U.S. DEPARTMENT 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: 1230

DATE: 9-30-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

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

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Canel Canada Exports

STREET ADDRESS: 102 Buckeye St. P.O.Bx 452

STREET ADDRESS: 912 Second Ave. West

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: OWEN SOUND ONTARIO 517 Bang Ste West N4K 1W2

AREA CODE & TELEPHONE NO.: 330-852-2832

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	USEU	8896					X						AB	X				
2	↑	8897	X										SN	X				
3		8898	X							X						X		
4		8899						DUN					Mule			X		
5		8900					X						SN			X		
6		8901	X										SN	X				
7		8902	X							X						X		
8		8903	X										SN			X		
9		8904	X										SN			X		
10		8905	X										SN			X		
11		8906	X										SN			X		
12		8907	X										SN			X		
13		8908	X										SN	X				
14		8909	X										SN			X		
15	↓	8910	X										SN			X		

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

SIGNATURE: Leroy H Baker

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.)

Leroy H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505

DATE October 1th, 2009

TIME 7h50 or p. 7:50 am

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3IA000001

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	21SEZL	8911					X			X				X				
17	↑	8912	X										SN			X		
18		8913	X										SN			X		
19		8914	X							X				X				
20		8915	X										SN	X				
21		8916	X										SN	X				
22		8917	X										SN	X				
23		8918	X										SN			X		
24		8919						Sor					PN	X				
25		8920						Sor		X				X				
26		8921	X										SN			X		
27		8922	X										SN	X				
28		8923						ROAN					Hf.	X				
29		8924	X										SN	X				
30		8925	X										SN			X		
31		8926	X										SN	X				
32	↓	8927	X										SN	X				
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
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45																		

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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.)

Leroy H. Baker

VS FORM 10-13A
(SEP 2002)

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: D104036

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 9-25-09

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*:
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

MODIFIED ACCREDITED AREA (TB)

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines 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)*

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681														
	USEU8896	120	F	AB	STAR, STRIP, SNIP									
	USEU8897	108	F	SN	STAR									
	USEU8898	168	N	QH	STAR, STRIP		LR-SOCK							
	USEU8899	144	N	MULE	NO MARKS									
	USEU8900	240	N	SN	STAR		LR-STOCKING		RF, RR-SOCK					
	USEU8901	72	F	SN	STAR		LF, LR-SOCK		RF, RR-STOCKING					
	USEU8902	120	N	QH	STAR									
	USEU8903	192	N	SN	NECK TATTOO		17B06							
	USEU8904	240	N	SN	RR-SOCK									
	USEU8905	180	N	SN	NECK TATTOO		818							
	USEU8906	156	N	SN	STAR		LR, RR-SOCK							
	USEU8907	240	N	SN	STAR, SNIP		LR, RR-STOCKING							
	USEU8908	144	F	SN	STAR									
	USEU8909	216	N	SN	LR-STOCKING									
	USEU8910	48	N	SN	NO MARKS									
	USEU8911	156	F	QH	NO MARKS									
	USEU8912	72	N	SN	STAR									
	USEU8913	240	N	SN	LF, LR, RF, RR-SOCK				WHITE HAIRS ON HEAD					

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: SEP. 28, 2009

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*: SUMMERS, DENNIS M. 9130

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

22. TOTAL NO. ANIMALS *(Certified for export or donated semen)* *(Include No. from all attached VS Forms 17-140A)*: 32

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET. *(Type, print or stamp)*: RALPH A. [illegible], DVM

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F0H000003

VS FORM 17-140 (OCT 91) Previous editions may be used.

ISSUING VETERINARIAN

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: D104036

3. PAGE NO.: 2 OF 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC	USEU8914	84	F	QH	BLAZE LR, RR-SOCK										
102 BUCKEYE ST.	USEU8915	36	F	SN	LR, RR-SOCK										
SUGARCREEK, OH 44681	USEU8916	92	F	SN	NO MARKS										
	USEU8917	168	F	SN	STAR										
	USEU8918	204	N	SN	NECK TATTOO N5680										
	USEU8919	180	F	PN	BLAZE SORREL PAINTED ON WHITE										
	USEU8920	168	F	QH	STAR, STRIP, SNIP LR-STOCKING RR-SOCK										
	USEU8921	84	N	SN	BR-PASTERN										
	USEU8922	240	F	SN	LR, RF, RR-SOCK										
	USEU8923	96	F	HAFLINGER	STAR, STRIP, SNIP LF, RF, RR-STOCKING										
	USEU8924	240	F	SN	STAR										
	USEU8925	60	N	SN	NO MARKS										
	USEU8926	180	F	SN	STAR LR-STOCKING										
	USEU8927	240	F	SN	STAR										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY-ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1200

DATE: 10-5-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OHIO

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

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St. P.O Bx 452

STREET ADDRESS: 912 Second Ave. West

CITY, STATE, ZIP CODE: Sugarcreek OH 44681

CITY, STATE, ZIP CODE: OWEN SOUND, ONTARIO 517 Bay Ste Julhest Jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

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	USEU	8955	X									X		X				
2		8956					X			X				X				
3		8957	X										SN			X		
4		8958						Roan					AP	X				
5		8959	X									X		X				
6		8960	X							X						X		
7		8961	X										SN			X		
8		8962	X							X				X				
9		8963						Sor					AB	X				
10		8964	X							X				X				
11		8965					X						AS	X				
12		8966	X							X						X		
13		8967	X										SN			X		
14		8968	X										SN	X				
15		8969						Sor				X		X				

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

SIGNATURE: Leroy H. Baker

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.)

Leroy H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505

DATE October 6th, 2009

TIME 7h45 Or 7:45AM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3IA000005

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	2USDA	8970	X							X						X		
17	↑	8971					X			X				X				
18		8972			X					X				X				
19		8973	X										SN			X		
20		8974	X									X		X				
21		8975	X									X		X				
22		8976	X									X		X				
23		8977					X			X						X		
24		8978	X										SN			X		
25		8979	X										SN			X		
26		8980	X							X						X		
27		8981	X							X				X				
28		8982					X			X				X				
29		8983	X										SN			X		
30		8984			X					X						X		
31		8985					X						PN		X			
32		8986	X							X				X				
33		8987	X										SN	X				
34	↓	8988						Dun		X				X				
35																		
36																		
37																		
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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.)

Leroy H. Baker

VS FORM 10-13A
(SEP 2002)

The certificate is authorized by law (21 USC 112). While you are not required to respond, no certificate may be issued without the information requested.

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: D103858

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 10-2-09

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*: CAVEL CANADA EXPORTS, 912 SECOND AVENUE, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

If more lines 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)*

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC. I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU8955	300	F	PONY		STAR, STRIP LR, RR-STOCKING									
102 BUCKEYE ST.	USEU8956	60	F	QH		LR-SOCK									
SUGARCREEK, OH 44681	USEU8957	216	N	SN		STAR									
	USEU8958	120	F	AP		BLAZE LF, LR, RF-SOCK									
	USEU8959	48	F	PONY		STAR, STRIP, SNIP LF, LR, RF, RR-SOCK									
	USEU8960	72	N	QH		NO MARKS									
	USEU8961	120	N	SN		NO MARKS									
	USEU8962	84	F	QH		STAR, STRIP									
	USEU8963	144	F	AB		STAR LF, LR, RF, RR-STOCKING									
	USEU8964	48	F	QH		STAR									
	USEU8965	96	F	AS		STAR LR-SOCK									
	USEU8966	156	N	QH		NO MARKS									
	USEU8967	72	N	SN		NO MARKS									
	USEU8968	192	F	SN		NO MARKS									
	USEU8969	180	F	PONY		STAR, STRIP, SNIP									
	USEU8970	120	N	QH		STAR, STRIP, SNIP									
	USEU8971	48	F	QH		LR-STOCKING									
	USEU8972	36	F	QH		STAR, STRIP, SNIP LR-SOCK									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: OCT. 05, 2009

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

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

22. TOTAL NO. ANIMALS *(Certified for export or donated semen)* *(Include No. from all attached VS Forms 17-140A)*: 34

24. NAME OF ENDORSING FEDERAL VET. *(Type, print or stamp)*: KELLE A KUCHTA

25. SIGNATURE OF ISSUING VETERINARIAN: SUMMERS, DENNIS M. 9130

FOIA1F3110000807

VS FORM 17-140 Previous editions may be used.

ISSUING VETERINARIAN

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: D103858

3. PAGE NO.: 2 of 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

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

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

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE ST.~~
~~SUGARCREEK, OH 44681~~

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USEU8973	168	N	SN	NO MARKS										
USEU8974	180	F	PONY	STAR		LF-SOCK		LR-STOCKING						
USEU8975	72	F	PONY	NO MARKS										
USEU8976	108	F	PONY	NO MARKS										
USEU8977	36	N	QH	NO MARKS										
USEU8978	96	N	SN	NO MARKS										
USEU8979	216	N	SN	NO MARKS										
USEU8980	72	N	QH	NO MARKS										
USEU8981	180	F	QH	STAR		LR-SOCK								
USEU8982	120	F	QH	STAR, STRIP		LR-PASTERN								
USEU8983	192	N	SN	STAR, STRIP, SNIP		LR, RF, RR-STOCKING								
USEU8984	156	N	QH	STAR										
USEU8985	96	M	PW	STAR, STRIP, SNIP		CHESTNUT PAINTED ON WHITE								
USEU8986	84	F	QH	NO MARKS										
USEU8987	36	F	SN	STAR		LR, RR-sock								
USEU8988	120	F	QH	STRIP, SNIP		LR-STOCKING								

~~1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.~~
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

Kelly Costner, DVM

FOIA11E01000008

VS FORM 17-140a (MAR 2005) *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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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: 1100 Am

DATE: 10-28-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

[redacted] (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: LeRoy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St. P.O Bx 452

STREET ADDRESS: 913 Second Ave West

CITY, STATE, ZIP CODE: Sugarcreek OH 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 517 Ramp Ste Julnest Jovlwo

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	CUSEL	7092	X							X					X			
2	↑	7093					X			X				X				
3		7094						Sor		X				X				
4		7095	X										SN	X				
5		7096						Sor			BL			X				
6		7097	X										SN			X		
7		7098	X										SN			X		
8		7099	X										SN	X				
9		7100	X										SN			X		
10		7101					X			X				X				
11		7102	X										SN			X		
12		7103						Sor		X				X				
13		7104	X										SN			X		
14		7105					X			X				X				
15	↓	7106	X										SN			X		

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

SIGNATURE: L.H. Baker

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.)

L.H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3IA000009

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	USEZL	7107					X				BL			X				
17	↑	7108	X								PE			X				
18		7109	X										SN	X				
19		7110						Dun		X						X		
20		7111	X										SN			X		
21		7112	X										SN			X		
22		7113						Sor		X				X				
23		7114	X										SN	X				
24		7115						Sor		X				X				
25		7116	X										SN			X		
26		7117	X										SN			X		
27		7118	X										SN			X		
28		7119	X										SN			X		
29		7120	X										SN			X		
30		7121	X							X				X				
31	↓	7122						Sor		X				X				
32																		
33																		
34																		
35																		
36																		
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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.)

L.H. Baker

VS FORM 10-13A
(SEP 2002)

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: D103881

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 10-23-09

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*: CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines 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)*

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC. I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7092	24	M	OH		STAR, STRIP, SNIP LR, RF, RR-STOCKING									
102 BUCKEYE ST.	USEU7093	168	F	OH		STAR, STRIP LR-SOCK RR-STOCKING THIGH BRAND									
SUGARCREEK, OH 44681	USEU7094	36	F	OH		STAR, STRIP RR-SOCK									
	USEU7095	72	F	SN		LR-SOCK RR-PASTERN									
	USEU7096	144	F	BL		STAR, STRIP, SNIP									
	USEU7097	120	N	SN		LR, RR-SOCK									
	USEU7098	120	N	SN		LR,RR-SOCK									
	USEU7099	240	F	SN		STAR									
	USEU7100	84	N	SN		NO MARKS									
	USEU7101	60	F	OH		STAR, STRIP, SNIP LR-SOCK									
	USEU7102	264	N	SN		NO MARKS									
	USEU7103	120	F	OH		STAR									
	USEU7104	84	N	SN		STAR, STRIP									
	USEU7105	216	F	OH		STAR									
	USEU7106	168	N	SN		STAR LR, RR-SOCK									
	USEU7107	144	F	BL		STAR LR, RR-STOCKING									
	USEU7108	120	F	PE		STAR, STRIP, SNIP LR, RR-SOCK									
	USEU7109	84	F	SN		NO MARKS									

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: OCT 25, 2009

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*: DAUGHERTY, RICK L. 5123

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

22. TOTAL NO. ANIMALS *(Certified for export or donated semen)* *(Include No. from all attached VS Forms 17-140A)*: 3

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11-00000011

VS FORM 17-140 (OCT 91) Previous editions may be used.

ISSUING VETERINARIAN

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (*last name, first name, middle initial or business name*): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: D103881

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7110	48	N	QH	NO	MARKS									
102 BUCKEYE ST.	USEU7111	48	N	SN		STAR	LR, RR-SOCK								
SUGARCREEK, OH 44681	USEU7112	120	N	SN		STAR	RR-SOCK								
	USEU7113	240	F	QH		STAR, STRIP, SNIP			LR, RR-STOCKING						
	USEU7114	144	F	SN		STAR									
	USEU7115	96	F	QH		STAR									
	USEU7116	216	N	SN		STAR, SNIP									
	USEU7117	108	N	SN		STAR									
	USEU7118	108	N	SN		STAR	RR-SOCK								
	USEU7119	96	N	SN		LF, LR, RR-SOCK									
	USEU7120	48	N	SN		LF, LR, RF, RR-PASTERN									
	USEU7121	60	F	QH		STRIP, SNIP									
	USEU7122	132	F	QH		STAR, STRIP, SNIP			RR-STOCKING						

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11FOI000041

VS FORM 17-140a (MAR 2005) *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

(Please type or print in ink)

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

DATE: 10-26-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted]

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: LeRoy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St. P.O Bx 452

STREET ADDRESS: 912 Second Ave. West

CITY, STATE, ZIP CODE: Sugarcreek OH 44681

CITY, STATE, ZIP CODE: 517 Rang Ste Julie West Jovlwd

AREA CODE & TELEPHONE NO.: 330-852-2832

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	2USE2	7059			X								AB		X			
2	↑	7060						Sor					Haf.	X				
3		7061	X									X		X				
4		7062						Sor		X				X				
5		7063	X										SN			X		
6		7064	X										SN			X		
7		7065						Sor					Haf.	X				
8		7066	X										SN			X		
9		7067			X								AB	X				
10		7068	X										SN	X				
11		7069	X									X		X				
12		7070					X		JH.					X				
13		7071						Sor		X				X				
14		7072						Sor					Haf	X				
15	↓	7073						Sor					Haf	X				

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

SIGNATURE: L.N. Baker

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.)

L.N. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME FOIA11F3CIA000013

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	7074					X			X				X				
17	↑	7075						Sor				X				X		
18		7076						Bk Brown white					PN			X		
19		7077						Bk Brown white					PN	X				
20		7078	X										SN	X				
21		7079					X			X				X				
22		7080						Sor					Hat.	X				
23		7081	X										SN			X		
24		7082					X			X						X		
25		7083	X							X				X				
26		7084						Sor		X						X		
27		7085	X						TH							X		
28		7086	X										SN	X				
29		7087			X								SN			X		
30		7088	X										SN	X				
31		7089						Sor					Hat.			X		
32		7090					X			X						X		
33	↓	7091			X								SN			X		
34																		
35																		
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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.)

L.H. Baker

VS FORM 10-13A
(SEP 2002)

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: DI03878

3. PAGE NO.: 2 OF 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7077	48	F	PN		STAR	LF-SOCK	BLACK, BROWN	PAINTED ON	WHITE					
102 BUCKEYE ST.	USEU7078	288	F	SN		LR, RR-SOCK	LIP TATTOO	0901							
SUGARCREEK, OH 44681	USEU7079	120	F	QH		STRIP	LF, RF-SOCK	LR, RR-STOCKING							
	USEU7080	96	F	HA		FLINGER BLAZE	LF, RF-STOCKING								
	USEU7081	36	N	SN		NO MARKS									
	USEU7082	180	N	QN		STAR	RR-SOCK								
	USEU7083	24	F	QH		STAR									
	USEU7084	120	N	QN		STAR	LR, RR-SOCK								
	USEU7085	36	N	TH		NO MARKS									
	USEU7086	120	F	SN		STAR,	SNIP								
	USEU7087	84	N	SN		- - 880 NECK TATTOO									
	USEU7088	96	F	SN		NO MARKS									
	USEU7089	360	N	HA		FLINGER STAR, STRIP, SNIP									
	USEU7090	36	N	QH		STAR, STRIP, SNIP	LR, RR-STOCKING								
	USEU7091	216	N	SN		STAR	LR, RR-SOCK								

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11F0170000015

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 5 – ISSUING VETERINARIAN

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: D103878

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 10-23-09

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*: CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

MODIFIED ACCREDITED AREA (TB)

NEGATIVE RESULTS OF OTHER TESTS

If more lines 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)*

A	ID NO. OR DESCRIPTION	B AGE	C SEX	D BREED	E ✓	F DATE	G ✓	H DATE	I VAC.	J 1/25	K 1/50	L 1/100	M DISEASE / TYPE TEST / DATE	N DISEASE / TYPE TEST / DATE	O DISEASE / TYPE TEST / DATE
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7059	84	M	AB		STAR									
102 BUCKEYE ST.	USEU7060	144	F	HAFLINGER		STAR, STRIP, SNIP									
SUGARCREEK, OH 44681	USEU7061	72	F	PONY		STAR, STRIP, SNIP									
	USEU7062	120	F	QH		STAR, STRIP, SNIP LF, RF-SOCK							LR, RR-STOCKING		
	USEU7063	96	N	SN		STAR, STRIP									
	USEU7064	120	N	SN		STAR RF,PASTERN									
	USEU7065	72	F	HAFLINGER		STAR, STRIP, SNIP									
	USEU7066	336	N	SN		STAR LR, RR-SOCK									
	USEU7067	120	F	AB		STAR, STRIP, SNIP LF-SOCK									
	USEU7068	60	F	SN		STAR, STRIP, SNIP									
	USEU7069	120	F	PONY		NO MARKS									
	USEU7070	36	F	TH		STAR, STRIP, SNIP									
	USEU7071	216	F	QH		STAR, STRIP, SNIP LR-SOCK									
	USEU7072	180	FF	HAFLINGER		STAR									
	USEU7073	84	F	HAFLINGER		STAR, STRIP									
	USEU7074	144	F	QH		BLAZE LR, RR-STOCKING							LEFT SHOULDER TATTOO69		THIGH TATTO
	USEU7075	72	N	PONY		STAR, STRIP									
	USEU7076	72	N	PN		BALD BLACK, BROWN PAINTED ON WHITE									

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: OCT 26, 2009

20. NAME OF ISSUING VETERINARIAN *(Last name; first name; middle initial - please print)*: DAUGHERTY, RICK L. 5123

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

22. TOTAL NO. ANIMALS *(Certified for export or donated semen)* *(Include No. from all attached VS Forms 17-140A)*: 33

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

FOA11F3010000016

VS FORM 17-140 (OCT 91) Previous editions may be used.

ISSUING VETERINARIAN

U.S. DEPARTMENT 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: midnight

DATE: 10-22-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

[redacted] (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT. INC.

CONSIGNOR (OWNER/SHIPPER) NAME: LeRoy H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cural Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST. P.O BX 452

STREET ADDRESS: OWEN SOUND ONTARIO 912 SECOND AVENUE

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: 517 Hang Ste Julliet Jordan

AREA CODE & TELEPHONE NO.: 330-852-2832

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	USEZL	7001						Sor			BL				X			
2	↑	7002						Sor			BL			X				
3		7003						Sor			BL					X		
4		7004						Sor			BL			X				
5		7005						Sor			BL					X		
6		7006	X								PE			X				
7		7007	X								PE			X				
8		7008	X										SV	X				
9		7009	X										SV	X				
10		7010			X								TW			X		
11		7011	X										SV			X		
12		7012	X							X				X				
13		7013	X										SV			X		
14		7014						Black Bay					PN	X				
15	↓	7015	X										SV	X				

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

SIGNATURE: L. H. Baker

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.)

L.H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3011A000017

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	21SDA	7016	X										Mustang	X				
17	↑	7017					X			X				X				
18		7018	X										SV	X				
19		7019	X								PE			X				
20		7020						Red Roan		X						X		
21		7021	X										SV			X		
22		7022	X						TH							X		
23		7023	X							X						X		
24		7024	X							X				X				
25		7025	X										SV	X				
26		7026	X										SV			X		
27		7027	X										SV			X		
28	↓	7028					X						SV			X		
29																		
30																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

L. N. Baker

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: D003870

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 10-16-09

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*: CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

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

Owner's name	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
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7001	96	M	BL	STAR										
102 BUCKEYE ST.	USEU7002	84	F	BL	STAR LR, RR-SOCK										
SUGARCREEK, OH 44681	USEU7003	240	N	BL	STAR, STRIP, SNIP LF, LR, RF, RR-STOCKING										
	USEU7004	144	F	BL	STAR, STRIP, SNIP LF, LR-SOCK										
	USEU7005	84	N	BL	STAR, STRIP, SNIP LR, RR-STOCKING										
	USEU7006	108	F	PE	STAR, STRIP, SNIP LR, RR-SOCK										
	USEU7007	96	F	PE	STAR LF, LR, RF-SOCK										
	USEU7008	72	F	SN	STAR, STRIP, SNIP LR, RR-SOCK										
	USEU7009	240	F	SN	STAR, STRIP LF, RF-SOCK										
	USEU7010	192	N	TW	STAR, STRIP, SNIP LR, RR-SOCK										
	USEU7011	96	N	SN	STAR LR-PASTERN										
	USEU7012	120	F	OH	STAR, STRIP, SNIP LR, RR-STOCKING										
	USEU7013	84	N	SN	STAR LR, RR-STOCKING										
	USEU7014	144	F	PN	WHORL BLACK, BROWN PAINTED ON WHITE										
	USEU7015	84	F	SN	NO MARKS										
	USEU7016	120	F	MUSTANG	MUSTANG BRAND										
	USEU7017	96	F	OH	LR-SOCK										
	USEU7018	240	F	SN	NO MARKS										

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

APPROVED

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: OCT. 19, 2009

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*: SUMMERS, DENNIS M. 9130

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

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

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (OCT 91) Previous editions may be used.

ISSUING VETERINARIAN

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: D103870

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

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

MODIFIED ACCREDITED AREA (TB) ——— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7019	84	F	PE	STAR		LR, RR-SOCK					
102 BUCKEYE ST.	USEU7020	96	N	QH	STAR, STRIP, SNIP		LF, LR, RF, RR-STOCKING					
SUGARCREEK, OH 44681	USEU7021	144	N	SN	STAR, STRIP							
	USEU7022	180	N	TH	STAR							
	USEU7023	72	N	QH	STAR, SNIP		LR-SOCK					
	USEU7024	108	F	QH	STAR							
	USEU7025	96	F	SN	LR, RR-SOCK							
	USEU7026	108	N	SN	LR, RR-SOCK							
	USEU7027	108	N	SN	STAR		LR-SOCK		RF, RR-STOCKING			
	USEU7028	84	N	SN	BLAZE							

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL WAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY-ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOJA 1 E.U.A. 000020

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 5 - ISSUING VETERINARIAN

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: D103888

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7382	216	F	QH		BLAZE									
102 BUCKEYE ST.	USEU7383	144	N	SN		NO MARKS									
SUGARCREEK, OH 44681	USEU7384	180	N	SN		STAR		LR-PASTERN		RR-SOCK					
	USEU7385	300	N	SN		NO MARKS									
	USEU7386	240	N	QH		STRIP									
	USEU7387	300	N	SN		LR, RR-STOCKING									
	USEU7388	96	N	PN		BALD		BLACK PAINTED ON WHITE							
	USEU7389	180	N	SN		LF, LR,		RF, RR-SOCK							
	USEU7390	48	N	AB		LR-SOCK									
	USEU7391	240	F	SN		NO MARKS									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 5 – ISSUING VETERINARIAN

The certificate is authorized by law (21 USC 112). While you are not required to respond, no health certificate can be [illegible]

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This Document does not replace Certificate of Inspection of Export Animals, VS Form 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: D103888

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 11-27-09

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN *(Check if yes)*: [ ]

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*: CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

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

If more lines 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)*

Owner's name	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
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7364	96	F	BL		BLAZE									
102 BUCKEYE ST.	USEU7365	144	F	PE		NO MARKS									
SUGARCREEK, OH 44681	USEU7366	300	N	PE		LR-PASTERN									
	USEU7367	216	N	BL		BLAZE									
	USEU7368	120	N	BL		BLAZE									
	USEU7369	120	N	BL		BLAZE									
	USEU7370	108	F	AS		SNIP									
	USEU7371	120	N	PONY		STAR LR, RR-SOCK									
	USEU7372	72	F	SN		BLAZE LR, RF-SOCK									
	USEU7373	144	F	OH		BLAZE LR, RR-SOCK									
	USEU7374	72	F	OH		BLAZE									
	USEU7375	84	F	OH		STAR RR-SOCK									
	USEU7376	84	F	SN		STAR, SNIP									
	USEU7377	120	N	OH		LR-PASTERN									
	USEU7378	180	F	PN		STAR BLAK, BROWN PAINTED ON WHITE									
	USEU7379	192	F	OH		STAR, STRIP LR, RR-PASTERN									
	USEU7380	216	F	OH		STRIP									
	USEU7381	120	N	TH		STAR									

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: Nov 30, 2009

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*: SUMMERS, DENNIS M. 9130

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

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

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11-301A000022

VS FORM 17-140 Previous editions may be used.

ISSUING VETERINARIAN

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:00

DATE: 11-30-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O BX 452

STREET ADDRESS: 912 Second Ave West OWENSOUND ONTARIO

CITY, STATE, ZIP CODE: SUGARCREEK OHIO

CITY, STATE, ZIP CODE: 517 Rany Ste. Juliest Joyhoo

AREA CODE & TELEPHONE NO.: 330-852-2832

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	USDA	7364						SOR			BL			X				Mort durant voyage
2		7365			X						PE			X				
3		7366			X						PE					X		
4		7367						SOR			BL					X		
5		7368						SOR			BL					X		
6		7369						SOR			BL					X		
7		7370					X						AS	X				
8		7371	X									X				X		
9		7372	X										SV	X				
10		7373	X							X				X				
11		7374		X						X				X				
12		7375						PAL		X				X				
13		7376	X										SV	X				
14		7377	X							X						X		
15		7378						BK Brown White					PN	X				

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

SIGNATURE: L.H. Baker

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.)

L.H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 01/12/2009

TIME 7h30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

FOIA11F-01A00023 PAGE 1 OF 2

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	26DL	7379						SOR		X				X				
17	↑	7380					X			X				X				
18		7381	X						TH							X		
19		7382						SOR		X				X				
20		7383			X								SN			X		
21		7384	X										SN			X		
22		7385	X										SN			X		
23		7386						PAL		X						X		
24		7387	X										SN			X		
25		7388			X								PN			X		
26		7389	X										SN			X		
27		7390	X										AB			X		
28	↓	7391	X										SN	X				
29																		
30																		
31																		
32																		
33																		
34																		
35																		
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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.)

L.H. Baker

VS FORM 10-13A
(SEP 2002)

FOIA11F0117000024

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:00

DATE: 11-25-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6) (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT. INC.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O.Bx 452

STREET ADDRESS: 912 Second Ave West

CITY, STATE, ZIP CODE: Sugarcreek OH 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 517 Rang Ste julhest jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

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	ZUSEZ	7333	X							X					X			
2		7334						Buck skin					AP		X			
3		7335	X										SV	X				
4		7336						SOR			BL			X				
5		7337						SOR			BL			X				
6		7338	X										SV			X		
7		7339	X										SV	X				
8		7340						SOR			BL			X				
9		7341						SOR			BL					X		
10		7342						SOR			BL					X		
11		7343	X										SV			X		
12		7344	X										SV			X		
13		7345	X										SV			X		
14		7346	X										TW	X				
15		7347					X						PN			X		

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

SIGNATURE: Leroy H. Baker

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.)

Leroy H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3110000025

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	MSEU	7348					X			X				X				
17	↑	7349						SOR		X				X				
18		7350						SOR		X						X		
19		7351						SOR		X				X				
20		7352	X										AB	X				
21		7353	X										SN	X				
22		7354	X										SN	X				
23		7355	X									X				X		
24		7356	X										SN	X				
25		7357						SOR		X				X				
26		7358	X										SN			X		
27		7359						SOR		X						X		
28		7360						SOR					Hat.			X		
29		7361						SOR					Hat.			X		
30		7362					X			X				X				
31	↓	7363	X										SN			X		
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.)

Leroy H. Bake

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: D103893

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 11-20-09

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*: CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWENSOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

MODIFIED ACCREDITED AREA (TB)

NEGATIVE RESULTS OF OTHER TESTS

If more lines 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)*

17. FARM ORIGIN	A ID NO. OR DESCRIPTION	B AGE	C SEX	D BREED	E ✓	F DATE	G ✓	H DATE	I VAC.	J 1/25	K 1/50	L 1/100	M DISEASE / TYPE TEST / DATE	N DISEASE / TYPE TEST / DATE	O DISEASE / TYPE TEST / DATE
SUGARCREEK LIVESTOCK AUCTION, INC	USEU7333	36	M	OH		BLAZE LR-STOCKING									
102 BUCKEYE ST.	USEU7334	120	M	AP		STAR, STRIP LF, RF-STOCKING									
SUGARCREEK, OH 44681	USEU7335	144	F	SN		NO MARKS									
	USEU7336	300	F	BL		STAR, STRIP, SNIP									
	USEU7337	120	F	BL		STAR, STRIP, SNIP									
	USEU7338	216	N	SN		STAR, STRIP									
	USEU7339	72	F	SN		STAR									
	USEU7340	120	F	BL		STAR, STRIP, SNIP									
	USEU7341	144	N	BL		NO MARKS									
	USEU7342	120	N	BL		STAR									
	USEU7343	240	N	SN		NO MARKS									
	USEU7344	216	N	SN		LF-SOCK									
	USEU7345	144	N	SN		NO MARKS									
	USEU7346	120	F	TW		STAR LR, RR-SOCK									
	USEU7347	108	N	PN		STAR, STRIP, SNIP CHASTNUT PAINTED ON WHITE									
	USEU7348	48	F	OH		LR-SOCK									
	USEU7349	72	F	OH		STAR, STRIP, SNIP									
	USEU7350	48	N	OH		STAR, STRIP, SNIP LR, RR-STOCKING									

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: Nov 23, 2009

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*: SUMMERS, DENNIS M. 9130

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

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

23. Signature of endorsing federal/veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (OCT 91) Previous editions may be used.

