0504			X			X						X				
6		0505	X					X								X		
7		0506					X	X						X				
8		0507	X					X						X				
9		0508	X					X								X		
10		0509					X			X				X				
11		0510	X							X						X		
12		0511				X				X				X				
13		0512	X							X				X				
14		0513	X					X								X		
15		0514			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 TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMP (b)(6), RE THAN 5 YEARS OR BOTH (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

U.S. DEPARTMENT OF AGRICULTURE
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 precaution
			Bay	Gray	Blk.	Pinto	Chesta	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USA	0515	X							X				X				
17		0516	X						X					X				
18		0517					X		X							X		
19		0518	X						X							X		
20		0519	X						X							X		
21		0520					X		X					X				
22		0521					X		X					X				
23		0522	X						X					X				
24		0523	X						X					X				
25		0524	X						X					X				
26		0525	X						X					X				
27		0526					X		X					X				
28		0527	X						X					X				
29		0528	X						X					X				
30		0529	X						X					X				
31		0530	X						X					X				
32	V	0531					X		X					X				
33																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

PAGE ___ OF ___

page 1

FOIA11-804000678

G37157

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 | DATE

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

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang Ste - 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.: 2/6/09

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.
- [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	0532					✓						✓			✓		
2		0533					✓						✓			✓		
3		0534					✓						✓			✓		
4		0535					✓						✓	✓				
5		0536					✓						✓	✓				
6		0537					✓						✓			✓		
7		0538					✓						✓	✓				
8		0539					✓						✓			✓		
9		0540					✓						✓			✓		
10		0541	✓										✓	✓				
11		0542	✓										✓			✓		
12		0543	✓										✓	✓				
13		0544	✓										✓	✓				
14		0545	✓										✓	✓				
15		0546			✓								✓			✓		

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

S[redacted] (b)(6),

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

FOIA11-804000679 Page 2

G37157

U.S. DEPARTMENT OF AGRICULTURE
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 precaution
			Bay	Gray	Blk.	Pinto	Chesta	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0547	✓										✓	✓				
17		0548					✓			✓				✓				
18		0549	✓							✓						✓		
19		0550					✓						✓			✓		
20		0551					✓						✓			✓		
21		0552					✓						✓			✓		
22		0553					✓						✓			✓		
23		0554					✓						✓			✓		
24		0555					✓						✓			✓		
25		0556					✓						✓	✓				
26		0557					✓						✓	✓				
27		0558					✓						✓			✓		
28		0559					✓						✓			✓		
29		0560	✓										✓			✓		
30		0561	✓										✓			✓		
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 ___ OF ___

Page 1

FOIA11-804000680

U.S. DEPARTMENT 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: Fredricksburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang, Ste. Julia-est

CITY, STATE, ZIP CODE: Jonestown PA 17038

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

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

AREA CODE & TELEPHONE NO.: 2/8/19

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.
- [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	0624					✓				✓					✓		
2		0625	✓							✓				✓				
3		0626					✓			✓						✓		
4		0627				✓				✓				✓				
5		0628	✓										✓	✓				
6		0629	✓										✓	✓				
7		0630	✓										✓	✓				
8		0631	✓										✓	✓				
9		0632	✓										✓	✓				
10		0633					✓			✓						✓		
11		0634	✓										✓	✓				
12		0635	✓										✓	✓				
13		0636					✓			✓						✓		
14		0637	✓							✓						✓		
15	↓	0638					✓			✓						✓		

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

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SIGNATURE OF OWNER/SHIPPER (I certify that 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

U.S. DEPARTMENT OF AGRICULTURE
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 preconditioning
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0639	✓						✓					✓				
17		0640	✓						✓							✓		
18		0641			✓					✓						✓		
19		0642			✓					✓						✓		
20		0643	✓						✓					✓				
21		0644					✓			✓						✓		
22		0645	✓										✓			✓		
23		0646			✓								✓			✓		
24		0647				✓				✓						✓		
25		0648				✓				✓						✓		
26		0649						✓		✓						✓		
27		0650	✓										✓			✓		
28		0651	✓										✓			✓		
29		0652	✓										✓			✓		
30	✓	0653	✓										✓			✓		
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SIGNATURE 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

hand down

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 2.9.09

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

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

NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang. Ste-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

- [ ] 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	0532					✓						✓			✓		
2		0533					✓						✓			✓		
3		~~0534~~					✓						✓			✓		No room. Did not load
4		0535					✓						✓	✓				
5		0536					✓						✓	✓				
6		0537					✓						✓			✓		
7		0538					✓						✓	✓				
8		0539					✓						✓			✓		
9		0540					✓						✓			✓		
10		0541	✓										✓	✓				
11		0542	✓										✓			✓		
12		0543	✓										✓	✓				
13		0544	✓										✓	✓				
14		0545	✓										✓	✓				
15		0546			✓								✓			✓		

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 TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR (b)(6), AN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

FOIA11-804000683

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page 2

U.S. DEPARTMENT OF AGRICULTURE
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	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0327	✓										✓	✓				
17		0328	✓							✓						✓		
18		0329	✓							✓						✓		
19		0330					✓			✓						✓		
20		0331					✓						✓	✓				
21		0332	✓										✓	✓				
22		0333	✓										✓			✓		
23		0334	✓										✓			✓		
24		0335	✓										✓	✓				
25		0336	✓						✓							✓		
26		0337	✓										✓			✓		
27		0338	✓										✓			✓		
28		0339	✓							✓				✓				
29		0340					✓			✓				✓				
30		0341					✓			✓						✓		
31		0342	✓										✓			✓		
32		0343	✓										✓	✓				
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SIGNATURE 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 ___ OF ___

FOIA11-804000684

Page 2

G37157

U.S. DEPARTMENT OF AGRICULTURE
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	Gray	Blk.	Fawn	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0547	✓										✓	✓				
17		0548					✓			✓				✓				
18		0549	✓							✓						✓		
19		0550					✓						✓			✓		
20		0551					✓						✓			✓		
21		0552					✓						✓			✓		
22		0553					✓						✓			✓		
23		0554					✓						✓			✓		
24		0555					✓						✓			✓		
25		0556					✓						✓	✓				
26		0557					✓						✓	✓				
27		0558					✓						✓			✓		
28		0559					✓						✓			✓		
29		0560	✓										✓			✓		
30		0561	✓										✓			✓		
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SIGNATURE 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 OF

Page 1
FOIA11-804000685
G37166

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE: 6:00 am	DATE: 2009-02-12
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Fredricksburg PA	
VEHICLE LICENSE NO. AND DRIVER'S NAME:	NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market
CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore	CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat
STREET ADDRESS: 94 Hoover DR.	STREET ADDRESS: 517 Rang este-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.
- [ ] 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	CT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	0562					X				X			X				
2		0563				X				X				X				
3		0564	X						X					X				
4		0565	X										X	X				
5		0566	X										X	X				
6		0567	X										X	X				
7		0568	X										X	X				
8		0569	X										X	X				
9		0570	X										X	X				
10		0571	X						X							X		
11		0572					X			X						X		
12		0573			X								X	X				
13		0574					X				X			X				
14		0575				X				X				X				
15		0576	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 TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (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