FOIA11-FSI000027

ISSUING VETERINARIAN

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: D103893

3. PAGE NO.: 2 OF 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7351	120	F	QH		STAR, STRIP									
102 BUCKEYE ST.	USEU7352	120	F	AB		STAR									
SUGARCREEK, OH 44681	USEU7353	48	F	SN		LR-SOCK									
	USEU7354	144	F	SN		STAR	LR-SOCK								
	USEU7355	240	N	PONY		STAR, STRIP, SNIP									
	USEU7356	240	F	SN		STAR, STRIP									
	USEU7357	96	F	QH		STAR, STRIP	RR-SOCK								
	USEU7358	120	N	SN		STAR									
	USEU7359	120	N	QH		STAR, STRIP	RR-SOCK								
	USEU7360	72	N	HAFLINGER		STAR, STRIP, SNIP									
	USEU7361	72	N	HAFLINGER		STAR, STRIP									
	USEU7362	120	F	QH		STAR									
	USEU7363	96	N	SN		LR, RR-SOCK									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11F01A000028

VS FORM 17-140a (MAR 2005) *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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:00

DATE: 11-23-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6) (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye ST P.O Bx 452

STREET ADDRESS: 913 Second Ave West

CITY, STATE, ZIP CODE: SUGARCREEK OHIO

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 517 Bang Ste jvl West jvl wo

AREA CODE & TELEPHONE NO.: 330-852-2832

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	7SEU	7303						Red Roan					AP		X			
2	↑	7304					X			X					X			
3		7305	X							X					X			
4		7306	X										SW	X				
5		7307	X										SW	X				
6		7308	X										SW	X				
7		7309	X										SW			X		
8		7310						Blk Brown White					PN	X				
9		7311	X										SW			X		
10		7312	X										SW			X		
11		7313						Pal		X				X				
12		7314					X						PN	X				
13		7315	X										SW	X				
14		7316	X										SW			X		
15	↓	7317	X										TW			X		

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

SIGNATURE: Leroy H. Baker

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.)

Leroy H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3IA000029

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	21SEU	7318					X			X						X		
17	↑	7319	X										SV			X		
18		7320						Choc				X				X		
19		7321	X										SV	X				
20		7322						Red Roan					AP	X				
21		7323						Pal		X				X				
22		7324			X								PN			X		
23		7325						SOR		X						X		
24		7326	X										SV			X		
25		7327	X										SV			X		
26		7328					X			X				X				
27		7329			X								PN			X		
28		7330			X					X						X		
29		7331					X			X						X		
30	↓	7332						SOR			BL			X				
31																		
32																		
33																		
34																		
35																		
36																		
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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.)

Leroy H. Baker

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: D103894

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 11-20-09

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*: CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

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

Owner's name	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
SUGARCREEK LIVESTOCK AUCTION, INC	USEU7303	60	M	AP		STAR, STRIP									
102 BUCKEYE ST.	USEU7304	108	M	OH		STAR, STRIP, SNIP LR, RR-STOCKING									
SUGARCREEK, OH 44681	USEU7305	144	M	OH		STAR, STRIP, SNIP RF-SOCK									
	USEU7306	60	F	SN		STAR, STRIP									
	USEU7307	180	F	SN		NO MARKS									
	USEU7308	240	F	SN		LR,RR-SOCK									
	USEU7309	180	N	SN		RR-SOCK									
	USEU7310	108	F	PN		WHORL LF, LR, RF-STOCKING							BLACK, BROWN PAINTED ON WHITE		
	USEU7311	36	N	SN		STAR LR,RR-SOCK									
	USEU7312	240	N	SN		STAR									
	USEU7313	120	F	OH		STAR, STRIP, SNIP									
	USEU7314	96	F	PN		STAR, STRIP CHESTNUT PAINTED ON WHITE									
	USEU7315	240	F	SN		RR-SOCK									
	USEU7316	60	N	SN		NO MARKS									
	USEU7317	36	N	TW		STAR									
	USEU7318	36	N	OH		STAR, SNIP RR-SOCK									
	USEU7319	180	N	SN		STAR LR-PASTERN									
	USEU7320	120	N	PONY		STAR, STRIP, SNIP									

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: NOV 23, 2009

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*: SUMMERS, DENNIS M. 9130

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

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

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F01A000031

VS FORM 17-140 (OCT 91) Previous editions may be used.

ISSUING VETERINARIAN

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: D103894

3. PAGE NO.: 2 OF 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7321	60	F	SN		STAR	LR, RR-SOCK								
102 BUCKEYE ST.	USEU7322	240	F	AP		BLAZE									
SUGARCREEK, OH 44681	USEU7323	144	F	OH		STAR									
	USEU7324	48	N	PN		BLACK	PAINTED ON WHITE								
	USEU7325	60	N	OH		STAR,	STRIP LR-STOCKING								
	USEU7326	120	N	SN		STAR									
	USEU7327	180	N	SN		NO MARKS									
	USEU7328	36	F	OH		STAR	LR-SOCK								
	USEU7329	48	N	PN		STAR	BLACK PAINTED ON WHITE								
	USEU7330	144	N	OH		NO MARKS									
	USEU7331	48	N	OH		LR, RR-SOCK									
	USEU7332	36	F	BL		STAR,	STRIP								

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11F31A000032

VS FORM 17-140a *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

(Please type or print in ink)

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

DATE: 11-16-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT. INC.

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORTS

STREET ADDRESS: 102 BUCKEYE ST. P.O BX 452

STREET ADDRESS: 912 SECOND AVE WEST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND, ONTARIO 5T4 Rang Ste, julrest jorlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

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	2USE2R	7241	X							X					X			
2		7242						Sor					SN			X		
3		7243						PAL		X				X				
4		7244			X							X				X		
5		7245						Sor		X				X				
6		7246	X							X				X				
7		7247						Cinella		X						X		
8		7248			X						PE			X				
9		7249	X							X				X				
10		7250	X							X						X		
11		7251						Sor					PN			X		
12		7252	X										SN			X		
13		7253					X			X				X				
14		7254						Sor			BL			X				
15		7255						PAL		X						X		

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

SIGNATURE: L.H. Baker

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.)

L.H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3011A000037

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	26SEL	7256	X										SN			X		
17		7257	X										SN			X		
18		7258	X										SN	X				
19		7259						Grulla		X				X				
20		7260	X										SN			X		
21		7261						Sor			BL					X		
22		7262						Sor			BL			X				
23		7263						Sor			BL			X				
24		7264						Sor			BL			X				
25		7265						Sor			BL			X				
26		7266	X										SN			X		
27		7267					X			X				X				
28		7268	X										SN	X				
29		7269					X			X						X		
30		7270	X							X				X				
31		7271						Sor			BL			X				
32		7272						Sor			BL					X		
33																		
34																		
35																		
36																		
37																		
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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.)

L H Baker

VS FORM 10-13A
(SEP 2002)

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: D103887

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 11-13-09

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*: CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC. I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7241	120	M	OH	LR, RR-SOCK									
102 BUCKEYE ST.	USEU7242	240	N	SN	STAR, STRIP									
SUGARCREEK, OH 44681	USEU7243	120	F	OH	STAR									
	USEU7244	60	N	PONY	STAR, SNIP									
	USEU7245	48	F	OH	STAR, STRIP, SNIP									
	USEU7246	108	F	OH	STAR									
	USEU7247	96	N	OH	STAR									
	USEU7248	24	F	PE	STAR, STRIP, SNIP									
	USEU7249	72	F	OH	STAR									
	USEU7250	120	N	OH	LR, RF, RR-SOCK									
	USEU7251	72	N	PN	BLAZE SORRELL PAINTED ON WHITE									
	USEU7252	60	N	SN	STAR, SNIP LR, RR-STOCKING									
	USEU7253	108	F	OH	NO MARKS									
	USEU7254	60	F	BL	STAR LR-SOCK									
	USEU7255	300	N	OH	STAR									
	USEU7256	180	N	SN	NO MARKS									
	USEU7257	84	N	SN	NO MARKS									
	USEU7258	72	F	SN	STAR, SNIP									

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: NOV 16, 2009

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*: SUMNERS, DENNIS M. 9130

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

22. TOTAL NO. ANIMALS *(Certified for export or donated semen)* *(Include No. from all attached VS Forms 17-140A)*: 32

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F301A000039

VS FORM 17-140 (OCT 91) Previous editions may be used.

ISSUING VETERINARIAN

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: D103887

3. PAGE NO.: 2 OF 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USEU7259	96	F	QH		NO MARKS									
USEU7260	240	N	SN		RR-SOCK									
USEU7261	120	N	BL		BLAZE									
USEU7262	240	F	BL		STAR, STRIP									
USEU7263	240	F	BL		STAR, STRIP WHITE SPOT ON FLANK									
USEU7264	216	F	BL		BLAZE									
USEU7265	108	F	BL		BLAZE									
USEU7266	108	F	SN		NO MARKS									
USEU7267	156	F	QH		STAR									
USEU7268	36	F	SN		STAR LF. RR-SOCK LR.STOCKING									
USEU7269	120	N	QH		STAR, STRIP, SNNIP									
USEU7270	96	F	QH		NO MARKS									
USEU7271	300	F	BL		STAR									
USEU7272	180	N	BL		STAR, STRIP, SNIP									

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE ST.~~
~~SUGARCREEK, OH 44681~~

1. ~~THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE~~ DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *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

(Please type or print in ink)

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

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Carel Canada Exports

STREET ADDRESS: 102 Buckeye St. P.O Bx 452

STREET ADDRESS: 912 Second Ave West

CITY, STATE, ZIP CODE: Sugarcreek Ohio 44681

CITY, STATE, ZIP CODE: Owensound, Ontario 571 Ring Ste j0H1E0 j0H1W0

AREA CODE & TELEPHONE NO.: 330-852-2832

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	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEU	7273	X										SN			X		
2	↑	7274					X			X				X				
3		7275	X										SN	X				
4		7276	X								PE					X		
5		7277	X									X				X		
6		7278	X										SN			X		
7		7279	X										SN	X				
8		7280	X										SN			X		
9		7281						Sor		X				X				
10		7282						Sor OK Brown white					PN	X				
11		7283	X										SN	X				
12		7284			X								PN	X				
13		7285					X			X				X				
14		7286						Sor					Half	X				
15	↓	7287					X						PN	X				

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

SIGNATURE: L.H. Baker

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.)

L.H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART A - 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. 0579-0150

	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	2150	7288						BK Brown White					PN	X				
17	↑	7289	X										SN			X		
18		7290	X										SN			X		
19		7291					X						SN			X		
20		7292						Sor		X						X		
21		7293	X										SN	X				
22		7294	X										SN	X				
23		7295						Sor				X		X				
24		7296						Sor					Hef.			X		
25		7297						Sor			BL					X		
26		7298	X										SN			X		
27		7299					X			X				X				
28		7300						Sor		X						X		
29	↓	7301	X										SN			X		
30																		
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.)

L.H. Baker

VS FORM 10-13A
(SEP 2002)

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: D103891

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 11-13-09

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*: CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

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

If more lines 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)*

Owner's name	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
SUGARCREEK LIVESTOCK AUCTION, INC	USEU7273	120	N	SN		NO MARKS									
102 BUCKEYE ST.	USEU7274	84	F	OH		STAR, STRIP									
SUGARCREEK, OH 44681	USEU7275	144	F	SN		STAR, STRIP, SNIP LR, RRR-SOCK									
	USEU7276	72	N	PE		STAR LR, RR-SOCK									
	USEU7277	72	N	PONY		NO MARKS									
	USEU7278	96	N	SN		LR, RR-SOCK									
	USEU7279	108	F	SN		STAR									
	USEU7280	144	N	SN		NO MARKS									
	USEU7281	48	F	OH		STAR, STRIP, SNIP									
	USEU7282	108	F	PN		BLAZE BLACK, BROWN PAINTED ON WHITE									
	USEU7283	108	F	SN		STAR									
	USEU7284	72	F	PN		STAR, STRIP, SNIP BLACK PAINTED ON WHITE									
	USEU7285	180	F	OH		STAR, STRIP									
	USEU7286	72	F	HAFLINGER		STAR, STRIP									
	USEU7287	48	F	PN		STAR, STRIP, SNIP									
	USEU7288	72	F	PN		BLAZE BLACK, BROWN PAITED ON WHITE									
	USEU7289	240	N	SN		LR, RR-SOCK									
	USEU7290	72	N	SN		STAR									

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: NOV 16 2009

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*: SUMMERS, DENNIS M. 9130

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

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

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F301A000043

VS FORM 17-140 (OCT 91) Previous editions may be used.

ISSUING VETERINARIAN

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: D103891

3. PAGE NO.: 2 OF 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681	USEU7291	144	N	SN	RR-SOCK									
	USEU7292	48	N	QH	STAR, STRIP, SNIP									
	USEU7293	96	F	SN	STAR									
	USEU7294	48	F	SN	NO MARKS									
	USEU7295	60	F	PONY	STAR									
	USEU7296	72	N	HAFLINGER	STAR									
	USEU7297	72	N	BL	BLAZE LF, LR, RR-STOCKING RF-SOCK RUMP TATTOO 103									
	USEU7298	96	N	SN	STAR, SNIP									
	USEU7299	120	F	QH	STRIP LF, LR, RF, RR-SOCK									
	USEU7300	120	N	QH	STAR, STRIP, SNIP LF, RR-STOCKING									
	USEU7301	180	N	SN	NO MARKS									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *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

(Please type or print in ink)

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

DATE: 11-19-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)

NAME OR AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye ST. P.O Bx 452

STREET ADDRESS: 912 Second Ave West

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND, ONTARIO 517 Rang Ste julest jor lwo

AREA CODE & TELEPHONE NO.: 330-852-2832

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	USEU	7273	X										SN			X		
2	↑	7274					X			X				X				
3		7275	X										SN	X				
4		7276	X								DE					X	etalen	
5		7277	X									X				X		
6		7278	X										SN			X		
7		7279	X										SN	X				
8		7280	X										SN			X		
9		7281						Sor		X				X				
10		7282						Bk Brown White					PN	X				
11		7283	X										SN	X			laceration visage	
12		7284			X								PN	X				
13		7285					X			X				X				
14		7286						Sor				Haf.		X				
15	↓	7287					X						PN	X				

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

SIGNATURE: L H Baker

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.)

L H Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3011A000045

U.S. DEPARTMENT 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: 1130 Am

DATE: 11-11-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SugarCreek Ohio

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

NAME OF AUCTION/MARKET: SugarCreek Livestock Auct Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: LeRoy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St PO Bx 452

STREET ADDRESS: 912 Second Ave West

CITY, STATE, ZIP CODE: SugarCreek Ohio

CITY, STATE, ZIP CODE: Owensound, Ontario

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 517 Ramp Ste Juliest Jo V1W0

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	21SE21	7211	X										SN	X				
2		7212	X						TH					X				
3		7213	X										SN			X		
4		7214	X										SN	X				
5		7215	X										SN	X				
6		7216						Sor		X				X				
7		7217					X			X				X				
8		7218			X								SN			X		
9		7219						BK Brown white					PN			X		
10		7220		X									PN	X				
11		7221	X										SN			X		
12		7222	X							X				X				
13		7223	X										SN	X				
14		7224	X						TH					X				
15		7225					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: L.H. Baker

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.)

L.H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE November 12th, 2009

TIME 11:40 Am

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F01A000046

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	216SEDL	7226	X										TW			X		
17	↑	7227	X										TW	X				
18		7228					X						SN			X		
19		7229	X										SN	X				
20		7230	X										SN			X		
21		7231	X						TH					X				
22		7232	X										SN			X		
23		7233	X										SN	X				
24		7234	X										SN	X				
25		7235			X					X						X		
26		7236						Sor		X				X				
27		7237	X							X				X				
28		7238					X						TW	X				
29		7239						Sor					AB	X				
30	↓	7240	X										SN	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.)

FOIA11F3U1A000047

VS FORM 10-13A
(SEP 2002)

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: D103876

3. PAGE NO.: 2 OF 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681	USEU7229	180	F	SN	NO MARKS						
	USEU7230	300	N	SN	STAR	LR-SOCK					
	USEU7231	48	F	TH	STAR	LF, RF-SOCK					
	USEU7232	180	N	SN	STAR	LR, RR-STOCKING			RF-SOCK		
	USEU7233	240	F	SN	NOMARKS						
	USEU7234	108	F	SN	STAR						
	USEU7235	72	N	OH	STAR, STRIP						
	USEU7236	120	F	OH	STAR, STRIP, SNIP						
	USEU7237	120	F	OH	NO MARKS						
	USEU7238	72	F	TW	STAR, STRIP, SNIP			LR, RR-SOCK			
	USEU7239	180	F	AB	STAR, STRIP, SNIP						
	USEU7240	240	F	SN	NO MARKS						

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ~~MISSOURI~~, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

Susan M. Stoneystreet, DVM

VS FORM 17-140a
MAR 2005

Previous edition may be used.

FOIA11F3017000048

PART 3 – PORT VETERINARIAN

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: D103876

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 11-06-09

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*:
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

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

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

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

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

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC. I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7211	108	F	SN		NO MARKS									
102 BUCKEYE ST.	USEU7212	84	F	TH		STAR									
SUGARCREEK, OH 44681	USEU7213	108	N	SN		LR-SOCK									
	USEU7214	216	F	SN		NO MARKS									
	USEU7215	240	F	SN		STAR LF, RF-SOCK									
	USEU7216	240	F	QH		STAR, STRIP,SNIP LR, RR-STOCKING									
	USEU7217	60	F	QH		STAR, STRIP									
	USEU7218	180	N	SN		NO MARKS									
	USEU7219	216	N	PN		STAR									
	USEU7220	216	F	PN		STAR, STRIP, SNIP									
	USEU7221	96	N	SN		LR-SOCK RR-PASTERN									
	USEU7222	84	F	QH		NO MARKS									
	USEU7223	84	F	SN		LR-SOCK									
	USEU7224	264	F	TH		STAR									
	USEU7225	96	F	QH		STAR, STRIP, SNIP									
	USEU7226	24	N	TW		LR, RR-SOCK									
	USEU7227	48	F	TW		STAR, STRIP									
	USEU7228	240	N	SN		STAR, STRIP, SNIP LR-SOCK									

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: NOV 9, 2009

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*: SUMMERS, DENNIS M. 9130

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

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

23. Signature of endorsing federal veterinarian: Susan M. Skorupski DVM

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

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F0110000019

VS FORM 17-140 (OCT 91) Previous editions may be used.

PORT VETERINARIAN

U.S. DEPARTMENT 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: 1130 AM

DATE: 11-11-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

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

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: LeRoy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O BX 452

STREET ADDRESS: 912 Second Ave West

CITY, STATE, ZIP CODE: SUGARCREEK OHIO

CITY, STATE, ZIP CODE: Owensound ONTARIO S17 Hwy 6 Julnest Jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

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	USEU	7211	X										SN	X				
2		7212	X						TH					X				
3		7213	X										SN			X		
4		7214	X										SN	X				
5		7215	X										SN	X				
6		7216						Sor		X				X				
7		7217					X			X				X				
8		7218			X								SN			X		
9		7219						BK Brown spots					PN			X		
10		7220		X									PN	X				
11		7221	X										SN			X		
12		7222	X							X				X				
13		7223	X										SN	X				
14		7224	X						TH					X				
15		7225					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: LH Baker

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.)

LH Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #565

DATE November 12th, 2009

TIME 11:40 AM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0110050

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	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	21SEQL	7226	X										TW			X		
17	↑	7227	X										TW	X				
18		7228					X						SV			X		
19		7229	X										SV	X				
20		7230	X										SV			X		
21		7231	X						TH					X				
22		7232	X										SV			X		
23		7233	X										SV	X				
24		7234	X										SV	X				
25		7235			X					X						X		
26		7236						Sor		X				X				
27		7237	X							X				X				
28		7238					X						TW	X				
29		7239						Sor					AB	X				
30	↓	7240	X										SV	X				
31																		
32																		
33																		
34																		
35																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

S.H. Bike

FOIA11F3011A000051

U.S. DEPARTMENT 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:PM

DATE: 10-15-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OHIO

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

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct. Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St P.O.Bx 452

STREET ADDRESS: 912 Second Cave West

CITY, STATE, ZIP CODE: Sugarcreek OH 44681

CITY, STATE, ZIP CODE: Owensound Ontario 517 Rang Ste Julie est Jar 1w0

AREA CODE & TELEPHONE NO.: 330-852-2832

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	2582	8651						Sor					PN		X			
2		8652						Sor					PN		X			
3		8653						Sor					PN			X		
4		8654						Sor					PN			X		
5		8655						Sor					AB	X				
6		8656						Sor					Hat.			X		
7		8657					X			X						X		
8		8658	X										SN	X				
9		8659	X							X						X		
10		8660	X										AP			X		
11		8661	X							X						X		
12		8662	X										AP			X		
13		8663	X									X		X				
14		8664	X										SN	X				
15		8665						Sor		X						X		

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0000052

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: D103876

3. PAGE NO.: 2 OF 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7229	180	F	SN	NO MARKS										
102 BUCKEYE ST.	USEU7230	300	N	SN	STAR		LR-SOCK								
SUGARCREEK, OH 44681	USEU7231	48	F	TH	STAR		LF, RF-SOCK								
	USEU7232	180	N	SN	STAR		LR, RR-STOCKING				RF-SOCK				
	USEU7233	240	F	SN	NOMARKS										
	USEU7234	108	F	SN	STAR										
	USEU7235	72	N	OH	STAR, STRIP										
	USEU7236	120	F	OH	STAR, STRIP, SNIP										
	USEU7237	120	F	OH	NO MARKS										
	USEU7238	72	F	TW	STAR, STRIP, SNIP		LR, RR-SOCK								
	USEU7239	180	F	AB	STAR, STRIP, SNIP										
	USEU7240	240	F	SN	NO MARKS										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

Austin M. Springer, DVM

FOIA11E01000053

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 3 – PORT VETERINARIAN

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: D103889

3. PAGE NO.: 2 OF 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE ST.~~
~~SUGARCREEK, OH 44681~~

MODIFIED ACCREDITED AREA (TB) ——— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USEU7412	84	F	SN		SNIP									
USEU7413	96	N	QH		STAR, STRIP, SNIP LF-SOCK							LR-STOCKING	RF-PASTERN	
USEU7414	120	N	SN		STAR									
USEU7415	240	F	QH		BLAZE RR-SOCK									
USEU7416	36	N	PE		NO MARKS									
USEU7417	36	N	TH		STAR									
USEU7418	216	N	AP		BLAZE									
USEU7419	120	N	SN		NO MARKS									
USEU7420	36	N	PN		STAR, SNIP BLACK PAINTED ON WHITE									
USEU7421	120	F	SN		STAR									
USEU7422	192	N	QH		STAR, STRIP, SNIP LF, LR, RF, RR-SOCK									
USEU7423	156	F	QH		BLAZE LR-STOCKING									
USEU7424	240	N	TW		STAR, SNIP LR, RR-SOCK									

~~1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.~~
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

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	21SE21	7197						Buck Skin		X				X				
17	↑	7198	X										SV	X				
18		7199	X										SV	X				
19		7200	X										SV			X		
20		7201	X										SV			X		
21		7202					X			X				X				
22		7203	X										SV	X				
23		7204	X										SV			X		
24		7205	X										AB	X				
25		7206	X									X		X				
26		7207					X			X				X				
27		7208						Sor		X				X				
28		7209	X									X				X		
29	↓	7210						Sor					Hat			X		
30																		
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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

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

L.H. Baker

FOIA11F3011A010055

U.S. DEPARTMENT 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	DATE: 12-2-09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)	NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.
CONSIGNOR (OWNER/SHIPPER) NAME: LERoy N. BAKER	CONSIGNEE (RECEIVER/DESTINATION) NAME: Laurel Canada EXPORTS
STREET ADDRESS: 102 Buckeye ST. P.O Bx 452	STREET ADDRESS: 912 Second Ave WEST
CITY, STATE, ZIP CODE: SUGARCREEK OHIO	CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 517 Bay Ste Juliest Jov1w0
AREA CODE & TELEPHONE NO.: 330-852-2832	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	USEU	7394					X			X				X				
2	↑	7395						SOR					PN	X				
3		7396			X								PN	X				
4		7397						SOR					SN			X		
5		7398						BK Brown white					PN	X				
6		7399					X		TH							X		
7		7400	X										SN			X		
8		7401						SOR					Hat.	X				
9		7402			X					X				X				
10		7403					X			X						X		
11		7404			X								PN	X				
12		7405	X										SN	X				
13		7406						SOR		X				X				
14		7407	X							X				X				
15	↓	7408	X										SN			X		

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

SIGNATURE: L N. Baker

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.)

L N. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11FSCIA000036

PART 1 - INSPECTOR

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: D103892

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED: ☐ CERTIFIED BRUCELLOSIS FREE AREA

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

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

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE ST.~~
~~SUGARCREEK, OH 44681~~

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USEU7200	72	N	SN	NO MARKS										
USEU7201	240	N	SN	STAR, STRIP, SNIP					RR-STOCKING					
USEU7202	156	F	QH	STRIP										
USEU7203	72	F	SN	STAR, STRIP LR, RR-STOCKING										
USEU7204	144	N	SN	LF-PASTERN LR-SOCK										
USEU7205	240	F	AB	STAR, STRIP LR-SOCK										
USEU7206	240	F	PONY	NO MARKS										
USEU7207	72	F	QH	STAR, STRIP										
USEU7208	216	F	QH	STAR, STRIP, SNIP										
USEU7209	36	N	PONY	NO MARKS										
USEU7210	180	N	HAFLINGER	STAR, STRIP, SNIP										

1. ~~THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE~~ DISEASE.
2. ~~THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE~~ DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11F301A000057

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 5 – ISSUING VETERINARIAN

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO: APPROVED 3507

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12-04-09

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 38

14. ZIP CODE: 44681

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

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

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

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7425	120	M	SN	STAR										
102 BUCKEYE ST.	USEU7426	36	M	PE	STAR										
SUGARCREEK, OH 44681	USEU7427	24	F	SN	STAR										
	USEU7428	120	N	BL	STAR, STRIP, SNIP										
	USEU7429	60	F	BL	STAR, STRIP, SNIP					LR, RR-STOCKING					
	USEU7430	96	F	PE	STAR, STRIP, SNIP					LF-SOCK					
	USEU7431	120	F	BL	STAR, STRIP, SNIP										
	USEU7432	96	N	BL	STAR, STRIP, SNIP										
	USEU7433	60	F	BL	STAR, STRIP, SNIP										
	USEU7434	240	N	BL	STAR, STRIP, SNIP										
	USEU7435	144	F	OH	STAR, STRIP, SNIP					LF-STOCKING			LR-SOCK		
	USEU7436	180	N	SN	NO MARKS										
	USEU7437	216	N	AS	STAR										
	USEU7438	120	N	OH	STAR, STRIP, SNIP					RR-SOCK					
	USEU7439	240	F	SN	STAR RR-SOCK										
	USEU7440	156	F	OH	NO MARKS										
	USEU7441	180	F	SN	STAR										
	USEU7442	180	N	SN	STAR										

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

APPROVED

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: 12-7-09

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

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): 29

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

25. SIGNATURE OF ISSUING VETERINARIAN: SUMMERS, DENNIS M. 9130

FOIA11F3011A0010058

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	21SEU	7168					X			X						X		
17	↑	7169	X							X				X				
18		7170						Sor	TH					X				
19		7171	X										SN	X				
20		7172						PaL					PN			X		
21		7173	X										SN	X				
22		7174	X										SN	X				
23		7175	X										SN			X		
24		7176	X										SN	X				
25		7177	X						TH					X				
26		7178	X										SN	X				
27		7179	X						TH							X		
28		7180						Blk Brown White					PN			X		
29	↓	7181						Choc.				X			X			
30																		
31																		
32																		
33																		
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43																		
44																		
45																		

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

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

L. H. Baker

FOIA11F3017000059

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:00

DATE: 12-7-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6) [redacted] (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: LeRoy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye ST P.O Bx 452

STREET ADDRESS: 912 Second Ave. West

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 517 Bang Ste julliest jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

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	2USEZL	7425	X										SN		X			
2	↑	7426			X						PE				X			
3		7427	X										SN	X				
4		7428						SOR			BL					X		
5		7429						SOR			BL			X				
6		7430			X						PE			X				
7		7431						SOR			BL			X				
8		7432						SOR			BL					X		
9		7433						SOR			BL			X				
10		7434						SOR			BL					X		
11		7435	X							X				X				
12		7436			X								SN			X		
13		7437					X						AS			X		
14		7438					X			X						X		
15	↓	7439	X										SN	X				

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE December 8th, 2009

TIME 11h00 AM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3IA000000

PART 1 - INSPECTOR

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: D103890

3. PAGE NO.: 2 OF 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

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

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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USEU7171	120	F	SN	STAR LR, RR-SOCK										
USEU7172	96	N	PN	STAR, STRIP, SNIP										
USEU7173	72	F	SN	STAR										
USEU7174	96	F	SN	LR, RR-SOCK										
USEU7175	156	N	SN	NO MARKSS										
USEU7176	360	F	SN	STAR										
USEU7177	96	F	TH	NO MARKS										
USEU7178	180	F	SN	NO MARKS										
USEU7179	72	N	TH	NO MARKS										
USEU7180	72	N	PN	BLAZE BLACK BROWN PAINTED ON WHITE										
USEU7181	168	M	PONY	NO MARKS										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 5 – ISSUING VETERINARIAN

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: 3501

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12-04-09

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address):
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

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
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7454	144	N	SN	NO MARKS									
102 BUCKEYE ST.	USEU7455	72	N	QH	NO MARKS									
SUGARCREEK, OH 44681	USEU7456	72	N	SN	STAR									
	USEU7457	240	F	QH	STRIP, SNIP LR, RF-SOCK									
	USEU7458	240	N	SN	LF, RF, RR-SOCK									
	USEU7459	192	N	SN	LR, RR-SOCK									
	USEU7460	96	F	QH	STAR, STRIP, SNIP RR-SOCK									
	USEU7461	216	F	SN	LR, RR-SOCK									
	USEU7462	156	F	QH	STAR, SNIP									
	USEU7463	216	F	SN	NO MARKS									
	USEU7464	60	N	QH	BLAZE LF, LR, RR-STOCKING RF-SOCK									
	USEU7465	240	N	SN	STAR, STRIP									
	USEU7466	180	F	SN	STAR, SNIP LR, RR-SOCK									
	USEU7467	108	F	QH	STAR, STRIP, SNIP LR, RR-SOCK									
	USEU7468	120	N	SN	STAR LR-PASTERN									
	USEU7469	96	N	SN	STAR, STRIP, SNIPLR, RR-SOCK									
	USEU7470	180	N	SN	LR-STOCKING									
	USEU7471	144	F	TH	NO MARKS									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

APPROVED

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: 12-7-09

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

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

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

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN: SUMMERS, DENNIS M. 9130

FOIA11F0110000231

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, 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

	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	26SEA	7525						Br/Wht					Paint			X		
17		7526	X										SV			X		
18		7527						Sor		X				X				
19		7528	X							X				X				
20		7529						Sor		X				X				
21		7530	X							X				X				
22		7531			X					X				X				
23		7532	X										SV	X				
24		7533	X										SV	X				
25		7534	X							X				X				
26		7535						Sor		X						X		
27		7536	X							X				X				
28		7537						Br/Wht					Paint	X				
29		7538			X					X				X				
30		7539					X						SV			X		
31		7540			X								SV	X				
32		7541	X										SV	X				
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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

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

L H. Baker

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: 10:00	DATE: 12-10-09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.
CONSIGNOR (OWNER/SHIPPER) NAME: LeRoy N. Baker	CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS
STREET ADDRESS: 102 Buckeye ST P.O BX 453	STREET ADDRESS: 912 Second ave wes, OWENSOUND ONTARIO
CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681	CITY, STATE, ZIP CODE: 517 Bangste jwest jwlwo
AREA CODE & TELEPHONE NO.: 330-852-2332	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	26SEU	7454	X										SN			X		
2	↑	7455		Light						X						X		
3		7456	X										SN			X		
4		7457					X			X				X				
5		7458	X										SN			X		
6		7459	X										SN			X		
7		7460					X			X				X				
8		7461	X										SN	X				
9		7462					X			X				X				
10		7463	X										SN	X				
11		7464						BR/Light		X						X		
12		7465	X										SN			X		
13		7466	X										SN	X				
14		7467					X			X				X				
15	↓	7468	X										SN			X		

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

SIGNATURE L. N. Baker

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.)

L. N. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. SOS

DATE 11-12-2009

TIME 7h30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11E01000064

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO: J 3508

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12-11-09

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN (Check if yes): [ ]

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

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

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7510	132	F	QH	STAR, STRIP, SNIP LR, RR- SOCK									
102 BUCKEYE ST.	USEU7511	228	N	SN	STAR RR-STOCKING									
SUGARCREEK, OH 44681	USEU7512	168	F	QH	STAR, STRIP, SNIP LR-SOCK									
	USEU7513	72	F	QH	STAR, STRIP, SNIP									
	USEU7514	84	F	QH	STAR, STRIP									
	USEU7515	60	F	QH	STAR									
	USEU7516	144	F	QH	STAR, STRIP, SNIP LR, RR-SCOK									
	USEU7517	72	N	QH	NO MARKS									
	USEU7518	144	N	TH	STAR, STRIP, SNIP LF, LR-SOCK									
	USEU7519	180	N	SN	LF, LR, RF, RR-SOCK									
	USEU7520	180	F	SN	STRIP LR, RR-SOCK									
	USEU7521	108	F	PAINT	STAR, STRIP, SNIP BROWN AND WHITE PAINTED									
	USEU7522	132	F	QH	NO MARKS									
	USEU7523	108	F	QH	NO MARKS									
	USEU7524	120	F	QH	STAR									
	USEU7525	180	N	PAINT	BLAZE LF, LR, RF-SOCK RR-STOCKING BROWN AND WHITE PAITED									
	USEU7526	48	N	SN	STAR									
	USEU7527	180	F	QH	STAR, SNIP LR, RF, RR-SOCK									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: DEC 14 2009

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): DONLEY, C. SHANE 7176

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

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 32

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

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F301A000065

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

PART 2 - VS RIVERDALE, MARYLAND

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: J 3509

3. PAGE NO.: 2 OF 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED — CERTIFIED BRUCELLOSIS FREE AREA

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

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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — 18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USEU7503	132	F	SN	STAR										
USEU7504	60	F	PAINT	BLAZE SORREL AND WHITE PAINTED										
USEU7505	144	F	TH	STAR, STRIP, SNIP LR-SOCK										
USEU7506	120	F	QH	STAR										
USEU7507	216	N	SN	STAR, STRIP, SNIP LR, RR-SOCK										
USEU7508	84	F	SN	NO MARKS										
USEU7509	228	F	SN	NO MARKS										
USEU7542	228	F	SN	TATTOO 135										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11F301A000066

VS FORM 17-140a (MAR 2005) *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	26SE21	7500	X										SN			X		
17		7501					X			X						X		
18		7502						Sor		X						X		
19		7503						Sor					SN	X				
20		7504						Sor/wht					PAINT	X				
21		7505	X						TH					X				
22		7506	X							X				X				
23		7507	X										SN			X		
24		7508	X										SN	X				
25		7509	X										SN	X				
26	26SE21	7512	X										SN	X				
27																		
28																		
29																		
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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.)

F. H. Baker

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: 12:00

DATE: 12-14-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6) (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O Bx 452

STREET ADDRESS: 912 Second Ave West

CITY, STATE, ZIP CODE: Sugarcreek OH 44681

CITY, STATE, ZIP CODE: QUEENSOUND ONTARIO 517 Bang ste Joliet Joviwo

AREA CODE & TELEPHONE NO.: 330-852-2832

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	26SEL	7485						BR/wht					PAINT		X			
2	↑	7486						Sor			BL			X				
3		7487	X								BL					X		
4		7488						Sor			BL			X				
5		7489					X				BL					X		
6		7490						Sor			BL					X		
7		7491						Sor			BL					X		
8		7492						Sor			BL					X		
9		7493	X								BL					X		
10		7494						Sor			BL			X				
11		7495						Sor			BL			X				
12		7496						Sor			BL					X		
13		7497			X						PE			X				
14		7498						Sor			BL					X		
15	↓	7499	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: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE December, 15th, 2009

TIME 8:30 Am

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11E01A000068

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

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO: J 3509

3. PAGE NO.: 1 OF

4. DATE ISSUED: 12-1109

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address):
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

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

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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USEU7485	180	M	PAINT	STAR, STRIP, SNIP					LF,	LR,	RF,	RR-STOCKING BROWN AND WH PAIN		
USEU7486	216	F	BL	STAR, STRIP, SNIP										
USEU7487	144	N	BL	STAR										
USEU7488	300	F	BL	STAR, STRIP, SNIP										
USEU7489	240	N	BL	STAR, STRIP, SNIP										
USEU7490	144	N	BL	STAR, STRIP, SNIP										
USEU7491	48	N	BL	STAR, STRIP, SNIP										
USEU7492	216	N	BL	STAR, STRIP, SNIP										
USEU7493	192	N	BL	STAR										
USEU7494	180	F	BL	STAR, STRIP, SNIP										
USEU7495	240	F	BL	STAR, STRIP, SNIP										
USEU7496	144	N	BL	STAR, STRIP, SNIP					LR,	LF,	RF,	RR-SOCK		
USEU7497	240	F	PE	STAR, SNIP										
USEU7498	96	N	BL	STAR, STRIP, SNIP										
USEU7499	108	N	QH	STAR										
USEU7500	120	N	SN	STAR										
USEU7501	96	N	QH	STAR, STRIP, SNIP					LF,	LR,	RF-SOCK	RR-STOCKING		
USEU7502	180	N	QH	STAR LR-SOCK										

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: DEC 14, 2009

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print): DONLEY, C. SHANE 7176

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

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

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F0110000069

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

PART 5 - ISSUING VETERINARIAN

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (*last name, first name, middle initial or business name*): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: J 3508

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7528	84	F	QH	STAR, SNIP LR, RF, RR-SOCK										
102 BUCKEYE ST.	USEU7529	144	F	QH	STAR, STRIP RR-SCOK										
SUGARCREEK, OH 44681	USEU7530	72	F	QH	NO MARKS										
	USEU7531	36	F	QH	NO MARKS										
	USEU7532	96	F	SN	LR-SOCK										
	USEU7533	240	F	SN	NO MARKS										
	USEU7534	60	F	QH	SNIP										
	USEU7535	204	N	QH	BLAZE LR, RR-SOCK										
	USEU7536	156	F	QH	STAR, STRIP, SNIP LF, LR, RF, RR-STOCKING										
	USEU7537	84	F	PAINT	STRIP, SNIP LF, LR, RF, RR-STOCKING BROWN AND WHITE PAINTED										
	USEU7538	108	F	QH	STAR										
	USEU7539	36	N	SN	STAR, STRIP										
	USEU7540	108	F	SN	STAR LR, RR-SOCK										
	USEU7541	144	F	SN	STAR RR-SOCK										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11E301000370

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 2 – VS RIVERDALE, MARYLAND

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	7469	X										SV			X		
17	↑	7470	X										SV			X		
18		7471			X				TH					X				
19		7472						BUCK		X						X		
20		7473	X							X						X		
21		7474			X								SV	X				
22		7475	X										SV			X		
23		7476	X										SV	X				
24		7477	X										SV	X				
25		7478	X										SV			X		
26		7479	X										SV			X		
27		7480	X										SV			X		
28		7481	X										SV	X				
29		7482	X										SV	X				
30		7483	X										SV			X		
31	↓	7484	X										SV			X		
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.)

L. H. Baker

FOIA11F3IA000071

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: 3:00

DATE: 12-17-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6) (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O BX 452

STREET ADDRESS: 912 Second Ave West

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 517 Hang Ste j/West j9L1W9

AREA CODE & TELEPHONE NO.: 330-852-2832

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	USEN	7510			X					X				X				
2		7511	X										SN			X		
3		7512						SOR		X				X				
4		7513						SOR		X				X				
5		7514						SOR		X				X				
6		7515						SOR		X				X				
7		7516	X							X				X				
8		7517			X					X						X		
9		7518						BRN.	TH							X		
10		7519						SOR					SN			X		
11		7520						SOR					SN	X				
12		7521						BR WHT					PAINT	X				
13		7522	X							X				X				
14		7523						PAL		X				X				
15		7524	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: L H Baker

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.)

L H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3H000072

PART 1 - INSPECTOR

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: 3501

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7472	180	N	QH	STAR, STRIP, SNIP LF, LR, RR-SOCK										
102 BUCKEYE ST.	USEU7473	120	N	QH	STAR										
SUGARCREEK, OH 44681	USEU7474	72	F	SN	LR, RR-SOCK										
	USEU7475	144	N	SN	STAR LR-SOCK										
	USEU7476	180	F	SN	NO MARKS										
	USEU7477	180	F	SN	NO MARKS										
	USEU7478	228	N	SN	LR, RR-SOCK										
	USEU7479	276	N	SN	STAR LR, RR-SOCK										
	USEU7480	84	N	SN	NO MARKS										
	USEU7481	228	F	SN	RIGHT THIGH BRAND 155										
	USEU7482	72	F	SN	NO MARKS										
	USEU7483	96	N	SN	STAR										
	USEU7484	120	N	SN	STAR										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA 2-2017-000073

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 5 – ISSUING VETERINARIAN

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 17-37)

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: D103890

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 10-30-09

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*: CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST

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

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

MODIFIED ACCREDITED AREA (TB)

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

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC. I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7153	228	N	SN		NO MARKS									
102 BUCKEYE ST.	USEU7154	168	N	OH		STAR, SNIP									
SUGARCREEK, OH 44681	USEU7155	180	F	OH		STAR, STRIP, SNIP									
	USEU7156	216	N	OH		STAR, STRIP, SNIP		LF-STOKING				RR-SOCK			
	USEU7157	240	N	SN		LR, RR-SOCK									
	USEU7158	144	N	SN		STAR LR, RR-SOCK									
	USEU7159	72	F	BL		STAR LR-STOCKING									
	USEU7160	48	N	SN		NO MARKS									
	USEU7161	192	N	TH		STAR, STRIP, SNIP		LR, RR-STOCKING							
	USEU7162	156	F	SN		STAR LR-PASTERN									
	USEU7163	96	N	OH		STAR, STRIP LR-SOCK									
	USEU7164	240	F	SN		STAR, STRIP, SNIP									
	USEU7165	216	N	SN		LR, RR-PASTERN									
	USEU7166	144	N	OH		STAR, STRIP LF, LR-SOCK									
	USEU7167	180	N	SN		NO MARKS									
	USEU7168	48	N	OH		STAR LR-SOCK									
	USEU7169	96	F	OH		STAR, STRIP, SNIP									
	USEU7170	120	F	TH		STAR HR-SOCK									

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: Nov 1 2009

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*: SUMMERS, DENNIS M. 9130

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

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

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F0110000374

VS FORM 17-140 (OCT 91) Previous editions may be used.

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	USEC	7440			X					X				X				
17	↑	7441	X										SV	X				
18		7442	X										SV			X		
19		7443					X			X				X				
20		7444	X										SV	X				
21		7445	X							X						X		
22		7446					X wht					PAINT PONY				X		
23		7447			X wht							PAINT PONY		X				
24		7448	X							X						X		
25		7449					X			X				X				
26		7450					X			X				X				
27		7451					X			X						X		
28		7452	X							X				X				
29	↓	7453			X								SV	X				
30																		
31																		
32																		
33																		
34																		
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45																		

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

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

L. H. Baker

FOIA11F3IA000075

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: 11:30 AM

DATE: 11-4-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

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

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: LeRoy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST. P.O Bx 452

STREET ADDRESS: 912 Second Ave West

CITY, STATE, ZIP CODE: SugarCreek OH 44681

CITY, STATE, ZIP CODE: OWENSOUND, ONTARIO 517 Bang Ste julIEST jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

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	26SE21	7153					X						SN			X		
2	↑	7154						Sor		X						X		
3		7155						Pal		X				X				
4		7156						Sor		X						X		
5		7157	X										SN			X		
6		7158	X										SN			X		
7		7159					X				BL			X				
8		7160	X										SN			X		
9		7161					X		TH							X		
10		7162	X										SN	X				
11		7163					X			X						X		
12		7164					X						SN	X				
13		7165	X										SN			X		
14		7166						Sor		X						X		
15	↓	7167	X										SN			X		

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

SIGNATURE: LH Baker

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.)

LH. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE Nov. 5th, 2009

TIME 3:45 P.m.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3IA000076

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*
SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140
APPROVED

3. PAGE NO.
2 OF 2

16. CONSIGNEE'S NAME
CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

19. NEGATIVE RESULTS OF OTHER TESTS

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

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7443	60	F	QH	STAR, STRIP, SNIP,				LF,	LR,	RF,	RR-STOCKING		
102 BUCKEYE ST.	USEU7444	60	F	SN	STAR									
SUGARCREEK, OH 44681	USEU7445	84	N	QH	STAR									
	USEU7446	240	N	PONY	STAR, SNIP CHESTNUT PAINTED ON WHITE									
	USEU7447	36	F	PONY	SNIP BLACK PAINTED ON WHITE									
	USEU7448	72	N	QH	STAR, STRIP, SNIP									
	USEU7449	60	F	QH	STAR, STRIP, SNIP			LF,	LR,	RF,	RR-SOCK			
	USEU7450	144	F	QH	STAR, STRIP, SNIP			LF,	LR-SOCK					
	USEU7451	120	N	QH	STAR, STRIP, SNIP			LF,	RR-SOCK					
	USEU7452	96	F	QH	STAR, STRIP, SNIP									
	USEU7453	108	F	SN	STAR, STRIP, SNIP			LR,	RR-SOCK					

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATES OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11-0010077

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 5 – ISSUING VETERINARIAN

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: D103892

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 11-06-09

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*:
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

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

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

MODIFIED ACCREDITED AREA (TB)

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

SUGARCREEK LIVESTOCK AUCTION, INC.	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
102 BUCKEYE ST.	USEU7182	180	M	BL		STAR, STRIP, SNIP									
SUGARCREEK, OH 44681	USEU7183	240	N	BL		STAR, STRIP, SNIP									
	USEU7184	84	F	BL		STAR, STRIP, SNIP									
	USEU7185	144	N	BL		STAR, STRIP, SNIP LR, RR-STOCKING									
	USEU7186	108	N	BL		STAR, STRIP, SNIP									
	USEU7187	108	F	BL		STAR, STRIP, SNIP									
	USEU7188	300	N	BL		STAR, STRIP, SNIP									
	USEU7189	48	N	SN		STAR									
	USEU7190	120	N	OH		STAR									
	USEU7191	96	F	SN		NO MARKS									
	USEU7192	144	F	HAFLINGER		STAR, STRIP, SNIP									
	USEU7193	120	N	SN		STAR RR-PASTERN									
	USEU7194	24	N	OH		STAR, STRIP LR, RF-SOCK									
	USEU7195	84	N	OH		STAR LR, RR-SOCK									
	USEU7196	240	F	OH		STAR, STRIP									
	USEU7197	168	F	OH		NO MARKS									
	USEU7198	120	F	SN		STRIP									
	USEU7199	48	F	SN		STAR RF-SOCK									

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: NOV 9, 2009

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*: SUMMERS, DENNIS M. 9130

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

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

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET. *(Type, print or stamp)*: SUSAN M. SCHERBRICK

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA 11-01-000078

VS FORM 17-140 (OCT 91) Previous editions may be used.

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	26SE21	7409						SOR		X				X				
17	↑	7410			X								PN	X				
18		7411			X						PE					X		
19		7412	X										SN	X				
20		7413					X			X						X		
21		7414	X										SN			X		
22		7415						SOR		X				X				
23		7416			X						PE					X		
24		7417	X						TH							X		
25		7418						ROAN					AP			X		
26		7419	X										SN			X		
27		7420			X								PN			X		
28		7421	X										SN	X				
29		7422	X							X						X		
30		7423						SOR		X				X				
31	↓	7424	X										TW			X		
32																		
33																		
34																		
35																		
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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.)

L H. Baker

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 11:30 AM

DATE: 11-9-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT. INC.

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST. P.O. Bx 452

STREET ADDRESS: 912 Second Ave. West

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: OWENSOUND, ONTARIO 517 Fang Ste JuWest Jov1w0

AREA CODE & TELEPHONE NO.: 330-852-2832

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	21SEA	7182						Sor			BL				X			
2	↑	7183						Sor			BL					X		
3		7184						Sor			BL			X				
4		7185						Sor			BL					X		
5		7186						Sor			BL					X		
6		7187						Sor			BL			X				
7		7188						Sor			BL					X		
8		7189	X										SN			X		
9		7190					X			X						X		
10		7191	X										SN	X				
11		7192						Sor					Hf.	X				
12		7193	X										SN			X		
13		7194					X			X						X		
14		7195						Sor		X						X		
15	↓	7196					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: LH Baker

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.)

LH Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 10 nov. 2009

TIME 7:30AM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0110000080

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: D103889

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 11-27-09

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*: CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC. I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7394	120	F	OH	STAR, STRIP, SNIP RR-SOCK									
102 BUCKEYE ST.	USEU7395	72	F	PN	STAR, STRIP, SNIP SORRELL PAINTED ON WHITE									
SUGARCREEK, OH 44681	USEU7396	48	F	PN	SNIP BLACK PAINTED ON WHITE									
	USEU7397	48	N	SN	STAR, SNIP									
	USEU7398	180	F	PN	BALD									
	USEU7399	60	N	TH	LF, LR, RR-SOCK									
	USEU7400	240	N	SN	STAR									
	USEU7401	264	F	HAFLINGER	STAR, STRIP, SNIP LR, RR-STOCKING									
	USEU7402	216	F	OH	STAR LR-STOCKING									
	USEU7403	216	N	OH	STAR, SNIP LR-SOCK									
	USEU7404	144	F	PN	BLAZE									
	USEU7405	84	F	SN	NO MARKS									
	USEU7406	120	F	OH	BLAZE LR-SOCK									
	USEU7407	72	F	OH	STAR, STRIP, SNIP									
	USEU7408	120	N	SN	STAR									
	USEU7409	108	F	OH	BLAZE LF-PASTERN									
	USEU7410	120	F	PN	BALD									
	USEU7411	48	N	PE	STAR LR-SOCK									

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: NOV 30, 2009

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*: SUMMERS, DENNIS M. 9130

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

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

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11FC010000081

VS FORM 17-140 (OCT 91) Previous editions may be used.

ISSUING VETERINARIAN

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: D103876

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 11-06-09

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*:
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *(Check one - use VS form 17-6 for Poultry)*
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☒ 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 needed below - use VS Form 17-140A.

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

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

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC. I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7211	108	F	SN		NO MARKS									
102 BUCKEYE ST.	USEU7212	84	F	TH		STAR									
SUGARCREEK, OH 44681	USEU7213	108	N	SN		LR-SOCK									
	USEU7214	216	F	SN		NO MARKS									
	USEU7215	240	F	SN		STAR LF, RF-SOCK									
	USEU7216	240	F	QH		STAR, STRIP,SNIP LR, RR-STOCKING									
	USEU7217	60	F	QH		STAR, STRIP									
	USEU7218	180	N	SN		NO MARKS									
	USEU7219	216	N	PN		STAR									
	USEU7220	216	F	PN		STAR, STRIP, SNIP									
	USEU7221	96	N	SN		LR-SOCK RR-PASTERN									
	USEU7222	84	F	QH		NO MARKS									
	USEU7223	84	F	SN		LR-SOCK									
	USEU7224	264	F	TH		STAR									
	USEU7225	96	F	QH		STAR, STRIP, SNIP									
	USEU7226	24	N	TW		LR, RR-SOCK									
	USEU7227	48	F	TW		STAR, STRIP									
	USEU7228	240	N	SN		STAR, STRIP, SNIP LR-SOCK									

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: NOV 9, 2009

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*: SUMMERS, DENNIS M. 9130

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

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

23. Signature of endorsing federal veterinarian: Susan M. Skorupski DVM

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

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F301A000082

VS FORM 17-140 (OCT 91) Previous editions may be used.

PORT 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	2USEA	8566	X										SN			X		
17		8567	X										SN	X				
18		8568	X										SN	X				
19		8569	X										SN			X		
20		8570	X										SN	X				
21		8571						Sor		X				X				
22		8572	X										SN			X		
23		8573	X										SN			X		
24		8574					X						SN			X		
25		8575	X										SN			X		
26		8576	X										SN			X		
27																		
28																		
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44																		
45																		

Dre Emmanuelle Charpentier
D.M.V.
Vétérinaire en chef ET: 505
Les Viandes de la Petite Nation Inc.
517 rang Ste-Julie
St-André-Avellin, Qc
J0V 1W0

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.)

L H Baker

U.S. DEPARTMENT 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: 200 PM

DATE: 8-31-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6) (b)(6)

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St. P.O Box 452

STREET ADDRESS: 912 Second Ave. West

CITY, STATE, ZIP CODE: Sugarcreek OH

CITY, STATE, ZIP CODE: Owensound, Ontario

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 517 Rang Ste Julie Ouest Joviko

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	USEZL	8551			X								MN		X			
2		8552						Sor.			Spotted Draft			X				
3		8553						Sor			BL			X				
4		8554						Sor			BL			X				
5		8555						Sor			BL			X				
6		8556						Sor			BL			X				
7		8557						Sor			BL					X		
8		8558	X										PE			X		
9		8559						Sor			BL			X				
10		8560						Sor			BL			X				
11		8561						Sor			BL					X		
12		8562	X										SN	X				
13		8563			X								PN	X				
14		8564	X										SN	X				
15		8565						Sor		X				X				

Dre Emmanuelle Charpentier
D.M.V.
Vétérinaire en chef ET: 505
Les Viandes de la Petite Nation Inc.
517 rang Ste-Julie
St-André-Avellin, Qc

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2009/09/01

TIME X

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME FOIA11F01A000084

U.S. DEPARTMENT 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: 200 PM

DATE: 8-31-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6) (b)(6) (b)(6)

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St. P.O Bx 452

STREET ADDRESS: 912 Second Cir. West

CITY, STATE, ZIP CODE: Sugarcreek OH

CITY, STATE, ZIP CODE: Owensound, Ontario

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 517 Rang Ste Julie Est Joulud

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	USEZL	8551			X								MN		X			
2		8552						Sor.			Spotted Draft			X				
3		8553						Sor			BL			X				
4		8554						Sor			BL			X				
5		8555						Sor			BL			X				
6		8556						Sor			BL			X				
7		8557						Sor			BL					X		
8		8558	X										PE			X		
9		8559						Sor			BL			X				
10		8560						Sor			BL			X				
11		8561						Sor			BL					X		
12		8562	X										SN	X				
13		8563			X								PN	X				
14		8564	X										SN	X				
15		8565						Sor		X				X				

Dre Emmanuelle Charpentier
Vétérinaire m.v. chef ET: 505
Les Viandes de la Petite Nation Inc.
517 rang Ste-Julie
St-André-Avellin, Qc
J0V 1W0

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2009/09/01

TIME 4

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3012000085

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	21SEZL	8592						Sor					PN			X		
17		8593						Sor					AP	X				
18		8594						Sor					SN			X		
19		8595						Sor		X				X				
20		8596						Tri					PN	X				
21		8597						Pal		X				X				
22		8598						Pal		X						X		
23		8599	X										SN	X				
24		8600	X										SN	X				
25		8601	X						TH							X		
26		8602	X							X				X				
27		8603	X							X				X				
28		8604			X	Pinto							PN	X				
29		8605						Sor		X				X				
30		8606	X									X			X			
31		8607	X							X				X				
32		8608	X										AB			X		
33																		
34																		
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36																		
37																		
38																		
39																		
40																		
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45																		

Dre Emmanuelle Charpentier
Vétérinaire en chef ET.505
Les Viandes de la Petite Nation Inc.
517 rang Ste-Julie
St-André-Avellin, Qc
J0V 1W0
2009/09/03
8:30

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.)

L.H. Bake

FOIA11F3IA000086

U.S. DEPARTMENT 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: 200 PM

DATE: 9-2-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St P.O Box 452

STREET ADDRESS: 912 Second Ave West

CITY, STATE, ZIP CODE: Sugarcreek OH

CITY, STATE, ZIP CODE: Owensound Ontario 517 Rang Ste Julie est Jovluo

AREA CODE & TELEPHONE NO.: 330-852-2832

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	Chesin	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	21SEA	8577	X										SN			X		
2		8578	X										SN	X				
3		8579	X										SN			X		
4		8580	X							X						X		
5		8581						Sor					AB			X		
6		8582					X						AP	X				
7		8583	X							X				X				
8		8584	X							X				X				
9		8585						Pal					AB			X		
10		8586	X										SN	X				
11		8587						Tri					PN	X				
12		8588	X										SN	X				
13		8589	X										SN			X		
14		8590						Sor					PN			X		
15		8591						Tri					PN	X				

Dre Emmanuelle Charpentier
Vétérinaire ON No. ET.505
Les Viandes de la Petite Nation Inc.
507 Rang Ste Julie
St-André-Avellin, Qc
J0V 1W0

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

SIGNATURE: L H. Baker

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.)

L H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE: 2009/09/01

TIME: 8:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3012000087

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	USEA	8624	X							X				X				
17		8625		X									SV			X		
18		8626	X										SV	X				
19		8627					X		TH							X		
20		8628					X		TH					X				
21		8629	X										SV			X		
22		8630	X										SV			X		
23		8631	X										SV	X				
24		8632						Sor		X						X		
25		8633						Sor		X						X		
26		8634					X						AB			X		
Antr 27		8635						Sor					PN	X				
28		8636						Sor					PN			X		
29		8637	X										AB			X		
30		8638	X							X				X				
31		8639	X									X		X				
32																		
33																		
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35																		
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40																		
41																		
42																		
43																		
44																		
45																		

Vétérinaire en chef ET.505
Les Viandes de la Petite Nation Inc.
517 rang Ste-Julie
St-André-Avellin, Qc
J0V 1W0
Dre Emmanuelle Charpentier
D.M.V.
505
2009/09/09 9:58

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.)

L. H. Baker

FOIA11F3011A000088

U.S. DEPARTMENT 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: 2:45 PM	DATE: 9-8-09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OHIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME: TKPVF5527 OH T14-92781 me Roger Jeffers	NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.
CONSIGNOR (OWNER/SHIPPER) NAME: Leroy N. Baker	CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS
STREET ADDRESS: 102 Buckeye ST P.O BOX 452	STREET ADDRESS: 912 Second ave. WEST
	OWENSOUND ONTARIO
CITY, STATE, ZIP CODE: Sugarcreek OH 44681	CITY, STATE, ZIP CODE: 517 Rang Ste Julie WEST Jovlwo
AREA CODE & TELEPHONE NO.: 330-852-2832	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	21SE21	8609	X							X					X			
2		8610						Pal		X				X				
3		8611	X										AS	X				
4		8612					X						AS			X		
5		8613	X										SN			X		
6		8614						Sor		X				X				
7		8615	X										DR PNY	X				
8		8616	X										SN	X				
9		8617	X										SN			X		
10		8618	X										SN	X				
11		8619						Sor			BL			X				
12		8620					X				BL			X				
13		8621						Sor			BL			X				
14		8622						Pal		X				X				
15		8623	X										SN	X				

Vétérinaire en chef ET.505
Les Viandes de la Petite Nation Inc.
517 rang Ste-Julie
St-André-Avellin, Qc
J0V 1W0
Dre Emmanuelle Charpentier D.M.V.

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

SIGNATURE: L. N. Baker

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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.)

L. N. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505
DATE 2009/09/09
TIME 9:35

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME FOIA11F3012000089

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	21SFZL	8731						Sor					AB	X				
17		8732						Sor		X				X				
18		8733	X							X				X				
19		8734					X						AB			X		
20		8735	X										SN	X				
21		8736	X							X						X		
22		8737						Buck					HK			X		
23		8738	X										SN	X				
24		8739						Sor					AB			X		
25		8740			X								HK			X		
26		8741			X								PE	X				
27	21SEZL	7245	X										SN			X		
28		7246	X										SN	X				
29		7247	X										SN			X		
30		7248						Sor			BL					X		
31	21SCZL	7152			X								SN		X			
32	21SCZL	7151			X								SN		X			
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45																		

Margaret Dix
Emmanuelle Chorpenter
Ota 805
2009/09/15
00:10

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.)

L.H. Baker

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 330 PM

DATE: 9-14-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

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

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCTION Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye ST P.O.Bx 452

STREET ADDRESS: 912 Second Ave West

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 517 Rang Ste Juliest jovlwo

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USDA	8716	X										AB		X			
2		8717			X					X				X				
3		8718					X			X						X		
4		8719	X										SN	X				
5		8720					X						AB			X		
6		8721	X										SN			X		
7		8722	X										SN			X		
8		8723	X										HK	X				
9		8724						Sor		X				X				
10		8725	X							X						X		
11		8726						Sor					Hatting	X				
12		8727						Dunn					HK	X				
13		8728	X										HK	X				
14		8729					X			X				X				
15		8730						Sor		X						X		

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

SIGNATURE: L.H. Baker

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.)

L.H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. SOS

DATE 2009/09/15

TIME 10:10

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F31A000091

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USDA	8705	X										SN			X		
17		8706						Sor					PN			X		
18		8707	X										SN			X		
19		8708						Blk Pint					PN			X		
20		8709	X										SN			X		
21		8710	X							X						X		
22		8711						Pal					SN			X		
23		8712	X										SN	X				
24		8713	X										SN	X				
25		8714	X										SN			X		
26		8715	X										SN			X		
27																		
28																		
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45																		

pinto

Claperton
Emmanuelle Charpentier
vet in charge et #
595
2009/09/18
4:00

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.)

L. H. Baker

U.S. DEPARTMENT 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: Midnight 1200

DATE: 9-16-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OHIO

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

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye ST P.O Box 452

STREET ADDRESS: 912 Second Ave West

CITY, STATE, ZIP CODE: Sugarcreek OH 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 517 King Ste Juliest J0V1W0

AREA CODE & TELEPHONE NO.: 330-852-2832

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	21E21	8640						Sor			BL				X			
2		8641						Sor			BL					X		
3		8642						Sor			BL					X		
4		8643						Sor			BL			X				
5		8644			X								PE	X				
6		8645						Sor			BL					X		
Couché		8646			X								PE			X		
8		8647						Sor			BL					X		
9		8648			X								PE	X				
10		8649	X										SW			X		
11		8650			X						Spotted Draft					X		
12		8701	X										SW	X				
13		8702	X							X				X				
14		8703			X					X				X				
Pinto		8704						Sor					PN	X				

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

SIGNATURE: L. H. Baker

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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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2009/09/18

TIME 7:50

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3110000093

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	21SE21	8816			X								DN	X				
17	↑	8817			X					X				X				
18		8818						Sor					Hef.	X				
19		8819						Sor			BL					X		
20		8820			X								DN	X				
21		8821	X									X		X				
22		8822						Red Roan					AP	X				
23		8823						Sor		X				X				
24		8824					X						AB			X		
25		8825	X										SN	X				
26		8826			X					X				X				
27		8827	X										AB	X				
28		8828	X										SN			X		
29		8829	X									X				X		
30		8830	X							X						X		
31		8831						Sor				X		X				
32		8832	X										SN			X		
33		8833					X						SN			X		
34	↓	8834	X										SN			X		
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45																		

S Chapeto
Emmanuel Chapeto
Vet indep
SOS
09/09/24
8:15

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.)

Leroy H. Baker

U.S. DEPARTMENT 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: 100 pm	DATE: 9-23-09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OHIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	(b)(6)
NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc.	
CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker	CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports
STREET ADDRESS: 102 Buckeye ST P.O Bx 452	STREET ADDRESS: 912 Second Ave West
	OWENSOUND ontario
CITY, STATE, ZIP CODE: Sugarcreek OH 44681	CITY, STATE, ZIP CODE: 517 Rang Ste julie est jovlwo
AREA CODE & TELEPHONE NO.: 330-852-2832	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	USEL	8801						Lep.					AP			X		
2	↑	8802	X										SN			X		
3		8803	X							X				X				
4		8804			X					X				X				
5		8805						Sor					SN	X				
6		8806	X									X				X		
7		8807						Sor			BL					X		
8		8808						Sor				X				X		
9		8809	X										SN			X		
10		8810			X								TW			X		
11		8811	X							X				X				
12		8812	X									X		X				
13		8813					X						SN			X		
14		8814			X								Hallinger	X				
15	↓	8815						Sor					PN	X				

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

SIGNATURE: Leroy H. Baker

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.)