FOIA11-804000686

Page 2

G37157

U.S. DEPARTMENT OF AGRICULTURE
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	Gray	Blk.	Fado	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0547	✓										✓	✓				
17		0548					✓			✓				✓				
18		0549	✓							✓						✓		
19		0550					✓						✓			✓		
20		0551					✓						✓			✓		
21		0552					✓						✓			✓		
22		0553					✓						✓			✓		
23		0554					✓						✓			✓		
24		0555					✓						✓			✓		
25		0556					✓						✓	✓				
26		0557					✓						✓	✓				
27		0558					✓						✓			✓		
28		0559					✓						✓			✓		
29		0560	✓										✓			✓		
30		0561	✓										✓			✓		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

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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)

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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	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	CSFA	0577					X		X					X				
17		0578	X										X			X		
18		0579	X						X					X				
19		0580	X										X	X				
20		0581					X		X							X		
21		0582					X						X			X		
22		0583				X				X				X				
23		0584	X						X					X				
24		0585	X						X					X				
25		0586	X										X			X		
26		0587	X						X					X				
27		0588	X						X					X				
28		0589					X			X						X		
29		0590	X										X			X		
30		0591	X							X				X				
31		0592	X										X			X		
32		0593	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.)

PAGE ___ OF ___

page 1

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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

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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: Fredricksburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang ©ste-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.:

2/11/08

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.
- [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	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	0562					X				X			X				
2		0563				X				X				X				
3		0564	X						X					X				
4		0565	X										X	X				
5		0566	X										X	X				
6		0567	X										X	X				
7		0568	X										X	X				
8		0569	X										X	X				
9		0570	X										X	X				
10		0571	X						X							X		
11		0572					X			X						X		
12		0573			X								X	X				
13		0574					X				X			X				
14		0575				X				X				X				
15		0576	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

FOIA11-804000689 Page 2

637166

U.S. DEPARTMENT OF AGRICULTURE
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 precaution
			Bay	Gray	Blk.	Pinto	Chestn.	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0577					X		X					X				
17		0578	X										X			X		
18		0579	X						X					X				
19		0580	X										X	X				
20		0581					X		X							X		
21		0582					X						X			X		
22		0583				X				X				X				
23		0584	X						X					X				
24		0585	X						X					X				
25		0586	X										X			X		
26		0587	X						X					X				
27		0588	X						X					X				
28		0589					X			X						X		
29		0590	X										X			X		
30		0591	X							X				X				
31		0592	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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FOIA11-804000690 6-37158

U.S. DEPARTMENT 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: Fredricksburg PA
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market
CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore	CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat
STREET ADDRESS: 94 Hoover DR.	STREET ADDRESS: 517 Rang Ste-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.: 2/13/09

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.
- [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	0594	X						X					X				
2		0595	X						X					X				
3		0596	X						X					X				
4		0597	X						X					X				
5		0598	X						X					X				
6		0599	X						X					X				
7		0600	X						X					X				
8		0601					X			X						X		
9		0602	X							X						X		
10		0603	X										X	X				
11		0604					X						X			X		
12		0605			X								X			X		
13		0606					X						X			X		
14		0607					X						X			X		
15		0608					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 TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONM (b)(6), S OR BOTH (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

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G 37158

U.S. DEPARTMENT OF AGRICULTURE
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	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0609					X			X						X		
17		0610	X										X	X				
18		0611	X										X			X		
19		0612	X										X			X		
20		0613	X										X			X		
21		0614	X										X			X		
22		0615			X					X						X		
23		0616					X			X						X		
24		0617	X							X				X				
25		0618					X			X				X				
26		0619	X										X	X				
27		0620	X										X			X		
28		0621	X										X			X		
29		0622	X										X	X				
30		0623	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

FOIA11-804000692

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:30 AM
DATE: 2-16-09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Fredricksburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),
NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore
CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover DR.
STREET ADDRESS: 517 Rang ste-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

- [ ] 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	0594	X						X					X				
2		0595	X						X					X				
3		0596	X						X					X				
4		0597	X						X					X				
5		0598	X						X					X				
6		0599	X						X					X				
7		0600	X						X					X				
8		0601					X			X						X		
9		0602	X							X						X		
10		0603	X										X	X				
11		0604					X						X			X		
12		0605			X								X			X		
13		0606					X						X			X		
14		0607					X						X			X		
15		0608					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 TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONME (b)(6), S OR BOTH (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

FOIA11-804000693

637166

U.S. DEPARTMENT OF AGRICULTURE
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	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	CSFA	0577					X		X					X				
17		0578	X										X			X		
18		0579	X						X					X				
19		0580	X										X	X				
20		0581					X		X							X		
21		0582					X						X			X		
22		0583				X				X				X				
23		0584	X						X					X				
24		0585	X						X					X				
25		0586	X										X			X		
26		0587	X						X					X				
27		0588	X						X					X				
28		0589					X			X						X		
29		0590	X										X			X		
30		0591	X							X				X				
31		0592	X										X			X		
32		0593	X										X			X		
33																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

PAGE ___ OF ___

G 37158

U.S. DEPARTMENT OF AGRICULTURE
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 precaution
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0609					X			X						X		
17		0610	X										X	X				
18		0611	X										X			X		
19		0612	X										X			X		
20		0613	X										X			X		
21		0614	X										X			X		
22		0615			X					X						X		
23		0616					X			X						X		
24		0617	X							X				X				
25		0618					X			X				X				
26		0619	X										X	X				
27		0620	X										X			X		
28		0621	X										X			X		
29		0622	X										X	X				
30	V	0623	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 ___ OF ___

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12 AM

DATE: 2-19-09

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

(b)(6),

NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang, Ste Julia-est

CITY, STATE, ZIP CODE: Jonestown PA 17038

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

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.
- [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	0624					✓				✓					✓		
2		0625	✓							✓				✓				
3		0626					✓			✓						✓		
4		0627				✓				✓				✓				
5		0628	✓										✓	✓				
6		0629	✓										✓	✓				
7		0630	✓										✓	✓				
8		0631	✓										✓	✓				
9		0632	✓										✓	✓				
10		0633					✓			✓						✓		
11		0634	✓										✓	✓				
12		0635	✓										✓	✓				
13		0636					✓			✓						✓		
14		0637	✓							✓						✓		
15	↓	0638					✓			✓						✓		

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 TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT OF NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

(b)(6),

SIGNATURE OF OWNER/SHIPPER (I certify that 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

U.S. DEPARTMENT OF AGRICULTURE
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 preconditioning
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0609					X			X						X		
17		0610	X										X	X				
18		0611	X										X			X		
19		0612	X										X			X		
20		0613	X										X			X		
21		0614	X										X			X		
22		0615			X					X						X		
23		0616					X			X						X		
24		0617	X							X				X				
25		0618					X			X				X				
26		0619	X										X	X				
27		0620	X										X			X		
28		0621	X										X			X		
29		0622	X										X	X				
30	V	0623	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 ___ OF ___

FOIA11-804000697

Page 2

G 37159

U.S. DEPARTMENT OF AGRICULTURE
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 preconditioning
			Bay	Gray	Blk.	Fawn	Chestn.	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0639	✓						✓					✓				
17		0640	✓						✓							✓		
18		0641			✓					✓						✓		
19		0642			✓					✓						✓		
20		0643	✓						✓					✓				
21		0644					✓			✓						✓		
22		0645	✓										✓			✓		
23		0646			✓								✓			✓		
24		0647				✓				✓						✓		
25		0648				✓				✓						✓		
26		0649						✓		✓						✓		
27		0650	✓										✓			✓		
28		0651	✓										✓			✓		
29		0652	✓										✓			✓		
30	✓	0653	✓										✓			✓		
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SIGNATURE 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 ___ OF ___

Page 1

FOIA11-804000698

U.S. DEPARTMENT 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 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: Natural Meat

STREET ADDRESS: 517 Rang Ste 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

- [ ] 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	0747	X							X				X				
2		0748					X				X			X				
3		0749					X		X					X				
4		0750	X										X	X				
5		0751	X										X			X		
6		0752	X						X					X				
7		0753					X						X	X				
8		0754					X			X				X				
9		0755	X						X					X				
10		0756	X										X			X		
11		0757					X			X						X		
12		0758	X										X	X				
13		0759	X						X					X				
14		0760	X						X					X				
15		0761	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

FOIA11-804000699

Doc 637169

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

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

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8 AM

DATE: 3-3-09

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

V[redacted] AME: Brian Moore (b)(6),

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang 8 Ste 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

- [ ] 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	USA	0714	✓							✓				✓				
2		0715				✓				✓						✓		
3		0716	✓							✓				✓				
4		0717					✓				✓					✓		
5		0718			✓					✓						✓		
6		0719	✓							✓						✓		
7		0720					✓			✓						✓		
8		0721					✓			✓						✓		
9		0722					✓				✓			✓				
10		0723	✓										✓			✓		
11		0724	✓						✓							✓		
12		0725					✓			✓				✓				
13		0726	✓						✓					✓				
14		0727	✓						✓					✓				
15	✓	0728					✓			✓						✓		

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 TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (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

Page 2
G37172

U.S. DEPARTMENT OF AGRICULTURE
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	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0762	X						X					X				
17		0763	X						X					X				
18		0764	X						X					X				
19		0765	X						X					X				
20		0766	X						X					X				
21		0767	X						X					X				
22		0768	X						X					X				
23		0769	X						X					X				
24		0770					X		X					X				
25		0771					X		X					X				
26		0772					X		X					X				
27		0773					X		X					X				
28		0774					X			X				X				
29		0775					X			X				X				
30	↓	0776					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 ___ OF ___

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 2:30 A.M
DATE: 3/12/09
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 S. Moore
CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover DR.
STREET ADDRESS: 517 Rang este 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	0777	X							X						X		
2		0778					X			X						X		
3		0779					X			X						X		
4		0780					X						X			X		
5		0781	X							X						X		
6		0782					X				X					X		
7		0783	X										X			X		
8		0784				X				X				X				
9		0785					X			X						X		
10		0786	X						X							X		
11		0787	X							X				X				
12		0788	X							X						X		
13		0789					X				X					X		
14		0790	X										X			X		
15		0791					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 TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMP (b)(6), ORE THAN 5 YEARS OR BOTH (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

U.S. DEPARTMENT 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: Fredricksburg PA

VEHICLE LICENSE NO. AND DRIVER'S NAME:
NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore
CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover DR.
STREET ADDRESS: 517 Rang. Ste-Julia-est

CITY, STATE, ZIP CODE: Johnstown PA 17038
CITY, STATE, ZIP CODE: St. Andre-Avellia Canada

AREA CODE & TELEPHONE NO.: 717 865-7586
AREA CODE & TELEPHONE NO.: 2/23/09

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.
- [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	Chesta	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	0654	✓						✓					✓				
2		0655	✓						✓					✓				
3		0656	✓						✓					✓				
4		0657	✓						✓					✓				
5		0658	✓						✓							✓		
6		0659	✓						✓							✓		
7		0660	✓						✓							✓		
8		0661	✓						✓							✓		
9		0662					✓		✓					✓				
10		0663					✓		✓					✓				
11		0664					✓		✓					✓				
12		0665					✓		✓					✓				
13		0666					✓		✓					✓				
14		0667				✓				✓				✓				
15	↓	0668					✓				✓			✓				

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

FOIA11-804000703 Page 2

637177 + 637177

U.S. DEPARTMENT OF AGRICULTURE
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 precaution
			Bay	Gray	Blk.	Fado	Cheste	Other	FB	CT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0669	✓										✓	✓				
17		0670			✓								✓			✓		
18		0671	✓										✓			✓		
19		0672			✓								✓	✓				
20		0673						✓		✓						✓		
21		0674						✓		✓						✓		
22		0675	✓								✓					✓		
23		0676	✓							✓				✓				
24		0677	✓							✓				✓				
25		0678					✓			✓						✓		
26		0679	✓										✓			✓		
27		0680	✓										✓			✓		
28		0681	✓							✓						✓		
29		0682					✓			✓				✓				
30	✓	0683	✓										✓			✓		
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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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:00 AM

DATE: 2/24/09

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

(b)(6),

NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang Ste-Julia-est

CITY, STATE, ZIP CODE: Johnstown PA 17038

CITY, STATE, ZIP CODE: St. Andre-Avellia 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.
- [ ] 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	Chesta	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	0654	✓						✓					✓				
2		0655	✓						✓					✓				
3		0656	✓						✓					✓				
4		0657	✓						✓					✓				
5		0658	✓						✓							✓		
6		0659	✓						✓							✓		
7		0660	✓						✓							✓		
8		0661	✓						✓							✓		
9		0662					✓		✓					✓				
10		0663					✓		✓					✓				
11		0664					✓		✓					✓				
12		0665					✓		✓					✓				
13		0666					✓		✓					✓				
14		0667				✓				✓				✓				
15	↓	0668					✓				✓			✓				

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 TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (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.

DATE

TIME

FOIA11-804000705

Page 2

G 37159

U.S. DEPARTMENT OF AGRICULTURE
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 preconditioning
			Bay	Gray	Blk.	Pinto	Chestn.	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0639	✓						✓					✓				
17		0640	✓						✓							✓		
18		0641			✓					✓						✓		
19		0642			✓					✓						✓		
20		0643	✓						✓					✓				
21		0644					✓			✓						✓		
22		0645	✓										✓			✓		
23		0646			✓								✓			✓		
24		0647				✓				✓						✓		
25		0648				✓				✓						✓		
26		0649						✓		✓						✓		
27		0650	✓										✓			✓		
28		0651	✓										✓			✓		
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SIGNATURE 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 ___ OF ___

637177

U.S. DEPARTMENT OF AGRICULTURE
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 precaution
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0669	✓										✓	✓				
17		0670			✓								✓			✓		
18		0671	✓										✓			✓		
19		0672			✓								✓	✓				
20		0673						✓		✓						✓		
21		0674						✓		✓						✓		
22		0675	✓								✓					✓		
23		0676	✓							✓				✓				
24		0677	✓							✓				✓				
25		0678					✓			✓						✓		
26		0679	✓										✓			✓		
27		0680	✓										✓			✓		
28		0681	✓							✓						✓		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

page 1

FOIA21-804000707

637000

U.S. DEPARTMENT 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 J. Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

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.