Leroy H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2009/09/24

TIME 8:15

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3012000095

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: D104013

3. PAGE NO.: 2 OF 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU8500	60	F	HE	LF, RR-STOCKING				RF-SOCK			STAR, STRIP			
102 BUCKEYE ST.	USEU8501	120	F	QH	NO MARKS										
SUGARCREEK, OH 44681	USEU8502	48	F	QH	BLAZE LR,RR-STOCKING										
	USEU8503	36	N	MN	LF-SOCK										
	USEU8504	192	N	SN	STAR LR, RR-STOCKING										
	USEU8505	180	F	QH	NO MARKS										
	USEU8506	84	N	QH	NO MARKS										
	USEU8507	180	N	SN	STAR										
	USEU8508	168	F	SN	STAR LR-SOCK										
	USEU8509	120	N	TH	NO MARKS										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)
6. DURING THE PREVIOUS TWENTY-ONE (21) DAYS, THE ANIMAL(S) IN THIS SHIPMENT HAS/HAVE NOT BEEN IN THE STATE OF MISSOURI.
7. DURING THE PREVIOUS TWENTY-ONE (21) DAYS, THE ANIMAL(S) IN THIS SHIPMENT HAS/HAVE NOT BEEN IN THE STATE OF TEXAS.
8. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMAL(S) IN THIS SHIPMENT HAS/HAVE NOT BEEN IN THE STATE OF NEW MEXICO.

FOIA11F3U000096

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 5 – ISSUING VETERINARIAN

The certificate is authorized by law (21 USC 112). While you are not required to respond, no health certificate can be ...

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: D104013

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 7-10-09

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*:
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines 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)*

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC. I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU8482	108	F	BL	BLAZE										
102 BUCKEYE ST.	USEU8483	156	F	BL	BLAZE										
SUGARCREEK, OH 44681	USEU8484	180	F	BL	BLAZE										
	USEU8485	84	M	PN	BLAZE										
	USEU8486	48	F	PE	STAR										
	USEU8487	144	F	BL	NO MARKS										
	USEU8488	240	N	BL	BLAZE										
	USEU8489	36	F	OH	STAR STRIP										
	USEU8490	96	F	SN	STAR										
	USEU8491	96	N	PN	NO MARKS		ON FACE		LEFT HIP TATTOO-IS						
	USEU8492	108	F	SN	NO MARKS										
	USEU8493	60	F	OH	BLAZE										
	USEU8494	72	F	PN	STRIP										
	USEU8495	96	F	SN	LR, RR SOCK										
	USEU8496	36	F	TH	STAR, STRIP		LR-SOCK								
	USEU8497	144	F	SN	NO MARKS										
	USEU8498	108	F	SN	NO MARKS										
	USEU8499	60	F	OH	LR-SOCK										

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: JUL 13 2009

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*: REDDICK, MELISSA S. 8833

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

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

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

FOA11F3017000097

VS FORM 17-140 (OCT 91) Previous editions may be used.

ISSUING VETERINARIAN

U.S. DEPARTMENT 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: midnight
DATE: 7-14-09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OH

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)
NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker
CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St. P.O Bx 452
STREET ADDRESS: 912 Second Ave. West

CITY, STATE, ZIP CODE: Sugarcreek OH 44681
CITY, STATE, ZIP CODE: 517 Rang Str JVI West Jovlwd

AREA CODE & TELEPHONE NO.: 330-852-2832
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	USEX	8482						Sor			BL			X				
2		8483						Sor			BL			X				
3		8484						Sor			BL			X				
4		8485			X								PN		X			
5		8486			X								PE	X				
6		8487						Sor			BL			X				
7		8488						Sor			BL					X		
8		8489	X							X				X				
9		8490	X										SN	X				
10		8491						Bk wht Br.					PN			X		
11		8492	X										SN	X				
12		8493						Sor		X				X				
13		8494						Bk wht					PN	X				
14		8495	X										SN	X				
15		8496	X						TH					X				

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME FOIA11F3IA000098

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	26SEU	8497	X										SV	X				
17		8498	X										SV	X				
18		8499	X							X				X				
19		8500						Sor					HK	X				
20		8501	X							X				X				
21		8502						Sor		X				X				
22		8503			X								MN			X		
23		8504			X								SV			X		
24		8505	X							X				X				
25		8506						Buck		X						X		
26		8507	X										SV			X		
27		8508	X										SV	X				
28		8509	X						TH							X		
29																		
30																		
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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.)

L. H. Baker

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: midnight
DATE: 7-14-09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OH

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)
NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker
CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St. PO Bx 452
STREET ADDRESS: 912 Second Ave. West

CITY, STATE, ZIP CODE: Sugarcreek OH 44681
CITY, STATE, ZIP CODE: Owensound, ONT. 517 Bang Str Juliet Jovlxx

AREA CODE & TELEPHONE NO.: 330-852-2832
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	ZUSEU	8482						Sor			BL			X				
2	✓	8483						Sor			BL			X				
3	✓	8484						Sor			BL			X				
4	✓	8485			X								PN		X			
5	✓	8486			X								PE	X				
6	✓	8487						Sor			BL			X				
7		8488						Sor			BL					X		
8		8489	X							X				X				
9		8490	X										SN	X				
10		8491						Blk Bkt.					PN			X		
11	✓	8492	X										SN	X				
12		8493						Sor		X				X				
13	✓	8494						Blk Bkt					PN	X				
14	✓	8495	X										SN	X				
15	✓	8496	X						TH					X				

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

SIGNATURE: L. H. Baker

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT 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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)
CFIA 505
DATE 14-07-09
TIME 4:00 PM

DIRECTION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
ESTACION DE DESTINO
DATE
TIME

FOIA11F301A000300

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: D104038

3. PAGE NO.: 2 OF 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USEU8528	144	N	SN	STAR										
USEU8529	192	F	QH	NO MARKS										
USEU8530	120	F	SN	NO MARKS										
USEU8531	120	N	QH	STAR RF-SOCK										
USEU8532	144	F	QH	BLAZE										
USEU8533	72	F	BL	BLAZE										
USEU8534	156	N	SN	LR-SOCK										
USEU8535	96	F	AB	NO MARKS										
USEU8536	72	F	HAFLINGER	STRIP, SNIP										
USEU8537	60	F	MUSTANG	MUSTANG BRAND										

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)
6. DURING THE PREVIOUS TWENTY-ONE (21) DAYS, THE ANIMAL(S) IN THIS SHIPMENT HAS/HAVE NOT BEEN IN THE STATE OF MISSOURI.
7. DURING THE PREVIOUS TWENTY-ONE (21) DAYS, THE ANIMAL(S) IN THIS SHIPMENT HAS/HAVE NOT BEEN IN THE STATE OF TEXAS. ~~AND NEW MEXICO.~~ JK

FOIA11F0170000301

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 5 – ISSUING VETERINARIAN

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: D104038

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 7-17-09

5. U.S. PORT OF EMBARKATION *(City & State)*: FORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*: CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC. I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU8510	72	F	OH	BLAZE LR, RF, RR-STOCKING									
102 BUCKEYE ST.	USEU8511	216	N	OH	NO MARKS									
SUGARCREEK, OH 44681	USEU8512	144	N	OH	LR-SOCK									
	USEU8513	96	F	SN	NO MARKS									
	USEU8514	120	F	SN	NO MARKS									
	USEU8515	108	N	BL	BLAZE									
	USEU8516	180	F	BL	BLAZE									
	USEU8517	120	F	PN	BLAZE									
	USEU8518	144	N	SN	STAR RR-SOCK TATTOO WP472									
	USEU8519	96	N	OH	NO MARKS									
	USEU8520	108	F	OH	LR, RR-SOCK									
	USEU8521	132	F	OH	STAR LR-SOCK									
	USEU8522	180	F	OH	STAR									
	USEU8523	120	F	PN	BALD									
	USEU8524	120	F	OH	STRIP									
	USEU8525	180	F	BL	STAR, STRIP, SNIP									
	USEU8526	240	N	BL	STRIP									
	USEU8527	96	N	SN	LF LR, RF, RR-SOCK									

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: JUL. 20, 2009

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*: SUMMERS, DENNIS M. 9130

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

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

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

ISSUING VETERINARIAN

VS FORM 17-140 (OCT 91) Previous editions may be used.

FOIA11FSIF000302

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	2USEU	8525						Sor			BL			X				
17		8526						Sor			BL					X		
18		8527	X										SN			X		
19		8528	X										SN			X		
20		8529	X							X				X				
21		8530	X										SN	X				
22		8531	X							X						X		
23		8532		X						X				X				
24		8533						Sor			BL			X				
25		8534	X										SN			X		
26		8535	X										AB	X				
27		8536						Sor					Halfinger	X				
28		8537	X										Mustang	X				
29																		
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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).

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

L H. Baker

U.S. DEPARTMENT 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:PM

DATE: 7-20-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OH

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

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St. P.O Bx 452

STREET ADDRESS: 912 Second Ave. West

CITY, STATE, ZIP CODE: Sugarcreek OH 44681

CITY, STATE, ZIP CODE: Owensound, ONT 517 Bang Ste j1L1E5 j0r1w0

AREA CODE & TELEPHONE NO.: 330-852-2832

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	2LE2L	8510	X							X				X				
2		8511	X							X						X		
3		8512	X							X						X		
4		8513	X										SW	X				
5		8514	X										SW	X				
6		8515						Sor			BL					X		
7		8516						Sor			BL			X				
8		8517			X								PN	X				
9		8518	X										SW			X		
10		8519	X							X						X		
11		8520	X							X				X				
12		8521						Sor		X				X				
13		8522	X							X				X				
14		8523			X								PN	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.

SIGNATURE: L.H. Baker

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.)

L.H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. H505

DATE July 21, 2009

TIME 7:45 a.m.

DIRECCION GENERAL DE INSPECCIONES FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F301A000304

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: D104029

3. PAGE NO.: 2 of 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU8069	72	F	TH	NO MARKS										
102 BUCKEYE ST.	USEU8070	144	N	SN	NO MARKS										
SUGARCREEK, OH 44681	USEU8071	132	N	TW	STAR, LR, RR-STOCKING										
	USEU8072	108	N	TH	NO MARKS										
	USEU8073	144	F	SN	STAR										
	USEU8074	156	N	OH	NO MARKS										
	USEU8075	108	N	TH	STAR, STRIP RR-SOCK										
	USEU8076	180	N	SN	LR, RR-STOCKING										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)
6. DURING THE PREVIOUS TWENTY-ONE (21) DAYS, THE ANIMAL(S) IN THIS SHIPMENT HAS/HAVE NOT BEEN IN THE STATE OF MISSOURI.
7. DURING THE PREVIOUS TWENTY-ONE (21) DAYS, THE ANIMAL(S) IN THIS SHIPMENT HAS/HAVE NOT BEEN IN THE STATE OF TEXAS.
8. ~~DURING THE PREVIOUS TWENTY-ONE (21) DAYS, THE ANIMAL(S) IN THIS SHIPMENT HAS/HAVE NOT BEEN IN THE STATE OF NEW MEXICO.~~

FOIA11F01000305

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 5 – ISSUING VETERINARIAN

The certificate is authorized by law (21 USC 112). While you are not required to respond, ...

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: 0104029

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 8-07-09

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*: CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / DISEASE / DISEASE

TYPE TEST / TYPE TEST / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC. I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU8051	204	N	BL	BLAZE LR STOCKING									
102 BUCKEYE ST.	USEU8052	252	F	BL	STAR, STRIP LR-SOCK									
SUGARCREEK, OH 44681	USEU8053	84	F	PE	NO MARKS									
	USEU8054	24	N	PE	STAR, SNIP									
	USEU8055	240	F	PE	STAR									
	USEU8056	276	N	BL	BLAZE									
	USEU8057	264	N	BL	STRIP, SNIP									
	USEU8058	240	F	BL	STAR									
	USEU8059	288	N	BL	STAR, STRIP, SNIP									
	USEU8060	96	M	BL	STRIP, SNIP									
	USEU8061	96	N	SN	NO MARKS									
	USEU8062	240	F	SN	NECK TATTOO V8035									
	USEU8063	180	F	QH	STRIP									
	USEU8064	144	F	SN	NO MARKS									
	USEU8065	96	F	SN	STAR									
	USEU8066	96	N	QH	STAR, STRIP, SNIP									
	USEU8067	72	N	QH	STAR LR, RR-STOCKING									
	USEU8068	168	N	AS	STAR, LR-STOCKING									

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: AUG. 10, 2009

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*: HONGIFORD, JAMES J. 6201

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

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

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F3014000306

VS FORM 17-140 (OCT 91) Previous editions may be used.

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	20SE2L	8066						Sor		X						X		
17	↑	8067						Sor		X						X		
18		8068						Pal					AS			X		
19		8069	X						TH					X				
20		8070	X										SN			X		
21		8071	X										TW			X		
22		8072	X						TH							X		
23		8073	X										SN	X				
24		8074					X			X						X		
25		8075						Sor	TH							X		
26	↓	8076	X										SN			X		
27																		
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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.)

L H. Baker

U.S. DEPARTMENT 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: 2:00PM

DATE: 8-10-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OHIO

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

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye ST PO Box 452

STREET ADDRESS: 912 Second Line West

CITY, STATE, ZIP CODE: Sugarcreek OHIO 44681

CITY, STATE, ZIP CODE: Queensland, ONT

AREA CODE & TELEPHONE NO.:

AREA CODE & TELEPHONE NO.: 517 Rang Ste Juliet Jonlwd

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	USEA	8051						Sor			BL					X		
2		8052						Sor			BL			X				
3		8053	X										PE	X				
4		8054			X								PE			X		
5		8055			X								PE	X				
6		8056						Sor			BL					X		
7		8057						Sor			BL					X		
8		8058						Sor			BL			X				
9		8059						Sor			BL					X		
10		8060						Sor			BL				X			
11		8061	X										SN			X		
12		8062	X										SN	X				
13		8063						Sor		X				X				
14		8064	X										SN	X				
15		8065	X										SN	X				

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

SIGNATURE: L.N. Baker

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.)

L.N. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST: 505

DATE: 11-08-2009

TIME: 11:30AM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST:

DATE:

TIME: FOIA11F0120100308

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	USEU	8093	X										SN	X				
17	↑	8094						Sor		X						X		
18		8095						Sor		X						X		
19		8096						Bk/Light					PN	X				
20		8097	X										SN	X				
21		8098					X			X				X				
22		8099						Sor		X						X		
23	↓	8100	X										SN			X		
24	USEU	8538	X										SN			X		
25	↑	8539	X										SN	X				
26		8540	X										SN			X		
27		8541	X										SN			X		
28	↓	8542	X										SN			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.)

X L. H. Bahe

FOIA11F0110309

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: 2:PM

DATE: 8-17-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6) (b)(6)

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St PO Box 452

STREET ADDRESS: 912 Second Ave. West

CITY, STATE, ZIP CODE: Sugarcreek OH 44681

CITY, STATE, ZIP CODE: Owensound, Ont. 517 Bay Ste West Jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

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	2USEU	8077						Sor			BL			X				
2	↑	8078						Sor			BL			X				
3		8079						Sor			BL					X		
4		8080	X								BL					X		
5		8081						Sor			BL				X			
6		8082						Sor		X					X			
7		8083						Sor					Hoffinger	X				
8		8084						Sor					Hoffinger	X				
9		8085						Grella		X				X				
10		8086						Sor					Hoffinger			X		
11		8087						Buck				X		X				
12		8088						Sor					Hoffinger	X				
13		8089						Sor					PN			X		
14		8090						Sor					Hoffinger	X				
15	↓	8091						Sor					PN	X				

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

SIGNATURE: X L. H. Baker

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.)

X L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 18/08/2009

TIME 10:50 Am

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3012000310

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: D1040214

3. PAGE NO.: 2 OF 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
~~SUGARCREEK LIVESTOCK AUCTION, INC~~ USEU8032	36	N	BL		BLAZE						
102 BUCKEYE ST. USEU8033	96	F	SN		BLAZE						
SUGARCREEK, OH 44681 USEU8034	36	N	SN		NO MARKS						
USEU 8035	180	N	TW		STAR LR, RR STOCKING						
USEU8036	300	N	SN		NO MARKS						
USEU8037	240	F	BL		BLAZE						
USEU8038	72	N	SN		STAR STRIP RR SOCK						
USEU8039	120	F	SN		NO MARKS						
USEU8040	180	N	TH		BLAZE LR STOCKING						
USEU8041	48	F	SN		STAR						

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY-ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

The certificate is authorized by law (21 USC 112). While you are not required to respond, no health certificate can be issued.

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: D104021

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 8-22-09

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*: CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

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

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC. I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU8014	84	M	PN		BLAZE	LF, LR, RF, RR STOCKING								
102 BUCKEYE ST.	USEU8015	72	M	PONY		BLAZE	LR, RR STOCKING								
SUGARCREEK, OH 44681	USEU8016	48	M	QH		STAR									
	USEU8017	240	F	TH		STAR/SNIP	LF SOCK LR, RF, RR STOCKING								
	USEU8018	120	F	QH		STAR/STRIP/SNIP	LR, RF STOCKING								
	USEU8019	120	F	SN		STAR									
	USEU8020	240	N	SN		TATTOO	X4491								
	USEU8021	180	F	AS		STAR									
	USEU8022	180	F	BL		BLAZE									
	USEU8023	36	F	BL X SN		STAR									
	USEU8024	156	N	QH		BLAZE	LF, LR, RR STOCKING								
	USEU8025	300	F	BL		BLAZE									
	USEU8026	360	N	TH		NO MARKS									
	USEU8027	156	F	SN		NO MARKS									
	USEU8028	72	F	QH		STAR	RR PASTERN								
	USEU8029	180	N	SN		TATTOO	J0284								
	USEU8030	120	F	SN		NO MARKS									
	USEU8031	96	N	BL		BLAZE									

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: AUG. 24, 2009

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*: SUMMERS, DENNIS M. 9130

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

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

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

FOA11F311A009312

VS FORM 17-140 (OCT 91) Previous editions may be used.

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	USEX	8029	X										SN			X		
17	↑	8030	X										SN	X				
18		8031						Sor			BL					X		
19		8032						Sor			BL					X		
20		8033	X										SN	X				
21		8034	X										SN			X		
22		8035	X										TW			X		
23		8036	X										SN			X		
24		8037						Sor			BL			X				
25		8038	X										SN			X		
26		8039	X										SN	X				
27		8040	X						TH							X		
28	↓	8041	X										SN	X				
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44																		
45																		

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

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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.)

L. H Baker

FOIA11F3011A000313

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 APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 2:00 PM

DATE: 8-24-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek Ohio

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

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct. Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St. P.O Box 452

STREET ADDRESS: 912 Second Ave. West

CITY, STATE, ZIP CODE: Sugarcreek Ohio

CITY, STATE, ZIP CODE: Owensound, Ontario 517 King St. Juliest J0V1W0

AREA CODE & TELEPHONE NO.: 330-852-2832

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	USEU	8014						TRI					PN		X			
2		8015					X					X			X			
3		8016	X							X					X			
4		8017	X						TH					X				
5		8018						Sor		X				X				
6		8019	X										SN	X				
7		8020	X										SN			X		
8		8021						PAL					AS	X				
9		8022						Sor			BL			X				
10		8023	X								BL/SN			X				
11		8024					X			X						X		
12		8025						Sor			BL			X				
13		8026	X						TH							X		
14		8027	X										SN	X				
15		8028	X							X				X				

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

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 25/08/2009

TIME 7:45 AM.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F301A000314

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	8312	X										SN			X		
17	↑	8313	X										SN			X		
18		8314						Choc					SN	X				
19		8315	X							X				X				
20		8316	X										SN	X				
21		8317						Sor					AS	X				
22		8318						PAL		X						X		
23		8319			X								PN	X				
24		8320	X										SN	X				
25		8321	X										MN			X		
26		8322	X										SN	X				
27	↓	8323	X										SN	X				
28																		
29																		
30																		
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.)

Leroy H. Bale

U.S. DEPARTMENT 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: 12:35 PM

DATE: 02 JUNE 09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

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

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye ST PO BX 452

STREET ADDRESS: 912 Second Ave. WEST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONT 317 Rang ste Juliest J0L1W0

AREA CODE & TELEPHONE NO.: 330-852-2832

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	USEQ	8297	X										SW			X		
2		8298	X										SW	X				
3		8299	X										SW	X				
4		8300	X										SW	X				
5		8301	X										SW	X				
6		8302	X								PE					X		
7		8303	X										SW	X				
8		8304			X								PN	X				
9		8305						Sr					PN	X				
10		8306	X										SW			X		
11		8307	X										AB	X				
12		8308		X						X				X				
13		8309			X						PE			X				
14		8310						Sr		X						X		
15		8311			X						PE			X				

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

SIGNATURE: Leroy H. Baker

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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.)

Leroy H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. SDS

DATE 3 June 2009

TIME 12:35 pm

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Canada — Canadian Food Inspection Agency — Government of Canada — Agence canadienne d'inspection des aliments

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: D104045

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS
912 SECOND AVE WEST
OWEN SOUND, ON

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USEU8315	96	F	QH	STAR										
USEU8316	192	F	SN	NO MARKS										
USEU8317	72	F	AS	LR, RR-STOCKING										
USEU8318	216	N	QH	BLAZE										
USEU8319	72	F	PN	STRIP, SNIP										
USEU8320	60	F	SN	STAR, RR-STOCKING										
USEU8321	120	N	MN	STAR										
USEU8322	120	F	SN	NO MARKS										
USEU8323	144	F	SN	NO MARKS										
XXXXXXXXXXXXXXXXXXXXXXXX														

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THESE ANIMALS WERE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. DURING THE PREVIOUS 21 DAYS, THE ANIMALS HAVE NOT BEEN IN THE STATE OF FLORIDA.
5. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH AND IN OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

HORSES FOR SLAUGHTER ONLY.

[signature] DVM 6/1/09

FOIA11F010000117

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 5 – ISSUING VETERINARIAN

The certificate is authorized by law (21 USC 112). While you are not required to respond, the information

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: D104045

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 5-29-09

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*: CAVEL CANADA EXPORTS, 912 SECOND AVE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

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

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

MODIFIED ACCREDITED AREA (TB)

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

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	E	DATE F	G	DATE H	VAC. I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU8297	108	N	SN	LR, RR-SOCK									
102 BUCKEYE ST.	USEU8298	96	F	SN	STAR, LF, RF-SOCK									
SUGARCREEK, OH 44681	USEU8299	72	F	SN	STAR									
	USEU8300	96	F	SN	STAR									
	USEU8301	204	F	SN	TATTOO WH547									
	USEU8302	72	N	PE	BLAZE, LR, RF, RR-STOCKING									
	USEU8303	48	F	SN	STAR, STRIP									
	USEU8304	168	F	PN	BLAZE									
	USEU8305	72	F	PN	BALD									
	USEU8306	108	N	SN	NO MARKS									
	USEU8307	48	F	AB	NO MARKS									
	USEU8308	108	F	QH	NO MARKS									
	USEU8309	60	F	PE	NO MARKS									
	USEU8310	72	N	QH	STAR, LR, STOCKING									
	USEU8311	144	F	PE	NO MARKS									
	USEU8312	84	N	SN	SNIP									
	USEU8313	72	N	SN	STAR									
	USEU8314	228	F	SN	STAR									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: 6/1/09

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*: REDDICK, MELISSA S. 8833

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

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

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11R3014000318

VS FORM 17-140 (OCT 91) Previous editions may be used.

ISSUING VETERINARIAN

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: D104046

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU8342	108	F	BK	STRIP, LR, RR-STOCKING										
102 BUCKEYE ST.	USEU8343	48	F	AS	STAR, SNIP LR, RR-STOCKING										
SUGARCREEK, OH 44681	USEU8344	168	N	AP	BLAZE, LR, RR-STOCKING										
	USEU8345	144	N	TW	NO MARKS										
	USEU8346	84	F	QH	SNIP, LR, RR-STOCKING										
	USEU8347	60	N	QH	STAR										
	USEU8348	192	F	SN	STAR										
	USEU8349	168	F	SN	NO MARKS										
	USEU8350	264	N	PE	STAR										
	USEU8351	240	N	BL	BLAZE										
	USEU8352	348	N	BL	STRIP, SNIP										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THESE ANIMALS WERE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. DURING THE PREVIOUS 21 DAYS, THE ANIMALS HAVE NOT BEEN IN THE STATE OF FLORIDA.
5. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH AND IN OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA.
(FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

HORSES FOR SLAUGHTER ONLY.

FOIA11FOI0000319

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 5 – ISSUING VETERINARIAN

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: D104046

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 5-29-09

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 102 BUCKEYE ST.

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

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: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*: CAVEL CANADA EXPORTS, 912 SECOND AVE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

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

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

MODIFIED ACCREDITED AREA (TB) ☐

CERTIFIED BRUCELLOSIS FREE AREA ☐

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

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

Owner's name	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
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU8324	216	N	SN	LR-SOCK										
102 BUCKEYE ST.	USEU8325	108	F	QH	STAR										
SUGARCREEK, OH 44681	USEU8326	192	F	SN	NO MARKS										
	USEU8327	240	N	SN	NO MARKS										
	USEU8328	36	F	AB	STAR, RF-SOCK										
	USEU8329	108	F	TH	STAR										
	USEU8330	72	F	SN	STAR										
	USEU8331	60	N	OH	BLAZE, LR-STOCKING										
	USEU8332	48	N	SN	NO MARKS										
	USEU8333	84	F	TW	NO MARKS										
	USEU8334	156	F	SN	NO MARKS										
	USEU8335	120	N	OH	LR, LR,RR-STOCKING										
	USEU8336	60	F	AP	BLAZE										
	USEU8337	72	N	SN	LR, RR-STOCKING										
	USEU8338	96	N	TH	NO MARKS										
	USEU8339	36	N	TH	NO MARKS										
	USEU8340	180	F	SN	NO MARKS										
	USEU8341	36	F	AB	STAR										

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: 1/1/09

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*: REDDICK, MELISSA S. 8833

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

22. TOTAL NO. ANIMALS *(Certif for export or donated semen)* *(Include No. from all attached VS Forms 17-140A)*: 29

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F3II000320

VS FORM 17-140 (OCT 91) Previous editions may be used.

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	21SE21	8339	X										TH			X		
17	↑	8340	X										SN	X				
18		8341	X										AB	X				
19		8342						Sor					HK	X				
20		8343						Sor					AS	X				
21		8344	X										AP			X		
22		8345	X										TW			X		
23		8346	X							X				X				
24		8347						Sor		X						X		
25		8348	X										SN	X				
26		8349	X										SN	X				
27		8350			X						DE					X		
28		8351						Sor			BL					X		
29	↓	8352						Sor			BL					X		
30																		
31																		
32																		
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42																		
43																		
44																		
45																		

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

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

Leroy H. Bales

U.S. DEPARTMENT 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: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT.

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O Bx 452

STREET ADDRESS: 912 Second Ave. WEST

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: OWENSOUND, ONT 511 Rang ste Juliest Jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

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	21SE21	8324						Sor					SW			X		
2		8325						Sor		X				X				
3		8326	X										SW	X				
4		8327	X										SW			X		
5		8328	X										AB	X				
6		8329	X										TH	X				
7		8330	X										SW	X				
8		8331						Choc		X						X		
9		8332	X										SW			X		
10		8333	X										TW	X				
11		8334	X										SW	X				
12		8335						Sor		X						X		
13		8336						Leop. SPOT					AP	X				
14		8337	X										SW			X		
15		8338	X										TH			X		

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

SIGNATURE: Leroy N. Baker

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.)

Leroy N. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2 juin 2003

TIME 0?0

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3IA000322

Gouvernement du Canada CANADIENNE D'INSPECTION

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: J 3349

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU8447	204	F	TW	BLAZE LR-SOCK										
102 BUCKEYE ST.	USEU8448	84	F	SN	NO MARKS										
SUGARCREEK, OH 44681	USEU8449	216	F	OH	STRIP SNIP										
	USEU8450	36	N	SN	STAR LF, RF-SOCK										
	USEU8451	192	N	PN	STAR SNIP BROWN, BLACK PAINTED ON WHITE										
	USEU8452	72	F	SN	NO MARKS										
	USEU8453	192	F	SN	STAR										
	USEU8454	144	N	SN	STAR LR-SOCK										
	USEU8455	204	M	BL	BLAZE LR-STOCKING										
	USEU8456	84	N	SN	NO MARKS										
	USEU8457	216	N	BL	NO MARKS										
	USEU8458	144	F	OH	NO MARKS										

"DURING THE PREVIOUS TWENTY-ONE(21) DAYS, THE ANIMAL(S) IN THIS SHIPMENT HAS/HAVE NOT BEEN IN THE STATE OF MISSOURI."
"DURING THE PREVIOUS TWENTY-ONE(21) DAYS, THE ANIMAL(S) IN THIS SHIPMENT HAS/HAVE NOT BEEN IN THE STATE OF TEXAS."

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THESE ANIMALS WERE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. DURING THE PREVIOUS 21 DAYS, THE ANIMALS HAVE NOT BEEN IN THE STATE OF FLORIDA.
5. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH AND IN OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA.
(FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

HORSES FOR SLAUGHTER ONLY.

FOIA11FDU000323

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 5 – ISSUING VETERINARIAN

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO: J 3349

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6-12-09

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS, 912 SECOND AVE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

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

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

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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USEU8429	36	N	BL	BLAZE										
USEU8430	204	F	SN	LR, RR-STOCKING BRAND ON NECK										
USEU8431	204	N	SN	NO MARKS										
USEU8432	72	F	SN	NO MARKS										
USEU8433	312	F	BL	STAR										
USEU8434	120	F	PN	BALD BLACK, BROWN PAINTED ON WHITE										
USEU8435	24	F	PE	STAR										
USEU8436	60	N	TH	STRIP, SNIP										
USEU8437	156	F	OH	NO MARKS										
USEU8438	48	N	SPOTTED DRAFT STAR											
USEU8439	60	N	BL	BLAZE										
USEU8440	84	N	QH	NO MARKS										
USEU8441	144	F	SN	RR-SOCK										
USEU8442	60	N	BL	NO MARKS										
USEU8443	108	N	QH	NO MARKS										
USEU8444	36	F	SN	NO MARKS										
USEU8445	180	N	QH	BLAZE										
USEU8446	84	F	QH	NO MARKS										

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: JUN. 15, 2009

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): DAUGHERTY, RICK L. 5123

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): KELLIE A. HOUGH, DVM

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F01A000324

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	USDA	8444	X										SN	X				
17		8445						PAL		X						X		
18		8446	X							X				X				
19		8447	X										TW	X				
20		8448	X										SN	X				
21		8449						Sor		X				X				
22		8450	X										SN			X		
23		8451						Brown w/ Black					PN			X		
24		8452	X										SN	X				
25		8453	X										SN	X				
26		8454	X										SN			X		
27		8455						Sor			BL				X			
28		8456	X										SN			X		
29		8457						Sor			BL					X		
30		8458						Buck		X				X				
31																		
32																		
33																		
34																		
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45																		

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

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

L. H. Bahe

U.S. DEPARTMENT 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: Midnight

DATE: 6-19-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: LeRoy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 102 Buckeye St. P.O BX 452

STREET ADDRESS: 912 Second Ave. WEST

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: OWENSOUND, ONT 517 Bang ste julhest jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

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	2LE2L	8429	✓					Sor			BL					X		
2		8430	X										SN	X				
3		8431	X										SN			X		
4		8432	X										SN	X				
5	✓	8433						Sor			BL			X				
6		8434						Brown White					PN	X				
7		8435	X										PE	X				
8	✓	8436						Sor	TH							X		
9		8437					X			X				X				
10		8438						Dun			Spotted Draft					X		
11	✓	8439						Sor			BL					X		
12	✓	8440						Dun		X						X		
13		8441	X										SN	X				
14	✓	8442						Sor			BL					X		
15	✓	8443						Ch		X						X		

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 20-6-9

TIME 10:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3012000326

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: D104012

3. PAGE NO.: 2 OF 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED — CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU8477	216	F	PE	STAR									
102 BUCKEYE ST.	USEU8478	120	F	QH	BLAZE RR-STOCKING									
SUGARCREEK, OH 44681	USEU8479	36	F	SN	SNIP LR, RR-SOCK									
	USEU8480	180	F	QH	BLAZE LR-STOCKING									
	USEU8481	240	N	QH	STAR, SNIP LR, RF-SOCK									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)
6. DURING THE PREVIOUS TWENTY-ONE (21) DAYS, THE ANIMAL(S) IN THIS SHIPMENT HAS/HAVE NOT BEEN IN THE STATE OF MISSOURI.
7. DURING THE PREVIOUS TWENTY-ONE (21) DAYS, THE ANIMAL(S) IN THIS SHIPMENT HAS/HAVE NOT BEEN IN THE STATE OF TEXAS.