2/27/09

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.
- [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	0684	X						X					X				
2		0685	X						X					X				
3		0686	X							X						X		
4		0687				X				X						X		
5		0688				X				X				X				
6		0689				X				X				X				
7		0690					X		X					X				
8		0691	X						X					X				
9		0692	X						X					X				
10		0693	X						X					X				
11		0694	X							X						X		
12		0695					X			X						X		
13		0696				X				X				X				
14		0697					X			X				X				
15	V	0698	X							X				X				

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

SIGNATURE

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

DATE

TIME

FOIA11-804-00706 page 2

6 37200

U.S. DEPARTMENT OF AGRICULTURE
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	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0699	X										X			X		
17		0700	X										X	X				
18		0701	X							X				X				
19		0702					X			X				X				
20		0703	X						X					X				
21		0704	X										X			X		
22		0705						X		X				X				
23		0706	X							X				X				
24		0707			X				X					X				
25		0708	X										X			X		
26		0709					X			X				X				
27		0710					X			X				X				
28		0711					X			X				X				
29		0712					X				X					X		
30	V	0713	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.)

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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 | 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 S. Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang 8ste 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.: 3/2/09

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.
- [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	0714	✓							✓				✓				
2		0715				✓				✓						✓		
3		0716	✓							✓				✓				
4		0717					✓				✓					✓		
5		0718			✓					✓						✓		
6		0719	✓							✓						✓		
7		0720					✓			✓						✓		
8		0721					✓			✓						✓		
9		0722					✓				✓			✓				
10		0723	✓										✓			✓		
11		0724	✓						✓							✓		
12		0725					✓			✓				✓				
13		0726	✓						✓					✓				
14		0727	✓						✓					✓				
15		0728					✓			✓						✓		

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

G3 7169

U.S. DEPARTMENT OF AGRICULTURE
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 prescription
			Bay	Gray	Blk.	Pinto	Chesta	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0729					✓			✓				✓				
17		0730	✓						✓					✓				
18		0731					✓			✓				✓				
19		0732	✓						✓					✓				
20		0733					✓			✓				✓				
21		0734	✓						✓					✓				
22		0735	✓										✓			✓		
23		0736	✓										✓			✓		
24		0737	✓										✓	✓				
25		0738	✓										✓	✓				
26		0739	✓										✓			✓		
27		0740	✓										✓			✓		
28		0741	✓						✓					✓				
29		0742	✓						✓							✓		
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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: 2:00 AM

DATE: 3-17-09

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

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

NAME OF AUCTION/MARKET: —

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: Natural Meat

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

- [ ] 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	0807					X			X				X				
2		0808					X			X						X		
3		0809			X								X			X		
4		0810						X		X						X		
5		0811	X						X					X				
6		0812					X		X					X				
7		0813	X						X					X				
8		0814					X			X						X		
9		0815					X				X			X				Hal Pattes
10		0816	X						X					X				
11		0817	X						X					X				
12		0818					X			X				X				
13		0819				X				X				X				
14		0820	X						X							X		
15		0821				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

U.S. DEPARTMENT OF AGRICULTURE
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 preceding
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0822	X							X				X				
17		0823	X							X				X				
18		0824					X			X						X		
19		0825						X		X				X				
20		0826	X							X				X				
21		0827	X							X				X				
22		0828					X		X					X				
23		0829					X						X			X		
24		0830						X		X				X				
25		0831	X										X			X		
26		0832	X										X			X		
27		0833	X										X	X				
28		0834	X										X	X				
29		0835					X				X			X				
30		0836			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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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 2:00 AM
DATE: 3-17-09
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 S. Moore
CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

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

- [ ] 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	0807					X			X				X				
2		0808					X			X						X		
3		0809			X								X			X		
4		0810						X		X						X		
5		0811	X						X					X				
6		0812					X		X					X				
7		0813	X						X					X				
8		0814					X			X						X		
✓ 9		0815					X				X			X				Mal Pattes
10		0816	X						X					X				
11		0817	X						X					X				
12		0818					X			X				X				
13		0819				X				X				X				
14		0820	X						X							X		
✓ 15		0821				X				X						X		

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

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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

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

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

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 2:00 pm
DATE: 3-19-09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVING NAME: (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: Natural Meat
STREET ADDRESS: 517 Rang Ste. 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

- [ ] 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	USDA	0837				X					X					X		
2		0838				X				X				X				
3		0839				X				X				X				
4		0840						X		X				X				
5		0841					X			X				X				
6		0842	X						X					X				
7		0843					X			X				X				
8		0844	X										X			X		
9		0845	X										X			X		
10		0846					X			X				X				
11		0847	X										X	X				
12		0848	X							X						X		
13		0849	X							X						X		
14		0850					X			X						X		
15		0851	X							X						X		

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

SIG (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

FOIA11-804000 Page 2
G37199

U.S. DEPARTMENT OF AGRICULTURE
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 precaution
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USPA	0852					X			X				X				
17		0853	X						X					X				
18		0854	X							X				X				
19		0855	X						X					X				
20		0856	X										X			X		
21		0857			X						X			X				
22		0858	X										X			X		
23		0859					X			X						X		
24		0860					X				X			X				
25		0861					X			X						X		
26		0862	X										X	X				
27		0863	X										X	X				
28		0864	X										X	X				
29		0865	X										X			X		
30		0866	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 pm
DATE: 3-19-09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND PROVINCE: (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: Natural Meat
STREET ADDRESS: 517 Rang Ste. 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

- [ ] 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	USA	0837				X					X					X		
2		0838				X				X				X				
3		0839				X				X				X				
4		0840						X		X				X				
5		0841					X			X				X				
6		0842	X						X					X				
7		0843					X			X				X				
8		0844	X										X			X		
9		0845	X										X			X		
10		0846					X			X				X				
11		0847	X										X	X				
12		0848	X							X						X		
13		0849	X							X						X		
14		0850					X			X						X		
15		0851	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 TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRI (b)(6), ORE THAN 5 YEARS OR BOTH (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

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

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

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:00 AM

DATE: 3/26/09

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 S. Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang, Ste-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

- [ ] 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 Includ existing condition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	0867	X										X			X		
2		0868					X						X			X		
3		0869			X						X			X				
4		0870	X										X			X		
5		0871	X							X				X				
6		0872	X										X			X		
7		0873					X			X				X				
8		0874	X							X				X				
9		0875	X							X				X				
10		0876	X							X						X		
11		0877			X					X				X				
12		0878					X			X				X				
13		0879					X			X				X				
14		0880	X							X				X				
15		0881	X							X				X				

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

CANADIAN FOOD INSPECTION AGENCY (CFIA

SIGNATURE (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).

EST.

DATE

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

U.S. DEPARTMENT OF AGRICULTURE
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 preconditioning
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0882						X		X						X		
17		0883						X		X				X				
18		0884	X							X				X				
19		0885			X					X				X				
20		0886	X							X						X		
21		0887	X							X						X		
22		0888	X							X				X				
23		0889					X			X						X		
24		0890					X						X			X		
25		0891					X						X			X		
26		0892	X										X			X		
27		0893	X										X	X				
28		0894	X						X					X				
29		0895					X				X					X		
30	✓	0896					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.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:00 AM

DATE: 3/26/09

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 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: Natural Meat

STREET ADDRESS: 517 Rang, Ste-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

- [ ] 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	0867	X										X			X		
2		0868					X						X			X		
3		0869			X						X			X				
4		0870	X										X			X		
5		0871	X							X				X				
6		0872	X										X			X		
7		0873					X			X				X				
8		0874	X							X				X				
9		0875	X							X				X				
10		0876	X							X						X		
11		0877			X					X				X				
12		0878					X			X				X				
13		0879					X			X				X				
14		0880	X							X				X				
15		0881	X							X				X				

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

SIGNATURE: (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).

EST.

DATE

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

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: 2 AM

DATE: 4-1-09

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 J. Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang. 5 TE 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

- [ ] 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	0897	X							X						X		
2		0898	X							X						X		
3		0899				X				X				X				
4		0900				X				X						X		
5		0901					X			X						X		
6		0902					X			X				X				
7		0903					X				X					X		
8		0904	X										X			X		
9		0905	X						X							X		
10		0906	X						X							X		
11		0907	X										X			X		
12		0908					X						X			X		
13		0909						X		X				X				
14		0910	X										X			X		
15		0911				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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(b)(6),

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

TITLE

U.S. DEPARTMENT OF AGRICULTURE
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 preconditioning
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	0912					X			X						X		
17		0913						X		X				X				
18		0914			X				X							X		
19		0915					X		X							X		
20		0916					X		X					X				
21		0917	X						X					X				
22		0918					X		X							X		
23		0919				X				X						X		
24		0920	X						X							X		
25		0921	X						X							X		
26		0922	X						X							X		
27		0923	X						X							X		
28		0924	X						X							X		
29		0925				X				X				X				
30		0926	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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 2 AM

DATE: 4-1-09

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 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: Natural Meat

STREET ADDRESS: 517 Rang, 8 STE 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

- [ ] 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	0897	X							X						X		
2		0898	X							X						X		
3		0899				X				X				X				
4		0900				X				X						X		
5		0901					X			X						X		
6		0902					X			X				X				
7		0903					X				X					X		
8		0904	X										X			X		
9		0905	X						X							X		
10		0906	X						X							X		
11		0907	X										X			X		
12		0908					X						X			X		
13		0909						X		X				X				
14		0910	X										X			X		
15		0911				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.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

G29309

U.S. DEPARTMENT 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, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8 AM

DATE: 4-15-04

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 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 Est Julie Ste

CITY, STATE, ZIP CODE: St. Andrea-Advilin 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.
- [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	1010	X						X							X		
2		1011	X							X				X				
3		1012	X							X						X		
4		1013					X			X						X		
5		1014	X						X					X				
6		1015	X						X					X				
7		1016	X										X			X		
8		1017	X										X			X		
9		1018	X										X			X		
10		1019					X			X						X		
11		1020						X		X				X				
12		1021				X				X						X		
13		1022	X							X						X		
14		1023					X		X					X				
15	↓	1024					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 OW... (b)(6), ...orm is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

G29309

U.S. DEPARTMENT OF AGRICULTURE
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	Gray	Blk.	Flaxn	Cherin	Other	TB	QT	Draft	Pony	Other	Hare	Stal	Gald		
16		1025	X							X				X				
17		1026	X										X	X				
18		1027	X							X				X				
19		1028	X							X				X				
20		1029					X				X			X				
21		1030	X										X			X		
22		1031					X			X						X		
23		1032	X						X					X				
24		1033					X			X				X				
25		1034					X			X				X				
26		1035					X			X				X				
27		1036					X						X	X				
28		1037	X										X			X		
29		1038	X										X			X		
30		1039			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. FALSIFICATI OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE 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 637/51

CFIA 1-804000725 [redacted]

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:00 AM

DATE: 1-19-09

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

[redacted] (b)(6),

NAME OF AUCTION/MARKET: Lebanon Valley Livestock Market

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meat

STREET ADDRESS: 94 Hoover Dr

STREET ADDRESS: 517 Rang Ste 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

- [ ] 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	USFA	344					X			X				X				
2		345	X					X								X		
3		346					X	X								X		
4		347					X	X								X		
5		348	X					X								X		
6		349					X	X								X		
7		350	X					X								X		
8		351	X					X								X		
9		352					X	X						X				
10		353					X	X								X		
11		354					X	X								X		
12		355					X	X								X		
13		356	X							X				X				
14		357				X				X				X				
15		358				X			X							X		

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

SIGNATURE [redacted] (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR [redacted] (b)(6), MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

[redacted] (b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

US FORM 10/13

page 1

FOIA 11-804000726 G 29317

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8 AM

DATE: 4-22-09

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 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. (Natural Meat)

STREET ADDRESS: 517 Rang St-Julie est

CITY, STATE, ZIP CODE: St. Andre-Avellia 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.
- [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	1070			X					X				X				
2		1071						X		X						X		
3		1072					X						X	X				
4		1073					X			X				X				
5		1074	X							X				X				
6		1075						X		X				X				
7		1076					X			X				X				
8		1077						X		X						X		
9		1078					X			X						X		
10		1079	X						X					X				
11		1080			X					X				X				
12		1081					X			X						X		
13		1082	X							X				X				
14		1083	X										X	X				
15		1084	X										X	X				

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

(b)(6),

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

U.S. DEPARTMENT OF AGRICULTURE
FOREIGN AGRICULTURAL SERVICE

OWNER/SHIPPER CERTIFICATE 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 0579-0156. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Origin [illegible] OMB NO. 0579-0156

	VMS OFFICE	Tag NO.	COLOR DESCRIPTION						BREED TYPE					SEX			BRANDS Hot iron, etc.	DISEASES Include vaccination
			Bay	Gray	Blk.	Pinto	Black	Other	Bri	Of	Dual	Pony	Other	Mare	Stal	Geld		
36	USFA	1085	X										X	X				
37		1086	X							X						X		
38		1087	X										X			X		
39		1088					X						X	X				
40		~~1089~~					X						X			X		
41		1090					X			X				X				
42		~~1091~~					X			X						X		
43		1092					X			X						X		
44		1093	X							X				X				
45		1094	X							X				X				
46		1095					X			X				X				
47		1096				X				X				X				
48		1097					X			X						X		
49		1098					X			X				X				
50		1099					X			X				X				
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION ON IT AS COMPLETED BY THE CFIA TO THE USDA. IF OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OR NOT MORE THAN IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (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),

FOIA11-804000728

G-293

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

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

(Please type or print in ink)

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

OMB NO. 0579-0180

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tailings, etc.	OCCURRENCE Include precaution
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Gold		
16	USFA	1085	X										X	X				
17		1086	X							X						X		
18		1087	X										X			X		
19		1088					X						X	X				
20		~~1089~~					X						X			X		
21		1090					X			X				X				
22		~~1091~~					X			X						X		
23		1092					X			X						X		
24		1093	X							X				X				
25		1094	X							X				X				
26		1095					X			X				X				
27		1096				X				X				X				
28		1097					X			X						X		
29		1098					X			X				X				
30		1099					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. [illegible] OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THA[illegible] IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

[illegible] 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: 8, AM

DATE: 4-22-09

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 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: (Natural Meat) Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang Ste-Julie est

CITY, STATE, ZIP CODE: St. Ande-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.
- [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 unassiste

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Inclu existing condition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QH	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1040	X							X						X		
2		1041	X						X							X		
3		1042					X			X				X				
4		1043					X			X				X				
5		1044	X						X							X		
6		1045					X			X				X				
7		1046			X					X				X				
8		1047			X					X				X				
9		1048	X						X					X				
10		1049	X						X					X				
11		1050					X			X				X				
12		1051					X		X							X		
13		1052	X						X							X		
14		1053	X										X			X		
15		1054	X						X							X		

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

CANADIAN FOOD INSPECTION AGENCY (CFI

SIGN (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 IN (b)(6), THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

EST.