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 5 – ISSUING VETERINARIAN

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: D104012

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 6-26-09

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*:
CAVEL CANADA EXPORTS
912 SECOND AVE WEST
OWEN SOUND ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

MODIFIED ACCREDITED AREA (TB)

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

If more lines 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)*

Owner's name	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
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU8459	72	M	AP	BLAZE LR, RF, RR-STOCKING										
102 BUCKEYE ST.	USEU8460	72	M	BL	BLAZE										
SUGARCREEK, OH 44681	USEU8461	48	F	PN	STAR, SNIP LF, LR, RF, RR-STOCKING										
	USEU8462	120	N	OH	STAR, SNIP LR-SOCK										
	USEU8463	60	F	HAFLINGER	NO MARKS										
	USEU8464	300	N	PN	BLAZE										
	USEU8465	144	N	SN	NO MARKS										
	USEU8466	132	N	BL	BLAZE										
	USEU8467	48	F	PN	STAR, STRIP, SNIP RF, RR-SOCK										
	USEU8468	120	N	PE	STAR LR, RF-SOCK										
	USEU8469	120	F	PE	STAR LR, RR-STOCKING										
	USEU8470	240	N	PE	STAR, STRIP										
	USEU8471	168	F	SN	STAR										
	USEU8472	60	F	BL	STRIP										
	USEU8473	36	F	OH	BLAZE										
	USEU8474	36	F	OH	STAR										
	USEU8475	36	F	AP	STAR										
	USEU8476	96	N	PN	STAR, SNIP										

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: JUN. 29, 2009

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*: THOMPSON, TRAVIS J. 8620

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

22. TOTAL NO. ANIMALS *(Certified for export or donated semen)* *(Include No. from all attached VS Forms 17-140A)*: 23

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET. *(Type, print or stamp)*: WILLIAM F. CASTO

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11-000328

VS FORM 17-140 (OCT 91) Previous editions may be used.

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	SEU	8474	✓					Sor		X				X				
17	✓	8475	X	?									AP	X				
18		8476						Blt White					PN			X		
19	✓	8477			X								PE	X				
20		8478						Sor		X				X				
21		8479	X										SN	X				
22	✓	8480						Sor		X				X				
23	✓	8481	X							X						X		
24																		
25																		
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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.)

L. H. Baker

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: 215 PM

DATE: 6-29-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OHIO

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

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy D. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St P.O.Bx 452

STREET ADDRESS: 912 Second Ave West

CITY, STATE, ZIP CODE: Sugarcreek OH 44681

CITY, STATE, ZIP CODE: Owensound, ONT 519 Rang Ste Julnest J0V1W0

AREA CODE & TELEPHONE NO.: 330-852-2832

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	2USE2	8459						Roan					AP		X			
2		8460						Sor			BL				X			
3		8461						Blk Wht					PN	X				
4		8462	X							X						X		
5		8463					X						HAF	X				
6		8464	?					Sor					PN			X		
7		8465	X										SN			X		
8		8466						Sor			BL					X		
9		8467	X										PN	X				
10		8468	X										PE			X		
11		8469	X										PE	X				
12		8470	X										PE			X		
13		8471	X										SN	X				
14		8472						Sor			BL			X				
15		8473					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: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

PLACE: 505

DATE: 30-6-9

TIME: 7:45 AM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

PLACE

DATE

TIME

FOIA11F0120100330

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

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	21SQB	7400	X						X							X		
17	21SQU	7432						Sor		X						X		
18		7433	X							X				X				
19		7434						Buck Skin					App.	X				
20		7435	X										STB	X				
21		7436						Brown Okolitt					Paint	X				
22		7437	X							X				X				
23		7438						Sor.					PAINT	X				
24		7439	X		O								STB	X				
25		7440	X						X					X				
26		7441	X						X					X				
27		7442						Sor		X				X				
28																		
29																		
30																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

L. H. Bale

FOIA11F3011A0010331

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1200

DATE: 2-10-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SugarCreek OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6) [redacted] (b)(6)

NAME OF AUCTION/MARKET: SugarCreek Livestock Auct.

CONSIGNOR (OWNER/SHIPPER) NAME: LeRoy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: NATURAL MEATS

STREET ADDRESS: 102 Buckeye St PO Box 452

STREET ADDRESS: 280354 RURAL RT 2

CITY, STATE, ZIP CODE: SugarCreek OH 44681

CITY, STATE, ZIP CODE: PROTON STATION ONTARIO Canada N0C1L0

AREA CODE & TELEPHONE NO.: 330-852-2832

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	USDB	7385						Buck Skin					Shetland			X		
2		7386	X										STB	X				
3		7387	X										STB	X				
4		7388						Sor Wht					Paint	X				
5		7389						Sor					Arabian	X				
6		7390	X										STB	X				
7		7391	X										STB	X				
8		7392	X										STB			X		
9		7393	X										STB			X		
10		7394						Sor					Arabian			X		
11		7395	X										STB	X				
12		7396						Brown Blk/wht					PAINT			X		
13		7397						Sor			Belgian			X				
14		7398						Sor			Belgian			X				
15		7399						Sor					Saddle Bred			X		

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3011A000332

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1200

DATE: 2-10-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek Ohio

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct.

CONSIGNOR (OWNER/SHIPPER) NAME: LeRoy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meats

STREET ADDRESS: 102 Buckeye St PO Box 452

STREET ADDRESS: 280364 Rural Rt 2

CITY, STATE, ZIP CODE: Sugarcreek OH 44681

CITY, STATE, ZIP CODE: Proton Station Ontario Canada N0ETO

AREA CODE & TELEPHONE NO.: 330-852-2832

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	USDB	7385						Buck Skin					Shetland			X		
2		7386	X										STB	X				
3		7387	X										STB	X				
4		7388						Sor Wht					Paint	X				
5		7389						Sor					Arabian	X				
6		7390	X										STB	X				
7		7391	X										STB	X				
8		7392	X										STB			X		
9		7393	X										STB			X		
10		7394						Sor					Arabian			X		
11		7395	X										STB	X				
12		7396						Brown Blk/wht					PAINT			X		
13		7397						Sor			Belgian			X				
14		7398						Sor			Belgian			X				
15		7399						Sor					Saddle Bred			X		

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

SIGNATURE: L. H. Baker

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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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 418

DATE Feb 10/09

TIME 12:30pm (B. Sidibe)

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3IA000333

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION INC.

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE

2. CERTIFICATE NO. FROM VS FORM 17-140: E 51997

3. PAGE NO.: 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USCU6249	96	F	MUSTANG											
102 BUCKEYE ST.	USCU6250	72	F	QH											
SUGARCREEK, OH 44681	USCU6429	36	N	PE											
	USCU6430	72	N	PN											
	USCU6431	120	N	QH											
	USCU6432	60	N	AB											
	USCU6433	96	N	QH											
	USCU6434	156	F	TH											
	USCU6435	96	N	QH											
	USCU6436	72	N	PE											

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THESE ANIMALS WERE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. DURING THE PREVIOUS 21 DAYS, THE ANIMALS HAVE NOT BEEN IN THE STATE OF FLORIDA.
5. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH AND IN OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA.
(FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

HORSES FOR SLAUGHTER ONLY.

FOIA11F301A000334

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 5 – ISSUING VETERINARIAN

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: H 51997

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1-31-09

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN (Check if yes): [ ]

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE
317 RANG STE-JULIE EST
ST ANDRE AVELLIN QC JOVIWO

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

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

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

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code
SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

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
USCU6231	216	F	PE											
USCU6232	108	F	BL											
USCU6233	108	F	BL											
USCU6234	192	N	BL											
USCU6235	204	F	BL											
USCU6236	108	N	PN											
USCU6237	96	N	QH											
USCU6238	120	N	QH											
USCU6239	60	N	PN											
USCU6240	72	F	QH											
USCU6241	180	F	QH											
USCU6242	24	N	QH											
USCU6243	96	N	QH											
USCU6244	72	M	AB											
USCU6245	168	N	SN											
USCU6246	156	F	TH											
USCU6247	36	N	QH											
USCU6248	192	F	AP											

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: FEB. 02, 2009

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print): REDDICK, MELISSA S. 8833

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

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

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F01A000335

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

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	21SC21	6246						Sor					TH	X				
17		6247						Sor		X						X		
18		6248						Roan					AP	X				
19		6249	X										Mustang	X				
20		6250	X							X				X				
21	21SC21	6429			X								PE			X		
22		6430						Sor with					PN			X		
23		6431						Sor		X						X		
24		6432	X										AB			X		
25		6433						Sor		X						X		
26		6434	X										TH	X				
27		6435						Sor		X						X		
28		6436	X										PE			X		
29																		
30																		
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.)

FOIA11F3011A000336

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1200

DATE: 2-5-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OH

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

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct

CONSIGNOR (OWNER/SHIPPER) NAME: LeRoy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Les Viandes Nela Petite Nation Inc.

STREET ADDRESS: 102 Buckeye P.O. Bx 452

STREET ADDRESS: 517 Rang Ste Julie Est

CITY, STATE, ZIP CODE: Sugarcreek OH 44681

CITY, STATE, ZIP CODE: St André Avellin QC J0V1W0

AREA CODE & TELEPHONE NO.: 330-852-2832

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	USCA	6231		X							PE			X				
2		6232						Red Roan			BL			X				
3		6233						Sor			BL			X				
4		6234					X				BL					X		
5		6235						Sor			BL			X				
6		6236						Sor Wht					PN			X		
7		6237						Sor		X						X		
8		6238					X			X						X		
9		6239						Sor Wht					PN			X		
10		6240						Dun		X				X				
11		6241	X							X				X				
12		6242			X					X						X		
13		6243	X							X						X		
14		6244						Sor					AB	X				
15		6245	X										SN			X		

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

SIGNATURE: L. H. Baker

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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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3011A000337

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	26SE21	8197		X						X				X				
17	↑	8198						Sor					AS	X				
18		8199						Sor			BL			X				
19		8200	X										AB	X				
20		8201						Sor					AB	X				
21		8202						PaL		X				X				
22		8203	X										SV	X				
23		8204						PaL		X				X				
24		8206						Sor			BL			X				
25		8207						Sor		X					X			
26		8208	X										AB			X		
27		8179						Sor		X						X		
28	↓	8180						BK/Light					PN		X			
29																		
30																		
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.)

J. H. Baker

FOIA11F3IA000338

U.S. DEPARTMENT 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: 900

DATE: 5-7-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

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

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCTION

CONSIGNOR (OWNER/SHIPPER) NAME: LeRoy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: NATURAL MEATS ADERES

STREET ADDRESS: 102 Buckeye St. POBx452

STREET ADDRESS: 517 Rang ste juliest

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681 USA

CITY, STATE, ZIP CODE: ST ANDRE AVELLIN QC. J0V1X0

AREA CODE & TELEPHONE NO.: 330-852-2832

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	26SEZ1	8181	X										SW			X		
2	↑	8182	X										SW			X		
3		8183						PaL		X				X				
4		8184	X										SW			X		
5		8185	X							X						X		
6		8186					X						AB	X				
7		8187						TRI					PN	X				
8		8188						Sor		X						X		
9		8189	X										SW	X				
10		8190	X										SW	X				
11		8192	X										AB	X				
12		8193						Sor			BL					X		
13		8194						Sor				X			X			
14		8195						TRI					PN	X				
15	↓	8196	X										AB	X				

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

SIGNATURE X L. H. Baker

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.)

X L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F301A000339

U.S. DEPARTMENT 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: 900

DATE: 5-7-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6) (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCTION

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: NATURAL MEATS ADERES

STREET ADDRESS: 102 Buckeyest P.O.Box 452

STREET ADDRESS: 517 Rang ste juliest

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681 USA

CITY, STATE, ZIP CODE: St ANDRE AVELLIN QC J0V1W0

AREA CODE & TELEPHONE NO.: 330-852-2832

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	26SE21	8181	X										SW			X		
2		8182	X										SW			X		
3		8183						PiL		X				X				
4		8184	X										SW			X		
5		8185	X							X						X		
6		8186					X						AB	X				
7		8187						TRi					PN	X				
8		8188						Sor		X						X		
9		8189	X										SW	X				
10		8190	X										SW	X				
11		8192	X										AB	X				
12		8193						Sor			BL					X		
13		8194						Sor				X			X			
14		8195						TRi					PN	X				
15		8196	X										AB	X				

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 8mai2009

DATE H505

TIME np

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOTA11F3170000340

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: J 3345

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: NATURAL MEATS

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED: ____ CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code
SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) ____

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USEU8200	60	F	AB	NO	MARKS									
USEU8201	96	F	AB	STAR										
USEU8202	24	F	OH	NO	MARKS									
USEU8203	12	F	SN	LF/LR/RF-SOCK										
USEU8204	48	F	OH	STAR/STRIP										
USEU8206	48	F	BL	STAR/STRIP/SNIP LR/RR-STOCKING										
USEU8207	36	M	OH	STAR LR-SOCK										
USEU8208	84	MN	AB	NO	MARKS									
USEU8179	84	MN	OH	STAR/STRIP										
USEU8180	120	M	PN	BODY PAINTED BLACK AND WHITE										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THESE ANIMALS WERE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. DURING THE PREVIOUS 21 DAYS, THE ANIMALS HAVE NOT BEEN IN THE STATE OF FLORIDA.
5. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH AND IN OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA.
(FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11F3017000341

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 5 – ISSUING VETERINARIAN

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.

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO: J 3345

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5-4-09

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): NATURAL MEATS ADERES
517 RANG STE JULIE ES
ST ANDRE AVELLIN QC J0V1W

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.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

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

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK	USEU8181	240	MN	SN		ALL LEGS-PASTERN									
102 BUCKEYE ST	USEU8182	72	MN	SN		NO MARKS									
SUGARCREEK, OH 44681	USEU8183	96	F	QH		NO MARKS									
	USEU8184	24	MN	SN		NO MARKS									
	USEU8185	84	MN	QH		NO MARKS									
	USEU8186	24	F	AB		STAR LR/RR-SOCK									
	USEU8187	84	F	PN		STAR/STRIP/SNIP BODY PAINTED BLACK/BROWN/WHITE									
	USEU8188	288	MN	QH		STAR/STRIP RR-SOCK									
	USEU8189	24	F	SN		NO MARKS									
	USEU8190	36	F	SN		NO MARKS									
	USEU8192	24	F	AB		RR-SOCK									
	USEU8193	240	MN	BL		BLAZE									
	USEU8194	48	M	SE		STAR/STRIP LR/RR-SOCK									
	USEU8195	60	F	PN		BLAZE BODY PAINTED BLACK/BROWN/WHITE									
	USEU8196	180	F	AB		BLAZE									
	USEU8197	228	F	QH		NO MARKS									
	USEU8198	180	F	AS		BLAZE LR/RR-SOCK									
	USEU8199	144	F	BL		BLAZE									

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: MAY 06, 2009

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print): REDDICK, MELISSA S. 8833

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): 28

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F3011A000342

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

PART 5 - ISSUING VETERINARIAN

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO: J 3342

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5-4-09

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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): NATURAL MEATS ADERES 517 RANG STE JULIE ES ST ANDRE AVELLIN QC JOVLW

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.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

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

17. FARM ORIGIN (A)	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)
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU8151	36	F	AB		STAR/STRIP		LR-SOCK							
102 BUCKEYE ST.	USEU8152	60	F	SN		NO MARKS									
SUGARCREEK, OH 44681	USEU8153	180	F	SN		STAR TATTOO LEFT NECK									
	USEU8154	120	F	SN		STAR LR-SOCK									
	USEU8155	144	F	QH		BLAZE									
	USEU8156	120	MN	QH		BLAZE									
	USEU8157	96	F	QH		STAR LF,RR-CORONET		BRAND LEFT					HIP		
	USEU8158	120	F	AP		STRIP									
	USEU8159	24	F	QH		NO MARKS									
	USEU8160	72	F	QH		STAR LR-SOCK									
	USEU8161	120	F	SN		STAR RR-SOCK									
	USEU8162	240	MN	SH		NO MARKS									
	USEU8163	120	MN	QH		NO MARKS									
	USEU8164	96	F	QH		STAR/SNIP		RR-SOCK							
	USEU8165	84	F	AB		STAR									
	USEU8166	120	F	SE		STAR LR-SOCK									
	USEU8167	144	F	PE		NO MARKS									
	USEU8168	120	F	SN		NO MARKS									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: MAY 04, 2009

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print): THOMPSON, TRAVIS J 8620

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): 28

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

25. SIGNATURE OF ISSUING VETERINARIAN

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

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

(Please type or print in ink)

displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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	USEU	8166						Sor				X		X				
17		8167		X							PE			X				
18		8168						PAL					SN	X				
19		8169	X										SN	X				
20		8170						Sor		X				X				
21		8171						PAL				X		X				
22		8172						TRi					PN			X		
23		8173	X							X				X				
24		8174						Sor		X				X				
25		8175						Sor					AS	X				
26		8176	X										AB	X				
27		8177						Sor					AS	X				
28		8178	X										TW	X				
29																		
30																		
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.)

L. H. Baker

VS FORM 10-13A
(SEP 2002)

FOIA11F301A000344

U.S. DEPARTMENT 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: 1200

DATE: 5-5-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6) (b)(6)

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auction

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meats Aderes

STREET ADDRESS: 102 Buckeye St P.O. Box 462

STREET ADDRESS: 517 Rang Ste Julie Est

CITY, STATE, ZIP CODE: Sugarcreek OH 44681

CITY, STATE, ZIP CODE: St Andre Avellin QC J0V 1W0

AREA CODE & TELEPHONE NO.: 330-852-2832

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	USEU	8151	X										AB	X				
2		8152	X										SN	X				
3		8153	X										SN	X				
4		8154					X						SN	X				
5		8155	X							X				X				
6		8156						Sor		X						X		
7		8157	X							X				X				
8		8158						Roan					AP	X				
9		8159					LIVER X			X				X				
10		8160						Sor		X				X				
11		8161	X										SN	X				
12		8162	X										SN			X		
13		8163						Pal		X						X		
14		8164						Sor		X				X				
15		8165	X										AB	X				

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

SIGNATURE: L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST. #505
DATE 6 May 2009
TIME

CANADIAN FOOD INSPECTION AGENCY Government of 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 [illegible] TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY [illegible] NOT MORE THAN

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: NATURAL MEATS

2. CERTIFICATE NO FROM VS FORM 17-140: J 3342

3. PAGE NO: 2 OF 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE ST.~~
~~SUGARCREEK, OH 44681~~

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USEU8169	180	F	SN	STAR LR-SOCK										
USEU8170	72	F	QH	STAR										
USEU8171	84	F	AB	NO MARKS										
USEU8172	60	MN	PN	BODY PAINTED BLACK, BROWN, WHITE										
USEU8173	36	F	QH	STAR/SNIP LR/RR-SOCK										
USEU8174	60	F	QH	BLAZE										
USEU8175	180	F	AS	STAR										
USEU8176	180	F	AB	SNIP RR-SOCK										
USEU8177	120	F	AS	STAR										
USEU8178	60	F	TW	NO MARKS										

. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF ~~COMMUNICABLE DISEASE.~~
. ~~THESE ANIMALS WERE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.~~
. ~~THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.~~
. DURING THE PREVIOUS 21 DAYS, THE ANIMALS HAVE NOT BEEN IN THE STATE OF FLORIDA.
. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH AND IN OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA.
(FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

HORSES FOR SLAUGHTER ONLY.

Previous edition may be used

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	21SEU	8166						Sor				X		X				
17		8167		X							PE			X				
18		8168						PAL					SN	X				
19		8169	X										SN	X				
20		8170						Sor		X				X				
21		8171						PAL				X		X				
22		8172						TRI					PN			X		
23		8173	X							X				X				
24		8174						Sor		X				X				
25		8175						Sor					AS	X				
26		8176	X										AB	X				
27		8177						Sor					AS	X				
28		8178	X										TW	X				
29																		
30																		
31																		
32																		
33																		
34																		
35																		
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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.)

L. H. Baker

U.S. DEPARTMENT 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: 1200

DATE: 5-5-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OHIO

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

NAME OF AUCTION MARKET: Sugarcreek Livestock Auction

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meats Aderes

STREET ADDRESS: 102 Buckeye St P.O. Box 452

STREET ADDRESS: 517 Rang Ste Juliest

CITY, STATE, ZIP CODE: Sugarcreek OH 44681

CITY, STATE, ZIP CODE: St Andre Avellin QC J0V1W0

AREA CODE & TELEPHONE NO.: 330-852-2832

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	2SE2L	8151	X										AB	X				
2		8152	X										SN	X				
3		8153	X										SN	X				
4		8154					X						SN	X				
5		8155	X							X				X				
6		8156						Sor		X						X		
7		8157	X							X				X				
8		8158						Roan					AP	X				
9		8159					LIVER X			X				X				
10		8160						Sor		X				X				
11		8161	X										SN	X				
12		8162	X										SN			X		
13		8163						PaL		X						X		
14		8164						Sor		X				X				
15		8165	X										AB	X				

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 4505

DATE 6 May 2009

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3012000348

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: NATURAL MEATS

2. CERTIFICATE NO. FROM VS FORM 17-140: J 3342

3. PAGE NO.: 2 OF 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE ST.~~
~~SUGARCREEK, OH 44681~~

MODIFIED ACCREDITED AREA (TB) ✓ ——— CERTIFIED BRUCELLOSIS FREE AREA ✓

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	E	DATE F	G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USEU8169	180	F	SN	STAR LR-SOCK										
USEU8170	72	F	QH	STAR										
USEU8171	84	F	AB	NO MARKS										
USEU8172	60	MN	PN	BODY PAINTED BLACK, BROWN, WHITE										
USEU8173	36	F	QH	STAR/SNIP LR/RR-SOCK										
USEU8174	60	F	QH	BLAZE										
USEU8175	180	F	AS	STAR										
USEU8176	180	F	AB	SNIP RR-SOCK										
USEU8177	120	F	AS	STAR										
USEU8178	60	F	TW	NO MARKS										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. ~~THESE ANIMALS WERE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.~~
3. ~~THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.~~
4. DURING THE PREVIOUS 21 DAYS, THE ANIMALS HAVE NOT BEEN IN THE STATE OF FLORIDA.
5. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH AND IN OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

HORSES FOR SLAUGHTER ONLY.

FOIA11F3JI-000349

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 5 ISSUING VETERINARIAN

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

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO: J 3342

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5-4-09

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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): NATURAL MEATS ADERES 517 RANG STE JULIE ES ST ANDRE AVELLIN QC JOVLW

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.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU8151	36	F	AB	STAR/STRIP LR-SOCK									
102 BUCKEYE ST.	USEU8152	60	F	SN	NO MARKS									
SUGARCREEK, OH 44681	USEU8153	180	F	SN	STAR TATTOO LEFT NECK									
	USEU8154	120	F	SN	STAR LR-SOCK									
	USEU8155	144	F	QH	BLAZE									
	USEU8156	120	MN	QH	BLAZE									
	USEU8157	96	F	QH	STAR LF,RR-CORONET BRAND LEFT HIP									
	USEU8158	120	F	AP	STRIP									
	USEU8159	24	F	QH	NO MARKS									
	USEU8160	72	F	QH	STAR LR-SOCK									
	USEU8161	120	F	SN	STAR RR-SOCK									
	USEU8162	240	MN	SN	NO MARKS									
	USEU8163	120	MN	QH	NO MARKS									
	USEU8164	96	F	QH	STAR/SNIP RR-SOCK									
	USEU8165	84	F	AB	STAR									
	USEU8166	120	F	SE	STAR LR-SOCK									
	USEU8167	144	F	PE	NO MARKS									
	USEU8168	120	F	SN	NO MARKS									

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: MAY 04, 2009

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print): THOMPSON, TRAVIS J 8620

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): 28

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F0170000350

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	21SEU	8225	X										SN	X				
17	↑	8226	X										SN			X		
18		8227	X										SN			X		
19		8228						Sor			BL					X		
20		8229						Sor		X						X		
21		8230	X										Mule		X			
22		8231						Blk Wht					PN			X		
23		8232	X										TH	X				
24		8233						Blk Wht					PN	X				
25		8234	X										SN			X		
26		8235	X										SN	X				
27		8236	X										Mustang	X				
28		8237	X										SN			X		
29	↓	8238	X										SN			X		
30																		
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.)

L. H. Baker

FOIA11F0110351

U.S. DEPARTMENT 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: 1200

DATE: 5-12-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6) (b)(6)

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auction

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Natural Meats Aderes

STREET ADDRESS: 102 Buckeye St. P.O. Box 452

STREET ADDRESS: 517 Bang Ste Juliest

CITY, STATE, ZIP CODE: Sugarcreek OH 44681

CITY, STATE, ZIP CODE: St Andre Avellin QC J0V1W0

AREA CODE & TELEPHONE NO.: 330-852-2832

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	USEU	8210					X						TH		X			
2	↑	8211	X							X					X			
3		8212						Sor			BL		[redacted]			X		
4		8213	X										SW	X				
5		8214						PAL WHT					PN			X		
6		8215	X										SW	X				
7		8216	X										TH	X				
8		8217	X							X				X				
9		8218	X										SW	X				
10		8219	X										SW			X		
11		8220	X										SW			X		
12		8221	X										SW	X				
13		8222	X							X				X				
14		8223						Sor WHT					PN			X		
15	↓	8224	X										SW			X		

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST # 505

DATE 13 may 2009

TIME 0?5

CANADIAN FOOD INSPECTION AGENCY Government of Canada — Agence canadienne d'inspection des aliments Gouvernement du Canada

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3IA000352

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: J 3304

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: NATURAL MEATS

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) ——— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU8228	228	N	BL	BLAZE										
102 BUCKEYE ST.	USEU8229	168	N	QH	STAR STRIP										
SUGARCREEK, OH 44681	USEU8230	36	M	MULE	NO MARKS										
	USEU8231	192	N	PN	BLAZE BODY PAINTED BLACK BROWN WHITE										
	USEU8232	48	F	TH	STAR LF, LR, RF-SOCK										
	USEU8233	96	F	PN	STAR BODY PAINTED BLACK AND WHITE										
	USEU8234	168	N	SN	STAR RR-CORONET										
	USEU8235	156	F	SN	STAR										
	USEU8236	72	F	MUSTANG	STAR RR-SOCK										
	USEU8237	216	N	SN	LR, RR-SOCK										
	USEU8238	60	N	SN	STAR										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THESE ANIMALS WERE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. DURING THE PREVIOUS 21 DAYS, THE ANIMALS HAVE NOT BEEN IN THE STATE OF FLORIDA.
5. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH AND IN OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA.
(FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

HORSES FOR SLAUGHTER ONLY.

Withdrawn electronic form

Kelly A. Hauge, DVM

FOIA11F3017000353

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 2 – PORT VETERINARIAN

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.

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO: J 3304

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5-11-09

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): NATURAL MEATS ADERES
517 RANG STE JULIE
ST ANDRE AVELLIN QC JOVLW

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

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU8210	168	M	TH	STRIP SNIP										
102 BUCKEYE ST.	USEU8211	72	M	QH	STAR STRIP										
SUGARCREEK, OH 44681	USEU8212	84	N	BL	BLAZE										
	USEU8213	192	F	SN	NO MARKS										
	USEU8214	120	N	PN	BLAZE BODY PAINTED PALAMINO AND WHITE										
	USEU8215	156	F	SN	STAR STRIP LR-SOCK										
	USEU8216	36	F	TH	STAR LF-SOCK, LR, RR-STOCKING										
	USEU8217	96	F	QH	NO MARKS										
	USEU8218	60	F	SN	STAR LR-SOCK										
	USEU8219	180	N	SN	STAR LR, RR-SOCK										
	USEU8220	192	N	SN	STAR LR-SOCK										
	USEU8221	72	F	SN	NO MARKS										
	USEU8222	84	F	QH	NO MARKS										
	USEU8223	132	N	PN	STAR STRIP BODY PAINTED SORREL AND WHITE										
	USEU8224	216	N	SN	STAR LR, RR-SOCK										
	USEU8225	216	F	SN	BLAZE LF, RF-STOCKING										
	USEU8226	228	N	SN	STAR										
	USEU8227	72	N	SN	NO MARKS										

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: MAY 11, 2009

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print): REDDICK, MELISSA S. 8833

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): 29

23. Signature of endorsing federal veterinarian: Kellie A. Hough, DVM

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

25. SIGNATURE OF ISSUING VETERINARIAN: Melissa S. Reddick, DVM

FOIA11F301A0010 29

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

PART 3 - PORT VETERINARIAN

U.S. DEPARTMENT 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: 1200

DATE: 4-29-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

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

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCTION

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES KIANDES Dela Petite NATION INC

STREET ADDRESS: 102 Buckeye ST. P.O BX 452

STREET ADDRESS: 517 Rang STE JULIEST

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: ST ANDRE' AVELLINGC. JOVLWD

AREA CODE & TELEPHONE NO.: 330-852-2832

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	USEU	5174						Sor		X						X		
2	↑	5175	X										SW			X		
3		5176					LIVER X			X				X				
4		5177	X								PE			X				
5		5178	X										SW	X				
6		5179						TRI					PN	X				
7		5180	X										SW			X		
8		5181						Sor		X						X		
9		5182					X			X				X				
10		5183						Sor			BL			X				
11		5184					X				BL				X			
12		5185						Sor			BL				X			
13		5186	X										AB		X			
14		5187						Sor		X					X			
15	↓	5188	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: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3170000355

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: J 3337

3. PAGE NO.: 2

16. CONSIGNEE'S NAME: NATURAL MEATS ADERES

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
SUGARCREEK LIVESTOCK AUCTION, INC.											
102 BUCKEYE ST.											
SUGARCREEK, OH 44681											

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THESE ANIMALS WERE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. DURING THE PREVIOUS 21 DAYS, THE ANIMALS HAVE NOT BEEN IN THE STATE OF FLORIDA.
5. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH AND IN OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA.
(FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)
HORSES FOR SLAUGHTER ONLY.