DATE

I certify that the information contained in this form is true and correct to

Page 2
G 37190

U.S. DEPARTMENT OF AGRICULTURE
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 preconditions
			Bay	Gray	Blk.	Palo	Cream	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Gold		
16	USA	0996					X						X			X		
17		0997	X										X	X				
18		0998	X										X	X				
19		0999						X		X				X				
20		1000	X										X			X		
21		1001	X										X			X		
22		1002					X			X				X				
23		1003					X			X				X				
24		1004					X			X						X		✓
25		1005					X						X	X				
26		1006					X			X						X		
27		1007	X							X						X		✓
28		1008	X							X				X				✓
29		1009	X						X						X			✓
30																		
31																		
32																		
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I HEREBY AUTHORIZE THE CFA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFA TO THE USDA. FALSIFY OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10, IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (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),

FOIA11-804000731 Page 2

G 29316

U.S. DEPARTMENT OF AGRICULTURE
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 precaution
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	1055					X			X				X				
17		1056	X						X					X				
18		1057	X						X					X				
19		1058	X						X					X				
20		1059	X						X					X				
21		1060					X						X			X		
22		1061	X						X					X				
23		1062	X						X					X				
24		1063	X										X			X		
25		1064	X										X			X		
26		1065					X						X	X				
27		1066	X										X			X		
28		1067	X										X			X		
29		1068	X										X			X		
30		1069	X						X					X				
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION ON IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICAT OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE 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

FOIA11-804000732 309

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8 AM

DATE: 4-15-04

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 S. Moore

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

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang Est Julie Ste

CITY, STATE, ZIP CODE: Jonestown, PA 17038

CITY, STATE, ZIP CODE: St. Andrea-Advilin 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.
- [ ] 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	1010	X						X							X		
2		1011	X							X				X				
3		1012	X							X						X		
4		1013					X			X						X		
5		1014	X						X					X				
6		1015	X						X					X				
7		1016	X										X			X		
8		1017	X										X			X		
9		1018	X										X			X		
10		1019					X			X						X		
11		1020						X		X				X				
12		1021				X				X						X		
13		1022	X							X						X		
14		1023					X		X					X				
15		1024					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 TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT [redacted] (b)(6), [redacted] SECTION 1001).

SIGNATURE OF OW[redacted] rm is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

page 1

FOIA11-80400073 G-09335

U.S. DEPARTMENT 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 0579-0150. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0150

TIME HORSES LOADED ON CONVEYANCE: 8 AM

DATE: 5-6-09

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

VEHICLE LICENSE NO. AND DRIVER'S NAME: Brian S. Moore

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: 94 Hoover DR.

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

STREET ADDRESS: Jonestown, PA 17038

STREET ADDRESS: 517 Rang St. Julie est

CITY, STATE, ZIP CODE: 717 865-7586

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

AREA CODE & TELEPHONE NO.:

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.
- [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	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1130	X						X							X		
2		1131	X							X				X				
3		1132					X		X					X				
4		1133					X		X					X				
5		1134	X						X					X				
6		1135	X						X							X		
7		1136						X		X						X		
8		1137					X			X						X		
9		1138	X						X							X		
10		1139	X						X							X		
11		1140	X						X					X				
12		1141	X						X							X		
13		1142	X						X							X		
14		1143					X				X			X				
15		1144					X			X				X				

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

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

(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).

EST. #505

DATE 7 may 2009

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

TIME 910

FOIA11-804000734

Page 2
G 29335

U.S. DEPARTMENT OF AGRICULTURE
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 Tailings, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Flaxn	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Gold		
16	USFA	1145					X				X			X				
17		1146			X					X				X				
18		1147	X						X					X				
19		1148	X										X	X				
20		1149	X							X						X		
21		1150						X		X				X				
22		1151	X						X					X				
23		1152	X						X					X				
24		1153	X						X					X				
25		1154	X										X			X		
26		1155					X			X				X				
27		1156					X			X						X		
28		1157	X						X					X				
29		1158	X							X						X		
30		1159					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.)

PAGE

U.S. DEPARTMENT OF AGRICULTURE
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 immunization
			Bay	Gray	Blk.	Fleb	Black	Other	Bri	Of	Dwrf	Pony	Other	Mare	Stal	Gelt		
16	USFA	1145					X				X			X				
17		1146			X					X				X				
18		1147	X						X					X				
19		1148	X										X	X				
20		1149	X							X						X		
21		1150						X		X				X				
22		1151	X						X					X				
23		1152	X						X					X				
24		1153	X						X					X				
25		1154	X										X			X		
26		1155					X			X				X				
27		1156					X			X						X		
28		1157	X						X					X				
29		1158	X							X						X		
30		1159					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.)

FOIA11-804000736

U.S. DEPARTMENT 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 4 min. per response, including the time for reviewing instructions, 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 5-13-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: 94 Hoover Drive Jonestown PA 17038

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 Export Inc

STREET ADDRESS: 517 Rang St Julia est St Andre Avelin Canada

CITY, STATE, ZIP CODE

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.
- [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 Incld existing condition
			Bay	Gray	Blk.	Pinto	Cream	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1160					X				X					X		
2		1161					X				X			X				
3		1162				X				X				X				
4		1163	X					X								X		
5		1164	X						X					X				
6		1165	X						X					X		X		
7		1166	X					X								X		
8		1167	X					X						X				
9		1168					X			X						X		
10		1169	X					X						X				
11		1170	X					X						X				
12		1171						X		X						X		
13		1172	X					X						X				
14		1173	X							X				X				
15		1174	X					X						X				

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

(b)(6),

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 O[illegible]R NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

(b)(6),

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)

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

EST. #505

DATE 14 may 2009

TIME 0[illegible]

	TAG PREFIX	TAG NO	BAY	Grey	Blk	Pinto	Chest	Other	TB	Qt	Draft	Pony	Other	Marc	Stal	Gold
16	USFA	1175	X						X							X
17		1176					X		X					X		
18		1177	X					X								X
19		1178	X					X								X
20		1179	X					X								X
21		1180					X			X				X		
22		1181	X						X					X		
23		1182	X								X					X
24		1183	X							X						X
25		1184	X						X					X		
26		1185						X		X				X		
27		1186	X							X						X
28		1187	X							X						X
29		1188					X			X						X
30		1189					X			X				X		

	TAG PREFIX	TAG NO	BAY	GRAY	BLK	PINTO	CHEST	OTHER	TB	QT	DRAFT	PONY	OTHER	MARE	STAL	GELD
14	USFA	1175	X						X							X
15		1176					X		X					X		
16		1177	X					X								X
17		1178	X					X								X
18		1179	X					X								X
21		1180					X			X				X		
23		1181	X						X					X		
25		1182	X								X					X
24		1183	X							X						X
25		1184	X						X					X		
26		1185						X		X				X		
27		1186	X							X						X
28		1187	X							X						X
29		1188					X			X						X
30		1189					X			X				X		

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

FORM APPROVED - OMB NO. 0579-0020

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore Brian S.