FOIA11F301A0019356

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 5 – ISSUING VETERINARIAN

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO: J 3337

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 4-24-09

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address):
NATURAL MEATS ADERES
517 RANG STE JULIE
ST ANDRE AVELLIN QC JOVLW

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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code
SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

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
USEU5174	144	MN	QH	STAR SNIP			LR-SOCK							
USEU5175	72	MN	SN	NO MARKS										
USEU5176	192	F	QH	STAR SNIP										
USEU5177	120	F	PE	STAR										
USEU5178	180	F	SN	NO MARKS										
USEU5179	96	F	PN	BLAZE BODY PAINTED BLACK BROWN								WHITE		
USEU5180	36	MN	SN	NO MARKS										
USEU5181	24	MN	QH	STAR STRIP LK,LR,RF SOCK										
USEU5182	72	F	QH	BLAZE LR,RR,RF-SOCK										
USEU5183	60	F	BL	BLAZE										
USEU5184	108	M	BL	STAR STRIP										
USEU5185	96	M	BL	BLAZE										
USEU5186	156	M	AB	NO MARKS										
USEU5187	72	M	QH	BLAZE										
USEU5188	36	M	TH	NO MARKS										

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

APPROVED

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: APR. 28, 2009

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial - please print): REDDICK, MELISSA S. 8833

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): 15

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F3011A0003515

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	21SE2L	8116	X										SV	X				
17	↑	8117						PAL		X				X				
18		8118			X						PE			X				
19		8119					X			X				X				
20		8120					X			X						X		
21		8121	X										SV			X		
22		8122	X										SV			X		
23		8123	X										SV			X		
24		8124	X										SV			X		
25		8125	X						X					X				
26		8126	X										SV			X		
27		8127	X										SV	X				
28		8128						SV		X						X		
29		8129	X										SV			X		
30	↓	8130	X										SE		X			
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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

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

L. W. Baker

U.S. DEPARTMENT 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: 1200

DATE: 4-21-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

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

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCTION

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE la Petite NATION INC.

STREET ADDRESS: 102 Buckeye ST. P.O. BX 452

STREET ADDRESS: 517 RANG STE JULIEST

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: ST ANDRE' AVELLIN QC. J0V1W0

AREA CODE & TELEPHONE NO.: 330-852-2832

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	21SEZL	8101	X										SN			X		
2		8102	X										SN			X		
3		8103						Sor		X						X		
4		8104	X										SN	X				
5		8105	X										SN			X		
6		8106	X										SN	X				
7		8107						BK/Wht					PN			X		
8		8108	X							X						X		
9		8109	X										SN			X		
10		8110						Sor					MUSTANG	X				
11		8111	X								PE			X				
12		8112	X										SN			X		
13		8113	X										SN			X		
14		8114	X										SN	X				
15		8115	X										SN			X		

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0170000359

U.S. DEPARTMENT 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: 1200

DATE: 4-21-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

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

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCTION

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES Nela Petite NATION INC.

STREET ADDRESS: 102 Buckeye ST. P.O. Box 452

STREET ADDRESS: 517 RANG STE JULIEN

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: ST ANDRE' AVELLIN QC. J0V1W0

AREA CODE & TELEPHONE NO.: 330-852-2832

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	2USEL	8101	X										SN			X		
2		8102	X										SN			X		
3		8103						Sor		X						X		
4		8104	X										SN	X				
5		8105	X										SN			X		
6		8106	X										SN	X				
7		8107						DK light					PN			X		
8		8108	X							X						X		
9		8109	X										SN			X		
10		8110						Sor					MUSTANG	X				
11		8111	X								PE			X				
12		8112	X										SN			X		
13		8113	X										SN			X		
14		8114	X										SN	X				
15		8115	X										SN			X		

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0110360

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

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: J 3335

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 4-20-09

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): NATURAL MEATS ADBERS 517 RANG STE JULIE ES ST ANDRES AVELLIN QC JOV LW

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

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

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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU8101	60	MN	SN	NO MARKS										
102 BUCKEYE ST.	USEU8102	96	MN	SN	STAR										
SUGARCREEK, OH 44681	USEU8103	108	MN	QH	BLAZE										
	USEU8104	120	F	SN	NO MARKS										
	USEU8105	144	MN	SN	NO MARKS										
	USEU8106	120	F	SN	STAR										
	USEU8107	96	MN	PN	BLAZE/ BODY PAINTED BLACK AND WHITE										
	USEU8108	144	MN	QH	STAR										
	USEU8109	168	MN	SN	STAR/ LR,RR,RF-SOCK										
	USEU8110	72	F	MUSTANG	NO MARKS										
	USEU8111	120	F	PE	NO MARKS										
	USEU8112	60	MN	SN	LR-SOCK										
	USEU8113	84	MN	SN	STAR/STRIP LR,RR-STOCKING										
	USEU8114	132	F	SN	STAR										
	USEU8115	96	MN	SN	RR-SOCK										
	USEU8116	180	F	SN	NO MARKS										
	USEU8117	192	F	QH	NO MARKS										
	USEU8118	36	F	PE	STAR										

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

APPROVED

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: APR. 20, 2009

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print): REDDICK, MELISSA S. 8833

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): KELLIE A. HOUGH, DVM

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F301A000361

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

PART 5 - ISSUING VETERINARIAN

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: J3335

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: NATURAL MEATS

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USEU8119	108	F	QH	NO MARKS										
USEU8120	108	MN	QH	STAR										
USEU8121	108	MN	SN	STAR/ LR-SOCK										
USEU8122	120	MN	SN	NO MARKS										
USEU8123	108	MN	SN	BLAZE										
USEU8124	108	MN	SN	STAR										
USEU8125	36	F	TH	STAR										
USEU8126	144	MN	SN	STAR/SNIP										
USEU8127	84	F	SN	NO MARKS										
USEU8128	72	MN	QH	LR-SOCK										
USEU8129	60	MN	SN	NO MARKS										
USEU8130	180	M	SE	STAR/ LR-SOCK										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THESE ANIMALS WERE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. DURING THE PREVIOUS 21 DAYS, THE ANIMALS HAVE NOT BEEN IN THE STATE OF FLORIDA.
5. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH AND IN OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA.
(FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

HORSES FOR SLAUGHTER ONLY.

APPROVED

FOIA11F301A000362

VS FORM 17-140a (MAR 2005) *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	215C21	7019	X								PE					X		
17		7020	X										SN	X				
18		7021						Sor			BL			X				
19		7022	X										SN			X		
20		7023	X										SN			X		
21		7024						Sor		X						X		
22		7025						Sor	X							X		
23		7026	X								PE			X				
24		7027	X								PE					X		
25		7028						Sor		X						X		
26		7029						TRI					PN	X				
27		7030						Sor					PN	X				
28		7031	X										SN		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.)

L. H. Bak

U.S. DEPARTMENT 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: 1200

DATE: 4-14-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6) (b)(6)

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct

CONSIGNOR (OWNER/SHIPPER) NAME: LeRoy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Les Viandes Dela Petite Nation Inc

STREET ADDRESS: 102 Buckeye P.O Box 452

STREET ADDRESS: 517 Rang Ste Juliest

CITY, STATE, ZIP CODE: Sugarcreek OH 44681

CITY, STATE, ZIP CODE: St André Avellin Qc J0V1W0

AREA CODE & TELEPHONE NO.: 330-852-2832

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	21522	7004					X			X				X				
2		7005	X							X				X				
3		7006	X							X				X				
4		7007					X						SN			X		
5		7008	X							X				X				
6		7009	X					[redacted]					SN			X		
7		7010						Sor			BL					X		
8		7011	X										SN			X		
9		7012						Sor					PN	X				
10		7013	X							X				X				
11		7014	X										SN	X				
12		7015	X						X					X				
13		7016	X						X							X		
14		7017					Sor	Liver [redacted]		X				X				
15		7018					Sor	[redacted]					SN	X				

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

SIGNATURE: L. H. Baker

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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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3IA000364

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: NATURAL MEATS

2. CERTIFICATE NO. FROM VS FORM 17-140: J 3336

3. PAGE NO.: 2 OF 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) ——— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USCU7022	108	MN	SN	NO	MARKS									
102 BUCKEYE ST.	USCU7023	84	MN	SN	NO	MARKS									
SUGARCREEK, OH 44681	USCU7024	144	MN	QH	STAR										
	USCU7025	168	MN	TH	STAR/ STRIP/ SNIP								LR/RR-SOCK BRAND ON L. HIP		
	USCU7026	156	F	PE	NO	MARKS									
	USCU7027	120	MN	PE	STAR										
	USCU7028	96	MN	QH	BLAZE										
	USCU7029	36	F	PN	BLAZE	BODY PAINTED BLACK/BROWN/WHITE									
	USCU7030	60	F	PN	BLAZE	BODY PAINTED SORREL/WHITE									
	USCU7031	96	M	SN	NO	MARKS									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THESE ANIMALS WERE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. DURING THE PREVIOUS 21 DAYS, THE ANIMALS HAVE NOT BEEN IN THE STATE OF FLORIDA.
5. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH AND IN OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA.
(FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

HORSES FOR SLAUGHTER ONLY.

FOIA11F3014000365

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 5 – ISSUING VETERINARIAN

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.

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO: J 3336

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 4-13-09

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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): NATURAL MEATS ADERES
517 RANG STE JULIE
ST ANDRE AVELLIN QC JOVLW

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USCU7004	60	F	QH	STAR										
102 BUCKEYE ST.	USCU7005	108	F	QH	STAR LR SOCK										
SUGARCREEK, OH 44681	USCU7006	72	F	QH	NO MARKS										
	USCU7007	60	MN	SN	STAR STRIP SNIP										
	USCU7008	120	F	QH	NO MARKS										
	USCU7009	72	MN	SN	NO MARKS										
	USCU7010	192	MN	BL	BLAZE										
	USCU7011	144	MN	SN	NO MARKS										
	USCU7012	60	F	PN	BALD/BODY PAINTED SORREL AND WHITE										
	USCU7013	36	F	QH	STAR/STRIP/SNIP LR/RR/RF-SOCKS										
	USCU7014	96	F	SN	NO MARKS										
	USCU7015	60	F	TH	LR-SOCK										
	USCU7016	60	MN	TH	STAR										
	USCU7017	144	F	QH	BLAZE/LRR-SOCK										
	USCU7018	120	F	SN	NO MARKS										
	USCU7019	168	MN	PE	NO MARKS										
	USCU7020	96	F	SN	NO MARKS										
	USCU7021	48	F	BL	BLAZE										

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: APR. 13, 2009

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

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

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

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

25. SIGNATURE OF ISSUING VETERINARIAN: DAUGHERTY, RICK L.

FOIA11F3[illegible]0366

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

PART 5 - ISSUING VETERINARIAN

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (*last name, first name, middle initial or business name*): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: J 3312

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED: ✔ ____ CERTIFIED BRUCELLOSIS FREE AREA

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

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

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU8286	180	F	SN	NO MARKS										
102 BUCKEYE ST.	USEU8287	60	N	SN	NO MARKS										
SUGARCREEK, OH 44681	USEU8288	120	N	QH	STAR LR, RR,-STOCKING										
	USEU8289	60	N	QH	NO MARKS										
	USEU8290	48	F	SN	STAR										
	USEU8291	84	F	QH	STAR										
	USEU8292	60	N	HAFLINGER	STAR										
	USEU8293	60	F	SN	NO MARKS										
	USEU8294	120	F	STAR											
	USEU8295	106	N	PAINT	STRIPE PAINTED CHESTNUT & WHITE										
	USEU8296	24	N	AS	NO MARKS										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THESE ANIMALS WERE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. DURING THE PREVIOUS 21 DAYS, THE ANIMALS HAVE NOT BEEN IN THE STATE OF FLORIDA.
5. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH AND IN OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY CONDITION THAT COULD BE ACCRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

HORSES FOR SLAUGHTER ONLY.

FOIA11F031000367

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 5 – ISSUING VETERINARIAN

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: J 3312

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5-22-09

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS, 912 SECOND AVE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

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

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

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code (FIPS code on reverse) & zip code
SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USEU8268	216	F	PE	STAR										
USEU8269	60	F	BL	BLAZE										
USEU8270	336	F	BL	BLAZE RR-STOCKNUG										
USEU8271	180	F	BL	BLAZE										
USEU8272	96	F	QH	BLAZE LR, RF-SOCK										
USEU8273	96	F	SN	NO MARKS										
USEU8274	120	F	SN	BLAZE LR, RR-STOCKING										
USEU8275	84	F	SN	NO MARKS										
USEU8276	84	F	QH	BLAZE LR, RR-SOCK										
USEU8277	300	F	SN	STAR										
USEU8278	120	N	QH	STAR, STRIPE, LF, RF, RR-SOCK										
USEU8279	24	N	SN	STARLR, RR-SOCK										
USEU8280	84	N	QH	STAR WHITE SPOT ON BACK										
USEU8281	84	F	SN	NO MARKS										
USEU8282	84	N	SN	NO MARKS										
USEU8283	60	F	BL	BLAZE										
USEU8284	84	F	SN	BLAZE										
USEU8285	120	F	PAINT	STAR, STRIPE PAINTED CHESTNUT & WHITE										

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: MAY 26, 2009

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): THOMPSON, TRAVIS J. 8620

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): 29

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F301A000368

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	USEU	8283						Sor			BL			X				
17	↑	8284	X										Sr	X				
18		8285					Chest wht						Paint	X				
19		8286	X										Sr	X				
20		8287	X										Sr			X		
21		8288					Sor			X						X		
22		8289	X							X						X		
23		8290			X								Sr	X				
24		8291						Red Roan Sor		X				X				
25		8292						Sor					Hat.			X		
26		8293	X										Sr	X				
27		8294	X										Sr	X				
28		8295						Chest wht					Paint			X		
29	↓	8296						Sor					AS			X		
30																		
31																		
32																		
33																		
34																		
35																		
36																		
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45																		

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

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

L. H. Baker

U.S. DEPARTMENT 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: 5-27-09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6) (b)(6)	NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT.
CONSIGNOR (OWNER/SHIPPER) NAME: Leroy N. Baker	CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports
STREET ADDRESS: 102 Buckeye ST. P.O.BX 752	STREET ADDRESS: 912 Second Ave. WEST OWENSOUND ONT
CITY, STATE, ZIP CODE: Sugarcreek OH 44681	CITY, STATE, ZIP CODE: 511 Bing ste. Julrest EST J0NLW0
AREA CODE & TELEPHONE NO.: 330-852-2832	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		
	USEZ1	8268			X				X				PE	X	X			
2		8269					X	Sor		X	BL			X				
3		8270	X					Sor			BL			X				
4		8271						Sor			BL			X				
5		8272	X				X			X				X		X		
6		8273	X										SN	X				
7		8274	X										SN	X		X		
8		8275	X										SN	X				
9		8276				X	X	Sor		X				X		X		
10		8277	X				X			X			SN	X		X		
11		8278	X					Sor		X				X		X		
12		8279	X						X				SN			X		
13		8280			X			Sor		X						X		
14		8281	X		X								SN	X				
15		8282	X				X						SN	X		X		

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

SIGNATURE: L. N. Baker

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.)

L. N. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. M.D.
DATE 29 may 2009
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

FOIA11F0120000370

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	USCU	7066	X										SW			X		
17		7067	X										SW			X		
18		7068					X						AS	X				
19		7069	X										SW	X				
20		7070	X										SW	X				
21		7071	X										SW			X		
22		7072						Sor		X				X				
23		7073	X										SW	X				
24		7074	X										SW			X		
25		7075	X										SW			X		
26		7076	X							X				X				
27	USEU	8685			X					X					X			
28																		
29																		
30																		
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40													SOS					
41													2009/10/15					
42																		
43													7:45					
44																		
45																		

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

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

L. H. Baker

U.S. DEPARTMENT 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 Midnight ~~[illegible]~~

DATE: 10-13-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

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

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Carel Canada Exports

STREET ADDRESS: 102 Buckeye St P.O.Bx

STREET ADDRESS: 918 Second Cre. West

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 517 Rang Ste' Juliet Jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

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	2USC2L	7051						Sor					AP		X			
2		7052						Sor		X					X			
3		7053						Sor			BL			X				
4		7054						Sor			BL			X				
5		7055			X						PE			X				
6		7056						Sor			BL			X				
7		7057						Buck			BL			X				
8		7058						Sor			BL			X				
9		7059						Sor			BL			X				
10		7060						Sor			BL					X		
11		7061						Sor			BL			X				
12		7062						Sor			BL			X				
13		7063	X										SN			X		
14		7064	X										SN	X				
15		7065	X										SN			X		

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. SOS

DATE 2009/10/15

TIME 7:45

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3IA000372

READ INSTRUCTIONS FROM VS FORM

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

SUGARCREEK LIVESTOCK AUCTION, INC.

CAVEL CANADA EXPORTS

D104036

2 OF 2

17 FARM ORIGIN	18 INDIVIDUAL IDENTIFICATION: IDENTIFICATION DESCRIPTION	AGE	SEX	BREED	✓	DATE	✓	DATE	VAC				DISEASE TYPE TEST DATE	DISEASE TYPE TEST DATE	DISEASE TYPE TEST DATE
SUGARCREEK LIVESTOCK AUCTION, INC	USEU8914	84	F	QH		BLAZE LR, RR-SOCK									
102 BUCKEYE ST.	USEU8915	36	F	SN		LR, RR-SOCK									
SUGARCREEK, OH 44681	USEU8916	92	F	SN		NO MARKS									
	USEU8917	168	F	SN		STAR									
	USEU8918	204	N	SN		NECK TATTOO NS680									
	USEU8919	180	F	PN		BLAZE SORREL PAINTED ON WHITE									
	USEU8920	168	F	QH		STAR, STRIP, SNIP LR-STOCKING RR-SOCK									
	USEU8921	84	N	SN		RR-PASTERN									
	USEU8922	240	F	SN		LR, RF, RR-SOCK									
	USEU8923	96	F	HAFLINGER		STAR, STRIP, SNIP LF, RF, RR-STOCKING									
	USEU8924	240	F	SN		STAR									
	USEU8925	60	N	SN		NO MARKS									
	USEU8926	180	F	SN		STAR LR-STOCKING									
	USEU8927	240	F	SN		STAR									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABL DISEASE.
2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY-ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

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 17-37).

SUGARCREEK LIVESTOCK AUCTION, INC.

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City & State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing address)	8. CONSIGNOR'S CITY (or Town)
9-25-09	PORT HURON, MICHIGAN	26	102 BUCKEYE ST.	SUGARCREEK

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	44681

9. SEMEN (Check if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS	16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing address)	DESTINATION COUNTRY	ENTER CODE
☐		1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2	CAVEL CANADA EXPORTS 912 SECOND AVENUE WEST OWEN SOUND, ON	CANADA	CA

15. SPECIES (Check 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

If more lines 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)

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	MODIFIED ACCREDITED AREA (TB) ✓ E	DATE F	✓ G	DATE H	VAC. I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
S. CARCREEK LIVESTOCK AUCTION, INC.	USEU8896	120	F	AB	STAR, STRIP, SNIP										
102 BUCKEYE ST.	USEU8897	108	F	SN	STAR										
SUGARCREEK, OH 44681	USEU8898	168	N	OH	STAR, STRIP			LR-SOCK							
	USEU8899	144	N	MULE	NO MARKS										
	USEU8900	240	N	SH	STAR	LR-STOCKING			RF, RR-SOCK						
	USEU8901	72	F	SN	STAR	LF, LR-SOCK			RF, RR-STOCKING						
	USEU8902	120	N	OH	STAR										
	USEU8903	192	N	SN	NECK TATTOO 17B06										
	USEU8904	240	N	SN	RR-SOCK										
	USEU8905	180	N	SN	NECK TATTOO 818										
	USEU8906	156	N	SN	STAR	LR, RR-SOCK									
	USEU8907	240	N	SN	STAR, SNIP	LR, RR-STOCKING									
	USEU8908	144	F	SN	STAR										
	USEU8909	216	N	SN	LR-STOCKING										
	USEU8910	48	N	SN	NO MARKS										
	USEU8911	156	F	OH	NO MARKS										
	USEU8912	72	N	SN	STAR										
	USEU8913	240	N	SN	LF, LR, RF, RR-SOCK				WHITE HAIRS ON HEAD						

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial - please print)	21. STATUS	22. TOTAL NO. ANIMALS (Certif for export or donated semen)
SEP. 25, 2009	SUMMERS, DENNIS M. 9130	☐ 1 State ☐ 2 Federal ☒ 3 Accredited	(Include No. from all attached VS Forms 17-140A) 32

23. Signature of endorsing federal veterinarian	24. NAME OF ENDORSING FEDERAL VET. (Type, print or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
	[illegible]	

VS FORM 17-140 (OCT 91) Previous editions may be used.

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	21SEZL	8911					X			X				X				
17	↑	8912	X										Sr			X		
18		8913	X										Sr			X		
19		8914	X							X				X				
20		8915	X										Sr	X				
21		8916	X										Sr	X				
22		8917	X										Sr	X				
23		8918	X										Sr			X		
24		8919						Sr					Sr	X				
25		8920						Sr		X				X				
26		8921	X										Sr			X		
27		8922	X										Sr	X				
28		8923						Ran					Sr	X				
29		8924	X										Sr	X				
30		8925	X										Sr			X		
31		8926	X										Sr	X				
32	↓	8927	X										Sr	X				
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AN Y 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 corre e best of my knowledge.)

Leroy H. Baker

FOIA11F0110375

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: 1230	DATE: 9-30-09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	(b)(6)
NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.	
CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER	CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORTS
STREET ADDRESS: 102 Buckeye St. P.O.Box 452	STREET ADDRESS: 912 Second Ave. West
CITY, STATE, ZIP CODE: SUGARCREEK OH 44681	CITY, STATE, ZIP CODE: OWEN SOUND ONTARIO 517 Bay Ste JULIEST J0V1W0
AREA CODE & TELEPHONE NO.: 330-852-2832	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	USEX	8896					X						AB	X				
2		8897	X										SN	X				
3		8898	X							X						X		
4		8899						DUN					Mule			X		
5		8900					X						SN			X		
6		8901	X										SN	X				
7		8902	X							X						X		
8		8903	X										SN			X		
9		8904	X										SN			X		
10		8905	X										SN			X		
11		8906	X										SN			X		
12		8907	X										SN			X		
13		8908	X										SN	X				
14		8909	X										SN			X		
15		8910	X										SN			X		

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

SIGNATURE: Leroy H Baker

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.)

Leroy H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE October 1st, 2009

TIME 7h50. cab

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3IA000376

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	8943			X								SN			X		
17	↑	8944	X										SN	X				
18		8945						SOR		X				X				
19		8946	X										SN			X		
20		8947					X		TH							X		
21		8948	X										SN			X		
22		8949	X										SN			X		
23		8950	X										SN			X		
24		8951	X										SN			X		
25		8952						SOR	TH					X				
26		8953					X			X						X		
27	↓	8954	X										SN			X		
28																		
29																		
30																		
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45																		

Vet in charge
SOS
2009/10/09 7:50

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.)

Leroy H. Baker

U.S. DEPARTMENT 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: 1200 Mid

DATE: 10-8-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OHIO

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

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct. Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: LeRoy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St. P.O.Box 452

STREET ADDRESS: 912 Second Ave. West

CITY, STATE, ZIP CODE: Sugarcreek OH 44681

CITY, STATE, ZIP CODE: Owen Sound Ontario 517 Bang Ste' Juliet Jovino

AREA CODE & TELEPHONE NO.: 330-852-2832

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	2USA	8928						SR			BL			X				right hind leg edema lameness
2		8929						SR			BL					X		
3		8930						SR			BL			X				
4		8931	X								PE			X				
5		8932						SR			BL			X				
6		8933			X						PE					X		Bandage with electrical tape NOT Acceptable
7		8934			X						PE					X		
8		8935	X								PE			X				
9		8936	X										SN	X				
10		8937	X										SN	X				
11		8938	X										SN			X		
12		8939						Sor	TH					X				
13		8940					X		TH					X				
14		8941	X										SN			X		3 Clayette
15		8942			X								SN			X		Jet in Chaise

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

SIGNATURE: LeRoy H. Baker

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.)

LeRoy H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. SOS

DATE 2009/10/09

TIME 7:50

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3IA000378

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: D103857

3. PAGE NO.: 2 OF 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USCU7069	108	F	SN		STAR									
102 BUCKEYE ST.	USCU7070	108	F	SN		NO MARKS									
SUGARCREEK, OH 44681	USCU7071	192	N	SN		NO MARKS									
	USCU7072	120	F	QH		STAR, SNIP									
	USCU7073	240	F	SN		NO MARKS									
	USCU7074	96	N	SN		STAR, SNIP LR, RF-SOCK NECK TATTOO18W65									
	USCU7075	180	N	SN		LR-SOCK									
	USCU7076	180	F	QH		STAR LR-SOCK									
	~~USCU~~														
	USEU8685	180	M	QH		STAR									

1. ~~THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.~~
2. ~~THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.~~
3. ~~THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.~~
4. ~~THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.~~
5. ~~DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.~~
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11E0170000379

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 3 – PORT VETERINARIAN

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: D103857

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 10-9-09

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*:
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

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

If more lines 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)*

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E. MODIFIED ACCREDITED AREA (TB)	DATE F	✓ G. CERTIFIED BRUCELLOSIS FREE AREA	DATE H	VAC. I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC	USCU7051	120	M	AP	STAR, STRIP, SNIP										
102 BUCKEYE ST.	USCU7052	60	M	OH	STAR, STRIP LR, RF, RR-STOCKING										
SUGARCREEK, OH 44681	USCU7053	108	F	BL	STAR, STRIP, SNIP LF, LR, RF, RR-STOCKING										
	USCU7054	120	F	BL	STAR, STRIP, SNIP LF, RF-STOCKING										
	USCU7055	60	F	PE	STAR										
	USCU7056	120	F	BL	STAR, STRIP										
	USCU7057	72	F	BL	STAR, STRIP, SNIP										
	USCU7058	120	F	BL	STAR, STRIP, SNIP										
	USCU7059	120	F	BL	STAR, STRIP, SNIP LF, RF, RR-SOCK										
	USCU7060	72	N	BL	STAR										
	USCU7061	84	F	BL	STAR, STRIP, SNIP LR, RR-STOCKING										
	USCU7062	60	F	BL	STAR, STRIP, SNIP										
	USCU7063	120	N	SN	LR-SOCK RR- STOCKING										
	USCU7064	108	F	SN	STAR										
	USCU7065	240	N	SN	STAR RR-SOCK										
	USCU7066	96	N	SN	SNIP										
	USCU7067	192	N	SN	STAR LR-SOCK										
	USCU7068	96	F	AS	STAR RR-PASTERN										

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: OCT. 13, 2009

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

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

22. TOTAL NO. ANIMALS *(Certified for export or donated semen)* *(Include No. from all attached VS Forms 17-140A)*: 26 27

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN: SUMMERS, DENNIS M. 9130

FOIA11F0100000380

PORT VETERINARIAN

VS FORM 17-140 (OCT 91) Previous editions may be used.

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	USCZ	7066	X										SW			X		
~~17~~		7067	X										SW			X		
18		7068					X						AS	X				
~~19~~		7069	X										SW	X				
20		7070	X										SW	X				
21		7071	X										SW			X		
~~22~~		7072						Sor		X				X				
23		7073	X										SW	X				
24		7074	X										SW			X		
25		7075	X										SW			X		
26		7076	X							X				X				
27	USEZ	8685			X					X					X			
28																		
29																		
30																		
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40													SOS					
41													2009/10/15					
42																		
43													7:45					
44																		
45																		

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

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

L. H. Baker

U.S. DEPARTMENT 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 Midnight ~~[illegible]~~

DATE: 10-13-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6) (b)(6)

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: LeRoy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Carel Canada Exports

STREET ADDRESS: 102 Buckeye St P.O.Bx

STREET ADDRESS: 912 Second Ave. West

CITY, STATE, ZIP CODE: Sugarcreek OH 44681

CITY, STATE, ZIP CODE: Owensound Ontario 517 Rang Ste' Juliet Jarlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

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	USCL	7051						Sor					AP		X			
2		7052						Sor		X					X			
3		7053						Sor			BL			X				
4		7054						Sor			BL			X				
5		7055			X						PE			X				
6		7056						Sor			BL			X				
7		7057						Buck			BL			X				
8		7058						Sor			BL			X				
9		7059						Sor			BL			X				
10		7060						Sor			BL					X		
11		7061						Sor			BL			X				
12		7062						Sor			BL			X				
13		7063	X										SN			X		
14		7064	X										SN	X				
15		7065	X										SN			X		

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.: SOS

DATE: 2009/10/15

TIME: 7:45

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.:

DATE:

TIME: FOIA11F3011A000382

U.S. DEPARTMENT 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 Midnight ~~Noon~~

DATE: 10-13-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SugarCreek OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6) (b)(6)

NAME OF AUCTION/MARKET: SugarCreek Livestock Auct Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St P.O Bx

STREET ADDRESS: 918 Second Ave. West

CITY, STATE, ZIP CODE: SugarCreek OH 44681

CITY, STATE, ZIP CODE: Owensound Ontario 517 Raag Ste' Juliet Joviwoo

AREA CODE & TELEPHONE NO.: 330-852-2832

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	2USC2L	7051						Sor					AP		X			
2		7052						Sor		X					X			
3		7053						Sor			BL			X				
4		7054						Sor			BL			X				
5		7055			X						PE			X				
6		7056						Sor			BL			X				
7		7057						Buck			BL			X				
8		7058						Sor			BL			X				
9		7059						Sor			BL			X				
10		7060						Sor			BL					X		
11		7061						Sor			BL			X				
12		7062						Sor			BL			X				
13		7063	X										SW			X		
14		7064	X										SW	X				
15		7065	X										SW			X		

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

SIGNATURE: L. H. Baker

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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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. SOS

DATE 2009/10/15

TIME 7-45

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0IP000383

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	21SC21	7066	X										SV			X		
17	↑	7067	X										SV			X		
18		7068					X						AS	X				
19		7069	X										SV	X				
20		7070	X										SV	X				
21		7071	X										SV			X		
22		7072						Sor		X				X				
23		7073	X										SV	X				
24		7074	X										SV			X		
25		7075	X										SV			X		
26	↓	7076	X							X				X				
27	21SE21	8685			X					X					X			
28																		
29																		
30																		
31																		
32																		
33																		
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36																		
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40													SOS					
41													2009/10/15					
42																		
43													7:45					
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45																		

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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.)

L. H. Baker

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 APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:PM

DATE: 10-15-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OHIO

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

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct. Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Carel Canada Exports

STREET ADDRESS: 102 Buckeye St P.O Bx 452

STREET ADDRESS: 912 Second Cove West Owensound Ontario

CITY, STATE, ZIP CODE: Sugarcreek OH 44681

CITY, STATE, ZIP CODE: 517 Rang Ste Julie est Jor 1w0

AREA CODE & TELEPHONE NO.: 330-852-2832

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	2USE2	8651						Sor					PN		X			
2	↑	8652						Sor					PN		X			
3		8653						Sor					PN			X		
4		8654						Sor					PN			X		
5		8655						Sor					AB	X				
6		8656						Sor					Hat.			X		
7		8657					X			X						X		
8		8658	X										SN	X				
9		8659	X							X						X		
10		8660	X										AP			X		
11		8661	X							X						X		
12		8662	X										AP			X		
13		8663	X									X		X				
14		8664	X										SN	X				
15	↓	8665						Sor		X						X		

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

SIGNATURE: L. H. Baker

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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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0110385

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

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

(Please type or print in Ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USDA	8666						Red Roan				X		X				
17	↑	8667						Roan				X		X				
18		8668					X						AS	X				
19		8669						Sor					PN	X				
20		8670						Sor		X				X				
21		8671						Sor					Mustang	X				
22		8672						Sor		X				X				
23		8673	X							X						X		
24		8674						Sor					AS	X				
25		8675						Roan Chest.				X				X		
26		8676						Sor					PN	X				
27		8677						Sor					PN	X				
28		8678						Sor					AB	X				
29		8679					X			X				X				
30		8680						Sor		X						X		
31		8681						Roan				X		X				
32		8682	X										AP			X		
33		8683	X										AP			X		
34	↓	8684	X									X		X				
35																		
36																		
37																		
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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.)