2. CERTIFICATE NO: FOIA11-804000739 G 29306

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3/30/09

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

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 94 Hoover Dr

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

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

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

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17038

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

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): Natural Meat, 517 Rang St Julia at St Andre-Avellin

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

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

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

MODIFIED ACCREDITED AREA (TB)

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

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
Moore Brian S.	USFA 0897	12	N	QH										
94 Hoover Dr.	0898	14	N	QH										
Jonestown PA 17038	0899	17	F	QH										
	0900	20	N	QH										
	0901	20	N	QH										
	0902	8	F	QH										
	0903	20	N	BL										
	0904	20	N	SN										
	0905	4	N	TH										
	0906	9	N	TH										
	0907	4	N	SN										
	0908	20	N	SN										
	0909	12	F	QH										
	0910	10	N	SN										
	0911	7	F	QH										
	0912	3	N	QH										
	0913	3	F	QH										
	0914	5	N	TH										

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

(2) The animals were to the best of the knowledge and belief of James S. Holt was not exposed to any communicable disease within 60 days preceding the date of inspection.

(3) The animals have resided in the USA or Canada since birth (or)

(4) The animals have met all of the import requirements of the USA and have resided in the USA for the past 60 days

(5) During the previous 21 days the animals have not been in the state of Florida.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

[signature]

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: 31-MAR-09

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): Holt, James S.

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

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

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): F D BROWN JR VMO

25. SIGNATURE OF ISSUING VETERINARIAN: [signature]

(b)(6),

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

PART 4 - FIELD STATION

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

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*

2. CERTIFICATE NO: COIA17-50470079 G28179

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6-12-09

5. U.S. PORT OF EMBARKATION *(City and State)*: Tunkhannock Pennsylvania

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS *(Mailing Address)*

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

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE

14. ZIP CODE

9. SEMEN *(Check if yes)* ☐

10. NO. DOSES OF SEMEN

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

16. CONSIGNEES NAME AND STREET ADDRESS *(Mailing Address)*

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

☐ 01 BOVINE ☐ 02 PORCINE ☒ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

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

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

MODIFIED ACCREDITED AREA (TB)

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

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

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]	[illegible]	F	QH											
[illegible]	[illegible]	F	QH											
[illegible]	[illegible]	F	PL											
[illegible]	[illegible]	F	[illegible]											
[illegible]	[illegible]	F	[illegible]											
[illegible]	[illegible]	M	[illegible]											
[illegible]	[illegible]	F	[illegible]											
[illegible]	[illegible]	F	PL											
[illegible]	[illegible]	F	[illegible]											
[illegible]	[illegible]	M	[illegible]											
[illegible]	[illegible]	M	[illegible]											
[illegible]	[illegible]	M	[illegible]											
[illegible]	[illegible]	M	[illegible]											
[illegible]	[illegible]	F	[illegible]											
[illegible]	[illegible]	F	[illegible]											
[illegible]	[illegible]	F	[illegible]											
[illegible]	[illegible]	F	[illegible]											
[illegible]	[illegible]	M	TH											
[illegible]	[illegible]	F	QH											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

APPROVED FEDERAL VETERINARIAN 23 U.S. DEPARTMENT OF AGRICULTURE

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)*: [illegible] James

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

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

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN: (b)(6),

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

PART 5 – ISSUING VETERINARIAN

U.S. DEPARTMENT OF AGRICULTURE
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	✓	1445			X								X	X				
17	✓	1446					X		X							X		
18		1447					X			X				X				
19	✓	1448					X				X					X		
20	✓	1449					X			X				X				
21	✓	1450					X						X	X			mule	
22		1451					X						X	X				
23	✓	1452	X					X					X			X		
24		1453	X						X							X		
25		1454					X			X						X		
26	✓	1455					X			X						X		
27																		
28																		
29																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

VS FORM 10-13A
(SEP 2002)

PAGE ____ OF ____

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): Moore Brian S.

2. CERTIFICATE NO: FOIA11-804000742 G 29306

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3/30/09

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

6. STATE CODE: 42

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 74 Hoover Dr

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

12. CONSIGNOR'S STATE: Pennsylvania

13. STATE CODE: 42

14. ZIP CODE: 17028

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): National Meat 517 Rang St Julie et St Andre Avellin

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

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

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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Moore Brian S.	USFA0897	12	N	QH							
74 Hoover Dr.	0898	14	N	QH							
Jamestown PA 17028	0899	17	F	QH							
	0900	20	N	QH							
	0901	20	N	QH							
	0902	8	F	QH							
	0903	20	N	PL							
	0904	20	N	SN							
	0905	4	N	TH							
	0906	9	N	TH							
	0907	4	N	SN							
	0908	20	N	SN							
	0909	12	F	QH							
	0910	10	N	SN							
	0911	7	F	QH							
	0912	3	N	QH							
	0913	3	F	QH							
	0914	5	N	TH							

(1) The animals were inspected within 48 days prior to export and showed no evidence of communicable disease and exposure thereto.

(2) The animals were in the herd of origin for the knowledge and belief of Jamestown Meat and exposed to any communicable disease within 60 days prior to the date of inspection.

(3) The animals have resided in the U.S. or Canada since birth (or)

(4) The animals have met all of the import requirements of the USA and have resided in the USA for the past 60 days.

(5) During the previous 21 days the animals have not been in the state of Florida.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: 31-MAR-09

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Hitt, James S.

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

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

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): E D Brown Jr. VMO

25. SIGNATURE OF ISSUING VETERINARIAN: [signature] Veterinarian Acc. 1105201

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

PART 4 - FIELD STATION

U.S. DEPARTMENT 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. Anne - 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.
- [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 (mark existing condition
			Bay	Gray	Blk.	Pinto	Cheste	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	1310					X				X			X				
2		1311					X				X			X				
3		1312					X				X					X		
4		1313					X				X					X		
5		1314	X										X			X		
6		1315	X										X	X				
7		1316	X										X	X				
8		1317						X					X	X				
9		1318	X										X	X				
10		1319					X				X			X				
11		1320	X										X			X		
12		1321	X										X	X				
13		1322			X								X			X		
14		1323	X										X			X		
15		1324	X										X	X				

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

CANADIAN FOOD INSPECTION AGENCY

SIGNATURE

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

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

EST. #505

DATE June 5, 2009

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

	Tag prefix	Tag No.	Color Description						Breed Type					Sex		
			Bay	Blk	Pinto	Chesn	Grey	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld
16	USFA	1325	X										X	X		
17		1326	X										X			X
18		1327	X										X	X		
19		1328	X										X	X		
20		1329	X										X			X
21		1330	X										X			X
22		1331	X						X					X		
23		1332	X							X				X		
24		1333		X						X				X		
25		1334				X				X						X
26		1335	X							X						X
27		1336		X						X						X
28		1337			X					X				X		
29		1338				X				X				X		
30		1339				X				X				X		