L. H. Bale

U.S. DEPARTMENT 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: 1:30 AM

DATE: 5-20-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OH.

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6) (b)(6)

NAME OF AUCTION/MARKET: S.L.A.

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

STREET ADDRESS: 102 BUCKEYE ST. P.O. BOX 452

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

AREA CODE & TELEPHONE NO.: 330-852-2032

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORTS

STREET ADDRESS: 912 SECOND AVE WEST OWENSOUND, ON

CITY, STATE, ZIP CODE: 517 RANG STE. LUCIE EST JONLWO

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	USEU	8239			X				X						X			
2		8240					X			X				X				
3		8241	X										SN	X				
4		8242						SOR white					PN	X				
5		8243					X						AB			X		
6		8244	X										TW	X				
7		8245	X										SN			X		
8		8246	X										SN	X				
9		8247				X	X									X		
10		8248					X			X						X		
11		8249	X							X				X				
12		8250	X						X							X		
13		8251			X								PE			X		
14		8252			X								TW	X				
15		8253					X						MUST	X				

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

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	USEU	8254	X						X							X		
17		8255	X										PE	X				
18		8256	X						X					X				
19		8257						ROAN					BL			X		
20		8258	X						X							X		
21		8259					X			X				X				
22		8260	X										SN			X		
23		8261					X						HAF			X		
24		8262					X						SN			X		
25		8263			X								TW	X				
26		8264					X			X				X				
27		8265			X				X					X				
28		8266	X							X				X				
29		8267	X										SN	X				
30																		
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.)

L. H. Baba

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1200
DATE: 10-5-09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)
NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker
CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St. P.O Bx 452
STREET ADDRESS: 912 Second Ave. West

CITY, STATE, ZIP CODE: Sugarcreek OH 44681
CITY, STATE, ZIP CODE: Owen Sound, ONTARIO 517 Bay Ste Julest J0V1W0

AREA CODE & TELEPHONE NO.: 330-852-2832
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	USEU	8955	X									X		X				
2		8956					X			X				X				
3		8957	X										SN			X		
4		8958						Roan					AP	X				
5		8959	X									X		X				
6		8960	X							X						X		
7		8961	X										SN			X		
8		8962	X							X				X				
9		8963						Sor					AB	X				
10		8964	X							X				X				
11		8965					X						AS	X				
12		8966	X							X						X		
13		8967	X										SN			X		
14		8968	X										SN	X				
15		8969						Sor				X		X				

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

SIGNATURE: Leroy H. Baker

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.)

Leroy H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505
DATE October 6th, 2009
TIME 7h45 am p.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

FOIA11F3IA000389

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	21SEU	8970	X							X						X		
17	↑	8971					X			X				X				
18		8972			X					X				X				
19		8973	X										SN			X		
20		8974	X									X		X				
21		8975	X									X		X				
22		8976	X									X		X				
23		8977					X			X						X		
24		8978	X										SN			X		
25		8979	X										SN			X		
26		8980	X							X						X		
27		8981	X							X				X				
28		8982					X			X				X				
29		8983	X										SN			X		
30		8984			X					X						X		
31		8985					X						PN		X			
32		8986	X							X				X				
33		8987	X										SN	X				
34	↓	8988						dbN		X				X				
35																		
36																		
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45																		

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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.)

Leroy H. Baker

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 APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1130 Am

DATE: 9-28-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORTS

STREET ADDRESS: 102 BUCKEYE ST P.O BX 452

STREET ADDRESS: 912 SECOND AVENUE

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND, ONTARIO 517 Bang Ste jo/RST jo/1x0

AREA CODE & TELEPHONE NO.: 330-852-2832

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	2USEX	8867	X										SN	X				
2	↑	8868	X										SN	X				
3		8869					X						SN	X				
4		8870	X										SN	X				
5		8871						Sor			BL					X		
6		8872						Sor			BL			X				
7		8873						Sor			BL			X				
8		8874						Sor			BL					X		
9		8875			X						PE			X				
10		8876						Sor			BL					X		
11		8877			X						PE					X		
12		8878						Sor			BL					X		
13		8879						Sor			BL					X		
14		8880						Sor			BL			X				
15	↓	8881						Sor			BL			X				

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

SIGNATURE: Leroy H. Baker

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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.)

Leroy H. Baker

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	2USEU	8882						Dun		X						X		
17	↑	8883						Sor					AB			X		
18		8884	X										SV	X				
19		8885	X						TH							X		
20		8886	X										SV			X		
21		8887	X										SV			X		
22		8888	X										SV	X				
23		8889	X										SV	X				
24		8890	X										SV	X				
25		8891						Sor					Hef.			X		
26		8892	X										SV	X				
27		8893	X										SV	X				
28		8894			X								SV	X				
29	↓	8895			X								SV			X		
30																		
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.)

Leroy H. Baker

U.S. DEPARTMENT 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: 100 pm

DATE: 9-21-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OHIO

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

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St P.O Bx 452

STREET ADDRESS: 912 Second Ave West Owen Sound Ontario

CITY, STATE, ZIP CODE: Sugarcreek OHIO

CITY, STATE, ZIP CODE: 517 Bay Ste Julliet Jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

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	USDA	8835					Liver			X				X				
2	↑	8836	X							X						X		
3		8837					X		TH							X		
4		8838						Sr			BL			X				
5		8839			X								SN	X				
6		8840						Blk Br Wht					PN	X				
7		8841	X										SN			X		
8		8842						Sr		X				X				
9		8843					X			X				X				
10		8844	X										SN	X				
11		8845						Sr					AP			X		
12		8846			X								SN	X				
13		8847	X							X						X		
14		8848	X										SN			X		
15	↓	8849	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: Leroy H. Baker

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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.)

Leroy H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3IA000393

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	MSE21	8850	X										SN			X		
17	↑	8851					X			X						X		
18		8852					X			X						X		
19		8853						PAL		X						X		
20		8854						ROAN					AP			X		
21		8855	X										SN			X		
22		8856			X								SN			X		
23		8857	X						TH					X				
24		8858						Sor					AS			X		
25		8859						BK Wht					PN	X				
26		8860	X										SN			X		
27		8861					X						SN	X				
28		8862	X										SN			X		
29		8863	X										SN	X				
30		8864					X			X				X				
31		8865						Sor					SN			X		
32	↓	8866						ROAN					AP			X		
33																		
34																		
35																		
36																		
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39																		
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45																		

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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.)

Leroy H. Baker

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: D103872

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 10-16-09

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*:
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA, U.S.

ENTER CODE: CA

15. SPECIES *(Check 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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

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

Owner's name, street address, city/town, state code & zip code	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
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7029	108	M	SN		NO MARKS									
102 BUCKEYE ST.	USEU7030	300	F	BL		STAR, STRIP, SNIP									
SUGARCREEK, OH 44681	USEU7031	84	N	BL		STAR, STRIP, SNIP									
	USEU7032	120	N	BL		BLAZE									
	USEU7033	240	N	BL		STAR, STRIP, SNIP SORREL PAINTED ON WHITE									
	USEU7034	192	N	BL		STAR, STRIP, SNIP									
	USEU7035	132	F	BL		STAR, STRIP, SNIP									
	USEU7036	120	F	SN		NO MARKS									
	USEU7037	192	N	OH		STAR, STRIP, SNIP									
	USEU7038	72	N	SN		LR-STOCKING									
	USEU7039	72	N	SN		STAR LR, RR-SOCK									
	USEU7040	72	N	OH		STAR RF-SOCK									
	USEU7041	36	F	SN		STAR									
	USEU7042	84	N	OH		STAR, SNIP RF, RRR-SOCK									
	USEU7043	168	F	SN		LR, RF, RR-SOCK									
	USEU7044	48	N	OH		STAR									
	USEU7045	72	F	PONY		STAR									
	USEU7046	120	F	OH		NO MARKS									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

APPROVED

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: OCT. 19, 2009

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*: SUMMERS, DENNIS M. 9130

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

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

23. Signature of endorsing federal veterinarian:

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

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F01000395

VS FORM 17-140 (OCT 91) Previous editions may be used.

ISSUING VETERINARIAN

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: D1030721

3. PAGE NO. 2 OF 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

CERTIFIED BRUCELLOSIS FREE AREA

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

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USEU7047	36	F	QH		STAR, STRIP LR, RR-STOCKING									
USEU7048	108	N	SN		STAR NECK TATTOO Y4426									
USEU7049	48	F	TW		NO MARKS									
USEU7050	180	N	QH		STAR LR-SOCK									
USEU7051	96	F	AP		LF, RF-SOCK									
USEU7052	84	N	PONY		STAR									
USEU7053	24	F	QH		STAR, STRIP LR-STOCKING RF-SOCK									
USEU7054	36	N	SN		STAR									
USEU7055	48	F	SN		STAR LR, RR-SOCK									
USEU7056	120	F	QH		STAR									
USEU7057	120	F	QH		STAR, STRIP LR, RR-SOCK									
USEU7058	60	N	AB		STAR, STRIP, SNIP LF, LR-SOCK RF-PASTERN									

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY-ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

APPROVED

FOIA11F01A000396

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 5 ISSUING VETERINARIAN

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

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: D103857

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 10-9-09

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN *(Check if yes)*: ✓

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*:
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

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

If more lines 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)*

17. FARM ORIGIN	A ID NO. OR DESCRIPTION	B AGE	C SEX	D BREED	E ✓ MODIFIED ACCREDITED AREA (TB)	F DATE	G ✓ CERTIFIED BRUCELLOSIS FREE AREA	H DATE	I VAC.	J 1/25	K 1/50	L 1/100	M DATE (DISEASE / TYPE TEST)	N DATE (DISEASE / TYPE TEST)	O DATE (DISEASE / TYPE TEST)
SUGARCREEK LIVESTOCK AUCTION, INC	USCU7051	120	M	AP	STAR, STRIP, SNIP										
102 BUCKEYE ST.	USCU7052	60	M	QH	STAR, STRIP LR, RF, RR-STOCKING										
SUGARCREEK, OH 44681	USCU7053	108	F	BL	STAR, STRIP, SNIP LF, LR, RF, RR-STOCKING										
	USCU7054	120	F	BL	STAR, STRIP, SNIP LF, RF-STOCKING										
	USCU7055	60	F	PE	STAR										
	USCU7056	120	F	BL	STAR, STRIP										
	USCU7057	72	F	BL	STAR, STRIP, SNIP										
	USCU7058	120	F	BL	STAR, STRIP, SNIP										
	USCU7059	120	F	BL	STAR, STRIP, SNIP LF, RF, RR-SOCK										
	USCU7060	72	N	BL	STAR										
	USCU7061	84	F	BL	STAR, STRIP, SNIP LR, RR-STOCKING										
	USCU7062	60	F	BL	STAR, STRIP, SNIP										
	USCU7063	120	N	SN	LR-SOCK RF- STOCKING										
	USCU7064	108	F	SN	STAR										
	USCU7065	240	N	SN	STAR RR-SOCK										
	USCU7066	96	N	SN	SNIP										
	USCU7067	192	N	SN	STAR LR-SOCK										
	USCU7068	96	F	AS	STAR RR-PASTERN										

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: OCT. 13, 2009

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*: [signature]

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

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

23. Signature of endorsing federal veterinarian: [signature]

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

25. SIGNATURE OF ISSUING VETERINARIAN: SUMMERS, DENNIS M. 9130

FOIA11FS011000397 26 27

VS FORM 17-140 Previous editions may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: D103857

3. PAGE NO.: 2 OF 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.														
102 BUCKEYE ST.														
SUGARCREEK, OH 44681														
USCU7069	108	F	SN		STAR									
USCU7070	108	F	SN		NO MARKS									
USCU7071	192	N	SN		NO MARKS									
USCU7072	120	F	QH		STAR, SNIP									
USCU7073	240	F	SN		NO MARKS									
USCU7074	96	N	SN		STAR, SNIP LR, RF-SOCK NECK TATTOO18W65									
USCU7075	180	N	SN		LR-SOCK									
USCU7076	180	F	QH		STAR LR-SOCK									
~~USCU~~														
USEU8685	180	M	QH		STAR									

1. ~~THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.~~
2. ~~THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.~~
3. ~~THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.~~
4. ~~THE ANIMALS, AT THE TIME OF THE~~ INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. ~~DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.~~
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

FOIA11F3IA000398

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: B103869

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 10-9-09

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*: CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC. I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU8651	48	M	PN	WHORL SORREL PAINTED ON WHITE									
102 BUCKEYE ST.	USEU8652	48	M	PN	WHORL SORREL PAINTED ON WHITE									
SUGARCREEK, OH 44681	USEU8653	240	N	PN	STAR, SNIP, STRIP SORREL PAINTED ON WHITE									
	USEU8654	72	N	PN	WHORL SORREL PAINTED ON WHITE									
	USEU8655	180	F	AB	STAR									
	USEU8656	72	N	HAFLINGER	STAR, STRIP									
	USEU8657	180	N	QH	STRIP, SNIP LR-STOCKING RR-SOCK									
	USEU8658	180	F	SN	STAR									
	USEU8659	96	N	QH	NO MARKS									
	USEU8660	72	N	AP	NO MARKS									
	USEU8661	120	N	QH	NO MARKS									
	USEU8662	96	N	AP	STAR LR, RR-SOCK									
	USEU8663	36	F	PONY	STAR LR-SOCK									
	USEU8664	144	F	SN	NO MARKS									
	USEU8665	144	N	QH	STAR, SNIP LF, LR, RF, RR-STOCKING									
	USEU8666	120	F	PONY	STRIP, SNIP RR-SOCK									
	USEU8667	60	F	PONY	STAR RF, RR-SOCK									
	USEU8668	48	F	AS	STAR, STRIP									

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: OCT. 13, 2009

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*: SUMMERS, DENNIS M. 9130

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

22. TOTAL NO. ANIMALS *(Certified for export or donated semen)* *(Include No. from all attached VS Forms 17-140A)*: 34

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11-F01A000399

VS FORM 17-140 (OCT 91) Previous editions may be used.

ISSUING VETERINARIAN

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: D103869

3. PAGE NO.: 2 OF 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU8669	48	F	PN		BLAZE	LF-SOCK	SORREL PAINTED ON WHITE							
102 BUCKEYE ST.	USEU8670	72	F	QH		STAR, STRIP, SNIP	LR, RR-SOCK								
SUGARCREEK, OH 44681	USEU8671	120	F	MUSTANG		STAR, STRIP, SNIP	LR-STOCKING MUSTANG BRAND								
	USEU8672	72	F	QH		STAR, SNIP									
	USEU8673	120	N	QH		STAR									
	USEU8674	120	F	AS		STAR, STRIP	LF-SOCK								
	USEU8675	36	N	PONY		STAR									
	USEU8676	72	F	PN		WHORL	SORREL PAINTED ON WHITE								
	USEU8677	144	F	PN		WHORL	SORREL PAINTED ON WHITE								
	USEU8678	84	F	AB		STAR, STRIP, SNIP	RF, RR-STOCKING								
	USEU8679	96	F	QH		STAR									
	USEU8680	192	N	QH		STAR, STRIP, SNIP									
	USEU8681	120	F	PONY		NO MARKS									
	USEU8682	120	N	AP		NO MARKS									
	USEU8683	120	N	AP		STAR	LF, LR, RF, RR-STOCKING								
	USEU8684	72	F	PONY		STAR, STRIP									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11-301000200

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 5 – ISSUING VETERINARIAN

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (*last name, first name, middle initial or business name*): SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: J 3308

3. PAGE NO.: 2 OF 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU8257	120	N	BL	BALD									
102 BUCKEYE ST.	USEU8258	60	N	TH	TATTOO 35255									
SUGARCREEK, OH 44681	USEU8259	84	F	QH	STRIP SNIP RR-SOCK									
	USEU8260	96	N	SN	NO MARKS									
	USEU8261	60	N	HAF	LINGER BLAZE									
	USEU8262	60	N	SN	SNIP									
	USEU8263	84	F	TW	NO MARKS									
	USEU8264	168	F	QH	STAR LR,RR + SOCK									
	USEU8265	120	F	TH	NO MARKS									
	USEU8266	120	F	QH	STRIP SNIP									
	USEU8267	96	F	SN	NO MARKS									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THESE ANIMALS WERE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMALS HAVE RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. DURING THE PREVIOUS 21 DAYS, THE ANIMALS HAVE NOT BEEN IN THE STATE OF FLORIDA.
5. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH AND IN OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA.
(FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

HORSES FOR SLAUGHTER ONLY.

FOIA11F0170000301

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 5 ISSUING VETERINARIAN

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)

FORM APPROVED - OMB NO. 0579-0020

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: J 3308

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5-19-09

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS, 912 SECOND AVE. WEST, OWEN SOUND, ON

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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

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

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU8239	48	M	TH	STAR										
102 BUCKEYE ST.	USEU8240	84	F	QH	STAR SNIP LR-STOCKING										
SUGARCREEK, OH 44681	USEU8241	96	F	SN	NO MARKS										
	USEU8242	84	F	PN	BLAZE PAINTED SORREL AND WHITE										
	USEU8243	48	N	AB	STAR										
	USEU8244	144	F	TW	STAR										
	USEU8245	120	N	SN	STRIP RR-SOCK										
	USEU8246	264	F	SN	STAR										
	USEU8247	96	N	PN	BLAZE										
	USEU8248	60	N	QH	STAR SNIP LR, RR-STOCKING										
	USEU8249	96	F	QH	STRIP SNIP LR, RR-SOCK										
	USEU8250	120	N	TH	STAR TATOO RS563										
	USEU8251	180	N	PE	LF, LR, RR-SOCK										
	USEU8252	120	F	TW	RR-SOCK										
	USEU8253	120	F	MUST.	STRIP SNIP MUSTANG BRAND										
	USEU8254	144	N	TH	LR, RR-SOCK										
	USEU8255	144	F	PE	LR-SOCK										
	USEU8256	36	F	TH	LF, LR, RF, RR-SOCK										

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: MAY 19, 2009

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

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): 29

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HOUGH, DVM, VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F0110000202

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

PART 5 - ISSUING VETERINARIAN

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: D103858

3. PAGE NO: 2 of 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

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

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE ST.~~
~~SUGARCREEK, OH 44681~~

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USEU8973	168	N	SN		NO MARKS									
USEU8974	180	F	PONY		STAR		LF-SOCK		LR-STOCKING					
USEU8975	72	F	PONY		NO MARKS									
USEU8976	108	F	PONY		NO MARKS									
USEU8977	36	N	QH		NO MARKS									
USEU8978	96	N	SN		NO MARKS									
USEU8979	216	N	SN		NO MARKS									
USEU8980	72	N	QH		NO MARKS									
USEU8981	180	F	QH		STAR		LR-SOCK							
USEU8982	120	F	QH		STAR, STRIP		LR-PASTERN							
USEU8983	192	N	SN		STAR, STRIP, SNIP		LR, RF, RR-STOCKING							
USEU8984	156	N	QH		STAR									
USEU8985	96	M	PN		STAR, STRIP, SNIP		CHESTNUT PAINTED ON WHITE							
USEU8986	84	F	QH		NO MARKS									
USEU8987	36	F	SN		STAR		LR, RR-sock							
USEU8988	120	F	QH		STRIP, SNIP		LR-STOCKING							

1. ~~THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE~~ DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11FOIA000203

FORM 17-140a (2005) *Previous edition may be used.*

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 17-37).

FORM APPROVED - OMB NO. 0579-0020

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: D103858

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 10-2-09

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*: CAVEL CANADA EXPORTS, 912 SECOND AVENUE, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

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

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC. I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU8955	300	F	PONY	STAR, STRIP LR, RR-STOCKING										
102 BUCKEYE ST.	USEU8956	60	F	QH	LR-SOCK										
SUGARCREEK, OH 44681	USEU8957	216	N	SN	STAR										
	USEU8958	120	F	AP	BLAZE LF, LR, RF-SOCK										
	USEU8959	48	F	PONY	STAR, STRIP, SNIP LF, LR, RF, RR-SOCK										
	USEU8960	72	N	QH	NO MARKS										
	USEU8961	120	N	SN	NO MARKS										
	USEU8962	84	F	QH	STAR, STRIP										
	USEU8963	144	F	AB	STAR LF, LR, RF, RR-STOCKING										
	USEU8964	48	F	QH	STAR										
	USEU8965	96	F	AS	STAR LR-SOCK										
	USEU8966	156	N	QH	NO MARKS										
	USEU8967	72	N	SN	NO MARKS										
	USEU8968	192	F	SN	NO MARKS										
	USEU8969	180	F	PONY	STAR, STRIP, SNIP										
	USEU ~~USEU~~8970	120	N	QH	STAR, STRIP, SNIP										
	USEU8971	48	F	QH	LR-STOCKING										
	USEU8972	36	F	QH	STAR, STRIP, SNIP LR-SOCK										

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: OCT. 05, 2009

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

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

22. TOTAL NO. ANIMALS *(Certified for export or donated semen)* *(Include No. from all attached VS Forms 17-140A)*: 34

23. Signature of endorsing federal veterinarian:

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

25. SIGNATURE OF ISSUING VETERINARIAN: SUMMERS, DENNIS M. 9130 FO1A11F01A000204

VS FORM 17-140 (OCT 91) Previous editions may be used.

OCT-05-2009 20:23 CFIA SARNIA P.01/01

Canadian Food Inspection Agency / Agence canadienne d'inspection des aliments

File Number / Numéro de dossier
ICf# 414354

HEALTH OF ANIMALS ACT

LA LOI SUR LA SANTÉ DES ANIMAUX

NOTICE

AVIS

REQUIREMENT TO QUARANTINE AND/OR LICENSE TO TRANSPORT ANIMALS OR THINGS

OBLIGATION DE METTRE EN QUARANTAINE ET/OU PERMIS DE TRANSPORTER DES ANIMAUX OU DES CHOSES

To: / A:
Drivers Name: (b)(6)

Transport Company: Sugarcreek Transport, Sugarcreek, OH

License#:14 42781 ME

Location of Animal(s)/Thing(s) - Endroit où se trouvent l'(les) animal(aux) ou la(les) chose(s)
Animal Inspection Station,
Canadian Food Inspection Agency,
410 Marina Road,
Point Edward, ON
N7T 6B8
(519) 332-3031

The requirement must be met in the following manner during the period commencing on the date of this notice

The animals/things described below are licensed to be transported directly to registered establishment no. 505 for immediate slaughter:

L'obligation imposée doit être remplie de la façon suivante à compter de la date du présent avis

Les choses ou les animaux visés ci-dessous sont autorisés par ce permis à être transportés directement à l'établissement agréé, numéro _____ pour abattage immédiat.

Name and Address of Establishment
LES VIANDES E LA PETITE-NATION INC
917 Rang Ste-Julie Est
St André-Avellin, Quebec J0V 1W0

Nom et adresse de l'établissement

CFIA Seal # 0170158 - 0170159

Inspected 2000h

Checked backtags 8957, 8958, 8964, 8971, 8975, 8976, 8977, 8978, 8979, 8980, 8983

2009-10-05
Date

Signature

Dr Meldrym Hebda
Name of Inspector / Nom de l'inspecteur

(519) 332-3031
Téléphone / Téléphone

QUARANTINE NOT REQUIRED
QUARANTAINE NON REQUISE

Date

Signature

Name of Inspector / Nom de l'inspecteur

Téléphone / Téléphone

	Identification Number / Numéro d'identification	Age / Âge	Sex / Sexe	Description of Animal(s) or Thing(s) / Description de l'(des) animal(aux) ou de la(des) chose(s)
1				34 Horses for immediate slaughter
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

The information on this document is collected by the Canadian Food Inspection Agency under the authority of the Health of Animals Act for the purpose of protecting human and animal health. Information may be accessible or protected as required under the provisions of the *Access to Information Act*.

Les renseignements figurant dans le présent document sont recueillis par l'Agence canadienne d'inspection des aliments en vertu de la loi sur la santé des animaux afin de protéger la santé des personnes et des animaux. Les renseignements peuvent être accessibles ou protégés selon ce que prescrit la *Loi sur l'accès à l'information*.

CFIA / ACIA 0208 (2002/10)

Canada

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: D104028

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 8-15-09

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*: CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

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

If more lines 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)*

Owner's name	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
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU8077	180	F	BL		BLAZE LR, RR STOCKING									
102 BUCKEYE ST.	USEU8078	156	F	BL		BLAZE									
SUGARCREEK, OH 44681	USEU8079	156	N	BL		BLAZE									
	USEU8080	48	N	BL		BLAZE LF, LR, RF, RR STOCKING									
	USEU8081	192	M	BL		BLAZE LR, RR STOCKING									
	USEU8082	120	M	QH		STAR									
	USEU8083	192	F	HAFLINGER		BLAZE									
	USEU8084	144	F	HAFLINGER		BLAZE									
	USEU8085	156	F	QH		STAR									
	USEU8086	48	N	HAFLINGER		STAR/STRIP									
	USEU8087	144	F	PONY		STAR									
	USEU8088	72	F	HAFLINGER		BLAZE									
	USEU8089	48	N	PN		BLAZE									
	USEU8090	36	F	HAFLINGER		BLAZE LF STOCKING									
	USEU8091	108	F	PN		BLAZE									
	USEU8093	228	F	SN		NO MARKS									
	USEU8094	84	N	QH		STAR/STRIP/SNIP LR, RF, RR SOCK									
	USEU8095	156	N	QH		STAR									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: AUG. 17, 2009

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*: REDDICK, MELISSA

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

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

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

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F-01A00206

VS FORM 17-140 (OCT 91) Previous editions may be used.

ISSUING VETERINARIAN

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: D104028

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USEU8096	108	F	PN	BLAZE		BODY PAINTED BLACK & WHITE								
USEU8097	48	F	SN	STAR/STRIPE		RR ANKLE								
USEU8098	48	F	QH	NO MARKS										
USEU8099	108	N	QH	STAR/STRIPE/SNIP		BRAND ON LEFT HIP								
USEU8100	84	N	SN	NO MARKS		LR, RR SOCK								
USEU8538	96	N	SN	STAR										
USEU8539	108	F	SN	STAR										
USEU8540	108	N	SN	NO MARKS										
USEU8541	156	N	SN	NO MARKS										
USEU8542	156	N	SN	STAR/STRIP		LR, RR CORNET								

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY-ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

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

BK #505

FOIA11F01A00207

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 5 – ISSUING VETERINARIAN

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: D104033

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 9-25-09

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*: CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

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

If more lines 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
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU8867	120	F	SN	STAR LR-SOCK									
102 BUCKEYE ST.	USEU8868	120	F	SN	STAR LR-STOCKING NECK TATTOO							WD539		
SUGARCREEK, OH 44681	USEU8869	60	F	SN	NECK TATTOO 20411197									
	USEU8870	120	F	SN	NO MARKS									
	USEU8871	96	N	BL	STAR, STRIP, SNIP									
	USEU8872	84	F	BL	STAR, STRIP, SNIP									
	USEU8873	240	F	BL	STAR, STRIP, SNIP			LR,	LR,	RF-STOCKING				
	USEU8874	84	N	BL	STAR									
	USEU8875	96	F	PE	STAR									
	USEU8876	180	N	BL	STAR, STRIP, SNIP									
	USEU8877	48	N	PE	STAR									
	USEU8878	144	N	BL	STAR, STRIP, SNIP									
	USEU8879	72	N	BL	STAR, STRIP, SNIP									
	USEU8880	48	F	BL	STAR, STRIP, SNIP			LR-STOCKING				RR-SOCK		
	USEU8881	144	F	BL	STAR, STRIP, SNIP			RR-STOCKING						
	USEU8882	144	N	QH	STAR LF, LR, RR-SOCK									
	USEU8883	72	N	AB	STAR, STRIP, SNIP			LR,	RR-STOCKING					
	USEU8884	180	F	SN	LR, RR- SOCK NECK TATTOO A627									

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: SEP. 28, 2009

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*: SUMMERS, DENNIS M. 9130

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

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

23. Signature of endorsing federal veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA 11-0000208

VS FORM 17-140 (OCT 91) Previous editions may be used.

ISSUING VETERINARIAN

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (*last name, first name, middle initial or business name*): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: D104033

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USEU8885	300	N	TH	STAR, STRIP										
USEU8886	240	N	SN	NO MARKS										
USEU8887	168	N	SN	STAR										
USEU8888	240	F	SN	NO MARKS										
USEU8889	156	F	SN	LR, RR-STOCKING										
USEU8890	84	F	SN	STAR RR-PASTERN										
USEU8891	60	N	HARLINGER	STAR, STRIP, SNIP										
USEU8892	144	F	SN	NO MARKS										
USEU8893	192	F	SN	STAR LR-PASTERN RR-STOCKING								NECK TATTOO TA624		
USEU8894	240	F	SN	STAR										
USEU8895	180	N	SN	NO MARKS										
~~USEU8896~~														

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY-ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 5 – ISSUING VETERINARIAN

The certificate is authorized by law (21 USC 112). While you are not required to respond, the

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: D104030

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 09-18-09

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*:
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

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

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

MODIFIED ACCREDITED AREA (TB) ☐ CERTIFIED BRUCELLOSIS FREE AREA ☐

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

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

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC. I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU8835	96	F	OH	STAR, STRIP										
102 BUCKEYE ST.	USEU8836	144	N	OH	STAR, STRIP, SNIP				RR-STOCKING						
SUGARCREEK, OH 44681	USEU8837	180	N	TH	NO MARKS										
	USEU8838	156	F	BL	STAR, STRIP, SNIP										
	USEU8839	96	F	SN	NO MARKS										
	USEU8840	240	F	PN	STAR BODY PAINTED BLACK, BROWN, WHITE										
	USEU8841	60	N	SN	STAR LR-SOCK										
	USEU8842	60	F	OH	STAR										
	USEU8843	72	F	OH	NO MARKS										
	USEU8844	180	F	SN	NO MARKS										
	USEU8845	84	N	AP	STAR										
	USEU8846	168	F	SN	NO MARKS										
	USEU8847	60	N	OH	STAR RF-STOCKING										
	USEU8848	48	N	SN	STAR, STRIP, SNIP				LF, LR, RR-STOCKING						
	USEU8849	96	N	OH	STAR										
	USEU8850	96	N	SN	RR-CORONET										
	USEU8851	36	N	OH	STAR LR, RR-STOCKING										
	USEU8852	96	N	OH	STAR LR, RR-SOCK										

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: SEP. 21, 2009

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*: SUMMERS, DENNIS M. 9130

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

22. TOTAL NO. ANIMALS *(Certified for export or donated semen)* *(Include No. from all attached VS Forms 17-140A)*: 32

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET. *(Type, print or stamp)*: NANCY L HANNAWAY

25. SIGNATURE OF ISSUING VETERINARIAN: 9130

FOIA11F0170000210

VS FORM 17-140 (OCT 91) Previous editions may be used.