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FOIA11-804000745
G 28752

U.S. DEPARTMENT 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 - 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.
- [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	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Gold		
1	USFA	1310					X				X			X				
2		1311					X				X			X				
3		1312					X				X					X		
4		1313					X				X					X		
5		1314	X										X			X		
6		1315	X										X	X				
7		1316	X										X	X				
8		1317						X					X	X				
9		1318	X										X	X				
10		1319					X				X			X				
11		1320	X										X			X		
12		1321	X										X	X				
13		1322			X								X			X		
14		1323	X										X			X		
15		1324	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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

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

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

EST. #505

DATE June, 5, 2009

TIME 09 h 1.45

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

FOIA11-804000746

U.S. DEPARTMENT 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. St. Andre Avellin
CITY, STATE, ZIP CODE: Jonestown PA 17038	CITY, STATE, ZIP CODE
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.
- [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	1340	X					X								X		
2		1341	X					X								X		
3		1342	X					X						X				
4	✓	1343	X					X								X		
5		1344	X					X						X				
6	✓	1345	X					X						X				
7	✓	1346					X	X						X				
8	✓	1347					X	X								X		
9		1348					X			X				X				
10		1349			X						X					X		
11		1350					X			X				X				
12		1351	X						X					X				
13	✓	1352					X		X					X				
14		1353					X				X					X		
15	✓	1354					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).

(b)(6),

SIGNATURE OF OWNER/SHIPPER(I certify that 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 June 2009

TIME 1:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

VS FORM 10-13 (AUG 2004) Previous editions are obslete PAGE 1 OF ___

U.S. DEPARTMENT OF AGRICULTURE
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 ✓	1355	X					X								X		
17	✓	1356				X				X				X				
18		1357	X					X								X		
19	✓	1358					X		X					X				
20	✓	1359					X			X				X				
21	✓	1360	X							X				X				
22	✓	1361					X				X					X		
23	✓	1362	X						X					X				
24	✓	1363	X						X					X				
25	✓	1364	X					X								X		
26		1365	X					X								X		
27		1366	X					X								X		
28		1367					X			X				X				
29		1368	X					X								X		
30	✓	1369	X					X								X		
31																		
32																		
33																		
34																		
35																		
36																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

FOIA11-804000748

U.S. DEPARTMENT 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: 614 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, St. Andre Avellin

CITY, STATE, ZIP CODE:

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.
- [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	1340	X					X								X		
2		1341	X					X								X		
3		1342	X					X						X				
4	✓	1343	X					X								X		
5		1344	X					X						X				
6	✓	1345	X					X						X				
7	✓	1346					X	X						X				
8	✓	1347					X	X								X		
9		1348					X			X				X				
10		1349			X						X					X		
11		1350					X			X				X				
12		1351	X						X					X				
13	✓	1352					X		X					X				
14		1353					X				X					X		
15	✓	1354					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 OR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

(b)(6),

SIGNATURE OF OWNER/SHIPPER(I certify that 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 June 2009

TIME 1:58

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: 7:00 AM

DATE: 6-24-09

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: CAUCI Canada Export Inc.

STREET ADDRESS: 99 Hoover Drive

STREET ADDRESS: 517 Rang St Julia est St. Andre Avellin

CITY, STATE, ZIP CODE: Jonestown PA

CITY, STATE, ZIP CODE:

AREA CODE & TELEPHONE NO.: 17038 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	1430	X							X				X				
2	✓	1431						X		X				X				
3		1432					X				X			X				
4		1433	X					X						X				
5		1434					X				X			X				
6		1435					X			X						X		
7	✓	1436					X				X					X		
8	✓	1437					X				X			X				
9	✓	1438					X				X			X				
10		1439					X				X					X		
11	✓	1440					X				X					X		
12		1441	X							X				X				
13	✓	1442	X							X				X				
14	✓	1443	X							X				X				
15		1444					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)

SIGN: 505

DATE: 24-06-09

TIME: 6:15 PM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

SIGN.

DATE

TIME

Page 1

FOIA11-804000750

G 28753

U.S. DEPARTMENT 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: 94 Hoover Drive 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.: 717-865-7582

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

STREET ADDRESS: 517 Range St Julie est ~~Adre Avellin~~

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.
- [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 Incl existing conditio
			Bay	Gray	Blk.	Pinto	Cream	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	1280					X				X					X		
2		1281					X				X					X		
3		1282	X					X						X				
4		1283	X					X								X		
5		1284					X	X						X				
6		1285	X					X						X				
7		1286					X				X					X		
8		1287					X				X			X				
9		1288	X					X						X				
10		1289	X				X			X				X				
11		1290	X							X				X				
12		1291			X					X						X		
13		1292	X					X								X		
14		1293				X				X				X				
15		1294	X					X								X		

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

SIGNATURE: (b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

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).

EST. 505

DATE 3 Juin 2009

TIME 12:30 PM

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 (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	✓	1445			X								X	X				
17	✓	1446					X		X							X		
18		1447					X			X				X				
19	✓	1448					X				X					X		
20	✓	1449					X			X				X				
21	✓	1450					X						X	X			mule	
22		1451					X						X	X				
23	✓	1452	X					X					X			X		
24		1453	X						X							X		
25		1454					X			X						X		
26	✓	1455					X			X						X		
27																		
28																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(b)(6),

VS FORM 10-13A
(SEP 2002)

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FOIA11-804000752

U.S. DEPARTMENT 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: 6-22-09

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 S. Moore

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

STREET ADDRESS: 94 Hoover Dr.

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.
- ☐ 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	1400					X			X						X		
2		1401					X		X					X				
3		1402					X			X						X		
4		1403						X		X						X		
5		1404				X				X						X		
6		1405					X			X						X		
7	✓	1406					X				X					X		
8	✓	1407	X										X	X				
9	✓	1408	X										X	X				
10	✓	1409	X										X			X		
11		1410	X										X	X				
12		1411	X										X			X		
13		1412					X			X						X		
14		1413					X			X						X		
15	✓	1414	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 [illegible] TH (18 U.S.C. SECTION 1001). (b)(6),

SIGNATURE OF OWNER/SHIPPER (I certify that 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: 22 Juin 2009

TIME: 1:30 PM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Page 1
FOIA 11-804000753 8780

U.S. DEPARTMENT 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: 6-30-09
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 S. Moore
CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover DR.
STREET ADDRESS: 517 Rang St Julia-est.

CITY, STATE, ZIP CODE: Jonestown PA 17038
CITY, STATE, ZIP CODE: St. Andrea-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.
- [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	1456				X				X				X				
2		1457					X		X					X				
3		1458	X										X			X		
4		1459	X										X	X				
5		1460	X										X			X		
6		1461	X										X	X				
7		1462	X										X			X		
8		1463	X										X			X		
9		1464			X								X	X				
10		1465	X										X			X		
11		1466					X			X				X				
12		1467					X		X					X				
13		1468					X			X						X		
14		1469					X				X					X		
15		1470	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 Juin 2009
TIME 12:30 PM

DIRECCIÓN GENERAL DE INSPECCIÓN EN FRONTERAS (DGIF)
EST.
DATE
TIME