ISSUING VETERINARIAN

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: D104030

3. PAGE NO.: 2 OF 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED: ☐ MODIFIED ACCREDITED AREA (TB) ☐ CERTIFIED BRUCELLOSIS FREE AREA

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

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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USEU8853	72	N	QH	STAR, STRIP, SNIP					LF, LR, RF-STOCKING				RR-SOCK	
USEU8854	120	N	AP	STAR, STRIP, SNIP					LF, LR, RF, RR-STOCKING					
USEU8855	72	N	SN	STAR, SNIP			LF, RR-STOCKING				LR-SOCK			
USEU8856	60	N	SN	STAR, SNIP			LR, STOCKING							
USEU8857	168	F	TH	NO MARKS										
USEU8858	108	N	AS	STAR, STRIP, SNIP					LF, RF-STOCKING					
USEU8859	180	F	PN	STAR, STRIP, SNIP					BODY PAINTED BROWN, BLACK, WHITE					
USEU8860	180	N	SN	NO MARKS										
USEU8861	48	F	SN	STAR			LR-STOCKING		RR-SOCK					
USEU8862	108	N	SN	STAR, STRIP										
USEU8863	48	F	SN	NO MARKS										
USEU8864	144	F	QH	NO MARKS										
USEU8865	48	N	SN	STAR, STRIP, SNIP					RR-STOCKING					
USEU8866	96	N	AP	STAR										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY-ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRY TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11FSIA000211

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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: 1130 AM

DATE: 10-19-07

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OHIO

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

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St P.O Bx 452

STREET ADDRESS: 912 Second Ave. West

CITY, STATE, ZIP CODE: Sugarcreek OH 44681

CITY, STATE, ZIP CODE: 517 Kang Ste Jilrest Jorlwo Owensound Ontario

AREA CODE & TELEPHONE NO.: 330-852-2832

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	USEU	7029	X										SN		X			
2	↑	7030						Sor			BL			X				
3		7031						Sor			BL					X		
4		7032						Sor			BL					X		
5		7033						Sor			BL					X		
6		7034						Sor			BL					X		
7		7035						Sor			BL			X				
8		7036	X										SN	X				
9		7037						Sor		X						X		
10		7038	X										SN			X		
11		7039	X										SN			X		
12		7040			X					X						X		
13		7041	X										SN	X				
14		7042					X			X						X		
15	↓	7043	X										SN	X				

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

SIGNATURE: L.N. Baker

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.)

L.N. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3IA000212

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	21SEU	7044	X							X						X		
17	↑	7045						Roan				X		X				
18		7046	X							X				X				
19		7047					X			X				X				
20		7048	X										SV			X		
21		7049			X								TW	X				
22		7050			X					X						X		
23		7051		X									AP	X				
24		7052	X									X				X		
25		7053						Sor		X				X				
26		7054	X										SV			X		
27		7055	X										SV	X				
28		7056						Sor		X				X				
29		7057					X			X				X				
30	↓	7058					X						AB			X		
31																		
32																		
33																		
34																		
35																		
36																		
37																		
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39																		
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41																		
42																		
43																		
44																		
45																		

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

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

L.H. Baker

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: 12:30 Am

DATE: 01-04-2011

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

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

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY W. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORTS

STREET ADDRESS: 102 BUCKEYE ST P.O BX 452

STREET ADDRESS: 912 SECOND AVE WEST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 517 Rang Str Julliest J0H1W0

AREA CODE & TELEPHONE NO.: 330-852-2832

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	2156M	3882					X		TH					X				
2	↑	3883	X						TH					X				
3		3884	X						TH					X				
4		3885					X		TH							X		
5		3886	X						TH					X				
6		3887		X					TH							X		
7		3888	X						TH						X			
8		3889	X						TH					X				
9		3890						Ram					AP			X		
10		3891					X			X						X		
11		3892						Sor					AS	X				
12		3893	X							X						X		
13		3894	X							X				X				
14		3895	X							X				X				
15	↓	3896						Sor		X				X				

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 4605

DATE 04/01/2011

TIME 16400 P.M.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F01A000214

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	21SGM	3897						Straw Roan					AP			X		
17	↑	3898						Sor/wht					Paint			X		
18		3899					X			X				X				
19		3900			X								TW			X		
20		3901						BR/wht					Paint			X		
21		3902						Tri Color					Paint	X				
22		3903						BK/wht					Paint			X		
23		3904			X				TH							X		
24		3905		X						X				X				
25		3906	X						TH					X				
26		3907						Palo		X				X				
27		3908						Sor/wht					Paint			X		
28		3909	X							X				X				
29		3910		X							PE Bass					X		
30	↓	3911			X								SV	X				
31																		
32																		
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.)

Leroy H. Baker

FOIA11F3110000215

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024634

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12/31/10

5. U.S. PORT OF EMBARKATION (City and State): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address):
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

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

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OHIO 44681														
USGM3882	96	F	TH		CHESTNUT, LR-FETLOCK									
USGM3883	84	F	TH		BAY, NO MARKINGS									
USGM3884	144	F	TH		BAY, STAR, STRIPE, SNIP, LR,LF-SOCK									
USGM3885	144	N	TH		CHESTNUT, LR-SOCK									
USGM3886	144	F	TH		BAY, NO MARKINGS									
USGM3887	60	N	TH		GREY, NO MARKINGS									
USGM3888	96	M	TH		BAY, LR-SOCK									
USGM3889	84	F	TH		BAY, STAR, RR PARTIAL CORONET									
USGM3890	120	N	AP		ROAN, STAR, STRIPE, SNIP, LR-SOCK, WHITE OVER RUMP									
USGM3891	144	N	QH		CHESTNUT, STAR									
USGM3892	120	F	AS		SORREL, STAR, SNIP, LF,LR,RR-SOCK, RF-PASTERN									
USGM3893	120	N	QH		BAY, NO MARKINGS									
USGM3894	72	F	QH		BAY, STAR, STRIPE, SNIP, LR,RF-FETLOCK									
USGM3895	300	F	QH		BAY, BLAZE, LR-CORONET, RF-SOCK									
USGM3896	120	F	QH		SORREL, STAR, STRIPE, SNIP, RR-FETLOCK									
USGM3897	240	N	AP		STRAWBERRY ROAN, NO MARKINGS									
USGM3898	120	N	PAINT		SORREL, WHITE, STAR, STRIPE, RR-SOCK, PAINTED BODY									
USGM3899	156	F	QH		CHESTNUT, STAR									

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: JAN 03 2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

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

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

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F01A000216

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024634

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

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

17. FARM ORIGIN

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

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE ST.~~
~~SUGARCREEK, OH 44681~~

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USGM3900	72	N	TW		BLACK, STAR, SNIP, LR,RR-SOCK									
USGM3901	24	N	PAINT		BLACK, WHITE, BALD FACE, LR-SOCK, PAINTED BODY									
USGM3902	144	F	PAINT		TRICOLOR, STAR, LR,RR-SOCK, PAINTED BODY									
USGM3903	156	N	PAINT		BLACK, WHITE, STAR, LR,RR,LF,RF-STOCKING, PAINTED BODY									
USGM3904	96	N	TH		BLACK, STAR, SNIP, LF-PASTERN, LR,RR-SOCK									
USGM3905	84	F	QH		GREY, NO MARKINGS									
USGM3906	48	F	TH		BAY, STAR, STRIPE, SNIP, LR,RR-FETLOCK									
USGM3907	120	F	QH		PALOMINO, BLAZE, LF,RF-SOCK									
USGM3908	96	N	PAINT		SORREL, WHITE, STAR, STRIPE, SNIP, RF-STOCKING, PAINTED BODY									
USGM3909	180	F	QH		BAY, NO MARKINGS									
USGM3910	300	N	PERCHERON CROSS		GREY, NO MARKINGS									
USGM3911	60	F	SN		BLACK, NO MARKINGS									

~~1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.~~

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE ~~DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.~~

~~3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.~~

~~4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.~~

~~5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.~~

~~6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)~~

FOIA11F3017000217

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 2 – VS RIVERDALE, MARYLAND

U.S. DEPARTMENT 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: 7:00 PM

DATE: 10-01-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

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

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY W. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O BX 452

STREET ADDRESS: 912 Second Ave WEST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 517 Rang Ste Julhest Jor1W0

AREA CODE & TELEPHONE NO.: 330-852-2832

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	21SGM	4064					X			X						X		
2		4065						Chest Roan					TW			X		
3		4066						Sor					Hf.			X		
4		4067					X			X				X				
5		4068	X										Arab Cross	X				
6		4069	X										AB	X				
7		4070						Sor		X				X				
8		4071			X					X				X				
9		4072						Chest Wht					Paint			X		
10		4073					X			X				X				
11		4074	X							X				X				
12		4075	X										SV			X		
13		4076					X			X				X				
14		4077						Sor Roan					AP			X		
15		4078	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: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 11/01/2011

TIME 13h30 P.M. /B/O.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11FSIA000218

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	2KSGM	4079	X										SN	X				
17	↑	4080		X						X						X		
18		4081					X					X				X		
19		4082	X							X				X				
20		4083					X			X				X				
21		4084		X						X				X				
22		4085						Sor					Hef.			X		
23		4086						Sor		X						X		
24		4087						Sor		X				X				
25		4088						Sor		X				X				
26		4089					X			X						X		
27		4090						Sor					TW	X				
28		4091						Sor					Paint	X				
29		4092						Sor Light					Paint			X		
30	↓	4093	X										SN	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.)

Leroy H. Baker

FOIA11F3011A000219

VS FORM 10-13A

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

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L043767

3. PAGE NO. 1 OF 2

4. DATE ISSUED: 1/7/11

5. U.S. PORT OF EMBARKATION (City and State): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS
912 SECOND AVE WEST
CHESLOUND, ONTARIO

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

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

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681														
USGM4064	36	N	QH		CHESTNUT, STAR, LR-SOCK									
USGM4065	24	N	TW		CHESTNUT ROAN, BLAZE, LF,LR,RF,RR-SOCK									
USGM4066	36	N	HAFLINGER		SORREL, BLAZE									
USGM4067	48	F	QH		CHESTNUT, STAR, STRIPE, SNIP, LF,RF-PASTERN, LR,RR-SOCK									
USGM4068	96	F	ARABIAN CROSS		BAY, STAR									
USGM4069	144	F	AB		BAY, STAR, SNIP, LF-PASTERN, LR-SOCK									
USGM4070	96	F	QH		SORREL, BLAZE									
USGM4071	108	F	QH		BLACK, NO MARKINGS									
USGM4072	60	N	PAINT		CHESTNUT, WHITE, STAR, SNIP, LR,LF,RF,RR-STOCKING,PAINTED BODY									
USGM4073	120	F	QH		CHESTNUT, BLAZE									
USGM4074	120	F	QH		BAY, STAR									
USGM4075	180	N	SN		BAY, STAR, STRIPE, SNIP									
USGM4076	120	F	QH		CHESTNUT, BLAZE, LR,RF,RR-SOCK									
USGM4077	96	N	AP		SORREL ROAN, ROAN/SPOTTED BODY									
USGM4078	120	N	QH		BAY, STAR									
USGM4079	120	F	SN		BAY, STAR, LR-PASTERN									
USGM4080	96	N	QH		GREY, NO MARKINGS									
USGM4081	60	N	PONY		CHESTNUT, NO MARKINGS									

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: JAN 10 2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): SUMMERS, DENNIS M. 9130

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

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

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F3000220
30

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

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L043767

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) ——— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USGM4082	120	F	OH		BAY, STAR									
USGM4083	120	F	OH		CHESTNUT, NO MARKINGS									
USGM4084	36	F	OH		GREY, NO MARKINGS									
USGM4085	108	N	HAFLINGER		SORREL, BLAZE									
USGM4086	48	N	OH		SORREL, STAR, STRIPE, SNIP, LR-PASTERN									
USGM4087	24	F	OH		SORREL, BLAZE, LR-SOCK									
USGM4088	60	F	OH		SORREL, BLAZE, LF,LR,RR-SOCK, WHITE SPOT ON RIGHT SHOULDER									
USGM4089	24	N	OH		CHESTNUT, STAR, STRIPE, SNIP, LR,RR-SOCK									
USGM4090	60	F	TW		SORREL, STAR, STRIPE, SNIP, LR,RR-SOCK									
USGM4091	24	F	PAINT		SORREL, BLAZE, LR-STOCKING, RR-FETLOCK, WHITE SPOT ON RR LEG									
USGM4092	96	N	PAINT		BLACK, WHITE, STAR, SNIP, RR-SOCK, PAINTED BODY									
USGM4093	216	F	SN		BAY, BLAZE, LF,LR,RF,RR-SOCK									

) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11F3[illegible]A000221

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 3 – PORT VETERINARIAN

U.S. DEPARTMENT 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: 7:PM

DATE: 1-24-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

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

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LeROY N. Bulker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 102 BuckEye ST P.O Bx 452

STREET ADDRESS: 912 Second Ave WEST

CITY, STATE, ZIP CODE: SugarCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 517 Rang ste julHest julius

AREA CODE & TELEPHONE NO.: 330-852-2832

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	USGM	4179						Sor		X						X		
2	↑	4180	X										SN			X		
3		4181		X							PE					X		
4		4182			X						PE			X				
5		4183						Sor			BL					X		
6		4184			X						PE					X		
7		4185						Sor			BL					X		
8		4186		X							PE			X				
9		4187						Sor			BL			X				
10		4188						Sor			BL					X		
11		4189					X				BL					X		
12		4190					X				BL					X		
13		4191					X				BL			X				
14		4192	X						TH					X				
15	↓	4193	X						TH					X				

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

SIGNATURE: L.H. Bulker

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.)

R.H. Bulker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 25/01/2011

TIME 13h30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F31A000222

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	2SEM	4194	X						TH					X				
17	X	4195			X				TH					X				
18		4196					X		TH					X				
19		4197	X						TH					X				
20		4198					X		TH					X				
21		4199			X				TH							X		
22		4200						Spt paint					Paint			X		
23		4201					X			X						X		
24		4202						BK paint					Paint	X				
25	√	4203	X										SV			X		
26																		
27																		
28																		
29																		
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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.)

Leroy H. Baker

VS FORM 10-13A

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: L043769

3. PAGE NO.: 2 OF 2

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE ST.~~
~~SUGARCREEK, OH 44681~~

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USGM4197	72	F	TH		BAY, STAR, SNIP, LR-CORONET, RR-SOCK									
USGM4198	60	F	TH		CHESTNUT, BLAZE									
USGM4199	108	N	TH		BLACK, NO MARKINGS									
USGM4200	120	N	PAINT		SORREL, WHITE, BLAZE, PAINTED BODY									
USGM4201	300	N	OH		CHESTNUT, WHITE SPOT ON LEFT SHOULDER									
USGM4202	144	F	PAINT		BLACK, WHITE, BALD FACE, PAINTED BODY									
USGM4203	48	N	SN		BAY, BRAND ON RIGHT SIDE OF NECK									

~~1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.~~

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

~~6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)~~

FOIA11F301A000224

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 5 – ISSUING VETERINARIAN

FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L043769

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/21/11

5. U.S. PORT OF EMBARKATION (City and State): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

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
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM4179	96	N	QH	SORREL, BLAZE, RF,RR-SOCK									
102 BUCKEYE ST.	USGM4180	300	N	SN	BAY, STAR, SNIP, RR-FETLOCK									
SUGARCREEK, OHIO 44681	USGM4181	300	N	PE	GREY, NO MARKINGS									
	USGM4182	240	F	PE	BLACK, STAR, RR-CORONET									
	USGM4183	300	N	BL	SORREL, BLAZE									
	USGM4184	300	N	PE	BLACK, BLAZE									
	USGM4185	300	N	BL	SORREL, BLAZE									
	USGM4186	180	F	PE	GREY, NO MARKINGS									
	USGM4187	300	F	BL	SORREL, BLAZE, LR,RR-SOCK									
	USGM4188	300	N	BL	SORREL, BLAZE									
	USGM4189	144	N	BL	CHESTNUT, STAR, STRIPE, SNIP									
	USGM4190	120	N	BL	CHESTNUT, BLAZE									
	USGM4191	120	F	BL	CHESTNUT, BLAZE									
	USGM4192	24	F	TH	BAY, STAR, LF,LR-SOCK									
	USGM4193	36	F	TH	BAY, NO MARKINGS									
	USGM4194	72	F	TH	BAY, STAR									
	USGM4195	72	F	TH	BLACK, STAR, LF,LR-CORONET, RR-SOCK									
	USGM4196	96	F	TH	CHESTNUT, STAR, STRIPE, SNIP, LF-PASTERN									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

ORIGIN

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: JAN 24 2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

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

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 23

23. Signature of Endorsing Federal Veterinarian: NANCY L HANNAHAY, DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): VICTORIA E SPELLMIRE, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11-0000225

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

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 3:45 PM

DATE: 25-01-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: Carel Canada EXPORTS

STREET ADDRESS: 102 BUCKEYE ST P.O BX 452

STREET ADDRESS: 912 Second Ave WEST OWENSOUND ONTARIO

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: 517 Rangste julrest jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

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	26SGM	4204						Tri Color					Paint			X		
2	↑	4205						Buck		X						X		
3		4206						Dun		X				X				
4		4207						Sor		X						X		
5		4208						Sor Wht					Paint			X		
6		4209						Sor Wht					Paint			X		
7		4210						Br Wht					Paint	X				
8		4211					X			X						X		
9		4212					X			X						X		
10		4213			X					X						X		
11		4214						Sor		X				X				
12		4215			X					X						X		
13		4216			X					X				X				
14		4217						Tri					Paint			X		
15	↓	4218					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: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 26/01/2011

TIME 15h00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0110226

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	PASGM	4219						Pale		X						X		
17	↑	4220			X								TW	X				
18		4221						Red Roan		X				X				
19		4222	X							X				X				
20		4223	X										Sr			X		
21		4224	X							X				X				
22		4225	X							X						X		
23		4226						Sor		X				X				
24		4227						Sor		X				X				
25		4228			X								TW	X				
26		4229						Blk/wht					Paint			X		
27		4230						Sor		X				X				
28		~~4231~~						~~Pale~~		~~X~~				~~X~~				
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.)

Leroy H. Baker

FOIA11F3110000227

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

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

1. CONSIGNOR'S NAME (*Last name, first name, middle initial or business name*): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L043770

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/21/11

5. U.S. PORT OF EMBARKATION (*City and State*): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (*Mailing Address*): 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS (*Mailing Address*): CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

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

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM4204	84	N	PAINT		TRICOLOR, STAR, STRIPE, SNIP, LR,RR-SOCK, PAINTED BODY									
102 BUCKEYE ST.	USGM4205	144	N	QH		BUCKSKIN, STAR									
SUGARCREEK, OHIO 44681	USGM4206	144	F	QH		DUN, NO MARKINGS									
	USGM4207	120	N	QH		SORREL, STAR, STRIPE, SNIP									
	USGM4208	300	N	PAINT		SORREL, WHITE, BALD FACE, PAINTED BODY									
	USGM4209	120	N	PAINT		SORREL, WHITE, BLAZE, PAINTED BODY									
	USGM4210	120	F	PAINT		BROWN, WHITE, STAR, SNIP, RF-STOCKING, PAINTED BODY									
	USGM4211	300	N	QH		CHESTNUT, BLAZE, LR,RF-SOCK									
	USGM4212	180	N	QH		CHESTNUT, STAR, SNIP									
	USGM4213	36	N	QH		BLACK, NO MARKINGS									
	USGM4214	84	F	QH		SORREL, BLAZE, LF-SOCK, LR-CORONET									
	USGM4215	72	N	QH		BLACK, STAR, LF-FETLOCK, LR,RR-SOCK									
	USGM4216	156	F	QH		BLACK, BLAZE, LR,RR-SOCK									
	USGM4217	120	N	PAINT		TRICOLOR, BLAZE, LR,RR-STOCKING, PAINTED BODY									
	USGM4218	120	F	QH		CHESTNUT, LR,RR-SOCK									
	USGM4219	108	N	QH		PALOMINO, BLAZE, LR-SOCK									
	USGM4220	120	F	TW		BLACK, NO MARKINGS									
	USGM4221	84	F	QH		RED DUN, BLAZE, LR,RR-SOCK									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

NANCY L. HANNAWAY, DVM

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: JAN 24 2011

20. NAME OF ISSUING VETERINARIAN (*Last name, first name, middle initial,- please print*): HIRSCHBACH, BRYAN E. 9689

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

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

24. NAME OF ENDORSING FEDERAL VET (*Type, print, or stamp*): VICTORIA E SPELLMIRE, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F0110000228

READ INSTRUCTIONS FROM VS FORM 17-140

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

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L043770

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE ST.~~
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) ——— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USGM4222	144	F	OH		BAY,	NO	MARKINGS							
USGM4223	180	N	SN		BAY,	NO	MARKINGS							
USGM4224	36	F	OH		BAY,	NO	MARKINGS							
USGM4225	72	N	OH		BAY NO MARKINGS									
USGM4226	24	F	OH		SORREL, STAR, SNIP, LR,RR-SOCK									
USGM4227	84	F	OH		SORREL, BLAZE, LR-SOCK									
USGM4228	300	F	TW		BLACK, SNIP, LF-FETLOCK, LR-SOCK									
USGM4229	120	N	PAINT		BLACK, WHITE, STAR, LF,LR,RF,RR-STOCKING, PAINTED BODY									
USGM4230	228	F	OH		SORREL, STAR, STRIPE, SNIP, LR-SOCK, RR-CORONET									
~~USGM4231~~	~~132~~	~~F~~	~~OH~~		~~[illegible]~~									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE ~~DISEASE~~.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN ~~IN THE STATE OF ARIZONA~~, NEW MEXICO OR TEXAS.
6) ~~THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN REALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER~~ ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS ~~THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE~~ AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11F3TA000229

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 3 – PORT VETERINARIAN

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 6:00 PM

DATE: Jan 26-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

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

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O Bx 452

STREET ADDRESS: ~~517 Rang~~ 912 Second Ave West QUEENSBOUND ONTARIO

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: 517 Rang Ste Juliest J0V1L0

AREA CODE & TELEPHONE NO.: 330-852-2832

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	2USGM	4263	X										SN			X		
2	↑	4264	X							X						X		
3		4265						Sor		X				X				
4		4266	X										SN	X				
5		4267						Sor wht					Paint			X		
6		4268	X							X						X		
7		4269						Sor					Paint			X		
8		4270						Dun		X						X		
9		4271	X							X				X				
10		4272	X										SN			X		
11		4273	X										SN	X				
12		4274						Sor		X						X		
13		4275	X							X				X				
14		4276				X				X				X				
15	↓	4277	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: L. N. Baker

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.)

L. N. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 4505

DATE ~~13h30~~ 27/1/2011

TIME 13h30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0170230

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	21SGM	4278	X										Sr			X		
17	↑	4279	X							X				X				
18		4280						Sor		X				X				
19		4281	X							X				X				
20		4282	X										Sr			X		
21		4283	X							X						X		
22		4284			X					X						X		
23		4285						Blt Wht					Paint			X		
24		4286					X			X						X		
25		4287	X										Sr	X				
26		4288			X					X				X				
27	↓	4289						Bay Roan					AP			X		
28																		
29																		
30																		
31																		
32																		
33																		
34																		
35																		
36																		
37																		
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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.)

Leroy H. Baker

FOIA11F3011A0010231

VS FORM 10-13A

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L043772

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/21/11

5. U.S. PORT OF EMBARKATION (City and State): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

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

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

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

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

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

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

Farm origin	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM4263	180	N	SN		BAY, NO MARKINGS									
102 BUCKEYE ST.	USGM4264	300	N	QH		BAY, LR,RR-SOCK									
SUGARCREEK, OHIO 44681	USGM4265	156	F	QH		SORREL, STAR, STRIPE, SNIP, LR,RR-SOCK									
	USGM4266	120	F	SN		BAY, NO MARKINGS									
	USGM4267	108	N	PAINT		SORREL, WHITE, BLAZE, PAINTED BODY									
	USGM4268	120	N	QH		BAY, STAR, STRIPE, SNIP									
	USGM4269	96	N	PAINT		BLAZE, SORREL, LR,LF,RF,RR-STOCKING									
	USGM4270	240	N	QH		DUN, STAR, SNIP, LF,LR,RF,RR-SOCK									
	USGM4271	300	F	QH		BAY, STAR, STRIPE, SNIP, LR-CORONET, RR-SOCK									
	USGM4272	300	N	SN		BAY, BRAND ON RIGHT SIDE OF NECK									
	USGM4273	120	F	SN		BAY, NO MARKINGS									
	USGM4274	84	N	QH		SORREL, BLAZE, LR,LF,RF,RR-SOCK									
	USGM4275	72	F	QH		BAY, LR,RR-FETLOCK, RF-PASTERN									
	USGM4276	156	F	QH		CHESTNUT, STAR, SNIP, LR,RR-SOCK									
	USGM4277	96	N	QH		BAY, NO MARKINGS									
	USGM4278	240	N	SN		BAY, BLAZE, LR,RR-SOCK									
	USGM4279	156	F	QH		BAY, STAR, SNIP, LR-FETLOCK									
	USGM4280	180	F	QH		SORREL, STAR, LR,RR-SOCK									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

ORIGIN HEALTH CERTIFICATE APPROVED

NANCY L HANNAWAY, DVM
23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: JAN 24 2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): VICTORIA E SPELIMIRE, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F0110000232

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: L043772

3. PAGE NO.: 2 OF 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED — CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE ST.~~
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USGM4281	216	F	OH		BAY, STAR									
USGM4282	240	N	SN		BAY, LR,RR-SOCK									
USGM4283	72	N	OH		BAY, STAR									
USGM4284	300	N	OH		BLACK, STAR, SNIP, LF,LR,RF,RR-SOCK,								BRAND ON LEFT HIP	
USGM4285	72	N	PAINT		BLACK, WHITE, STAR, LF,LR,RF,RR-STOCKING, PAINTED BODY									
USGM4286	192	N	OH		CHESTNUT, STAR, LR,RR-SOCK									
USGM4287	300	F	SN		BAY, NO MARKINGS									
USGM4288	168	F	OH		BLACK, STAR, STRIPE, SNIP, LR-SOCK, RR-PASTERN									
USGM4289	96	N	AP		BAY ROAN, NO MARKINGS									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11F0110000233

VS FORM 17-140a (MAR 2005) *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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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:PM

DATE: 1-26-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORTS

STREET ADDRESS: 102 BUCKEYE ST P.O BX 452

STREET ADDRESS: 913 SECOND AVE WEST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 517 Rang ste julnest jovlwd

AREA CODE & TELEPHONE NO.: 330-852-2832

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	USGM	4232	X										SV	X				
2	↑	4233						Snow Roan					AP	X				
3		4234						Sor		X						X		
4		4235		X						X				X				
5		4236						Sor		X						X		
6		4237						Palo		X						X		
7		4238						Dpt Roan					AP			X		
8		4239						Sor					AS			X		
9		4240						Sor		X				X				
10		4241					X			X						X		
11		4242			X					X				X				
12		4243		X						X				X				
13		4244						Sor					AS	X				
14		4245	X										SV			X		
15	↓	4246					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: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 27/01/2011

TIME 13h00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11FS0IA000234

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	2156M	4247					X			X				X				
17	↑	4248			X					X						X		
18		4249						Sor		X				X				
19		4250			X								Sr			X		
20		4251						Sor		X				X				
21		4252			X					X						X		
22		4253					X			X						X		
23		4254	X										Sr			X		
24		4255	X							X				X				
25		4256	X							X						X		
26		4257						Bright					Point	X				
27		4258	X										Sr	X				
28		4259						Sor		X						X		
29		4260	X										Point			X		
30		4261					X			X						X		
31	↓	4262		X						X				X				
32																		
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.)

Leroy H. Baker

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L043774

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/21/11

5. U.S. PORT OF EMBARKATION (City and State): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OHIO 44681

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	DATE M	DATE N	DATE O
USGM4232	300	F	SN		BAY, STAR, LF-SOCK									
USGM4233	12	F	AP		STRAWBERRY ROAN, STAR, LR-SOCK, RR-CORONET									
USGM4234	12	N	QH		SORREL, BLAZE, LR-SOCK									
USGM4235	12	F	QH		GREY, STAR, STRIPE, SNIP									
USGM4236	36	N	QH		SORREL, BLAZE, LR,RR-SOCK									
USGM4237	96	N	QH		PALOMINO, STRIPE									
USGM4238	300	N	AP		CHESTNUT ROAN, STAR, LF,RF-FETLOCK, LR,RR-SOCK									
USGM4239	72	N	AS		SOREEL, STAR, STRIPE, SNIP									
USGM4240	36	F	QH		SORREL, STAR, STRIPE									
USGM4241	48	N	QH		CHESTNUT, STAR, STRIPE, SNIP, LR,RR-STOCKING, RF-SOCK									
USGM4242	12	F	QH		BLACK, STAR									
USGM4243	12	F	QH		GREY, STAR, LR-SOCK									
USGM4244	216	F	AS		SORREL, STAR, SNIP									
USGM4245	180	N	SN		BAY, NO MARKINGS									
USGM4246	24	N	QH		CHESTNUT, STAR, STRIPE, LR-FETLOCK									
USGM4247	60	F	QH		CHESTNUT, NO MARKINGS									
USGM4248	180	N	QH		BLACK, NO MARKINGS									
USGM4249	180	F	QH		SORREL, STAR, RR-FETLOCK									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

NANCY D [illegible] DVM

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: JAN 24 2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 31

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): ~~VICTORIA E SPELLMIRE, DVM~~ VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F0110000336

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L043774

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE ST.~~
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USGM4250	180	N	SN		BLACK, LR-SOCK, BRAND ON RIGHT SIDE OF NECK									
USGM4251	60	F	OH		SORREL, BLAZE, LF,LR,RF,RR-SOCK									
USGM4252	180	N	OH		BLACK, BLAZE									
USGM4253	240	N	OH		CHESTNUT, STAR, LR,RF,RR-SOCK									
USGM4254	96	N	SN		BAY, RR-SOCK									
USGM4255	60	F	OH		BAY, NO MARKINGS									
USGM4256	84	N	OH		BAY, NO MARKINGS									
USGM4257	120	F	PAINT		BROWN, WHITE, BALD FACE, PAINTED BODY									
USGM4258	300	F	SN		BAY, NO MARKINGS									
USGM4259	120	N	OH		SORREL, STAR, STRIPE, SNIP, LR,RR-SOCK									
USGM4260	36	N	PAINT		BAY, STAR, SNIP, LF,LR,RF,RR-SOCK									
USGM4261	120	N	OH		CHESTNUT, BLAZE									
USGM4262	60	F	OH		GREY, NO MARKINGS									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11F3IA000237

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 3 – PORT VETERINARIAN

U.S. DEPARTMENT 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: 7:00 PM

DATE: 3-26-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORTS

STREET ADDRESS: 102 BUCKEYE ST P.O BX 452

STREET ADDRESS: 912 SECOND AVE WEST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 517 Rang ste juliest jovlwd

AREA CODE & TELEPHONE NO.: 330-852-2832

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	21SGM	3973	X							X						X		
2	↑	3974					X					X				X		
3		3975					X			X				X				
4		3976	X							X				X				
5		3977					X			X						X		
6		3978						Sor		X				X				
7		3979					X			X				X				
8		3980					X			X						X		
9		3981	X										SW			X		
10		3982						White					Paint	X				
11		3983	X							X				X				
12		3984						Br/wht					Paint	X				
13		3985			X					X				X				
14		3986						White				X				X		
15	↓	3987					X						SW			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 4505

DATE 04/01/2011

TIME 14:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0170000238

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	2156M	3988	X										SV	X				
17	↑	3989	X										SV	X				
18		3990						Palo		X				X				
19		3991						BK Paint					Paint	X				
20		3992			X					X				X				
21		3993	X							X						X		
22		3994	X								Draft Cross					X		
23		3995	X										SV	X				
24		3996	X										SV	X				
25		3997					X			X				X				
26		3998			X								TW	X				
27		3999	X										SV	X				
28		4000	X										SV	X				
29		4001	X										SV	X				
30		4002		X						X						X		
31		4003	X										SV	X				
32	↓	4004		X						X						X		
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.)

Leroy H. Baker

FOIA11F3011A000239

VS FORM 10-13A

This certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024635

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12/31/10

5. U.S. PORT OF EMBARKATION (City and State): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address):
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OHIO 44681

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
USGM3973	24	N	QH		BAY, STRIPE, RR-SOCK									
USGM3974	96	N	PONY		CHESTNUT, SNIP									
USGM3975	216	F	QH		CHESTNUT, BLAZE									
USGM3976	156	F	QH		BAY, STAR, SNIP, RR-SOCK									
USGM3977	96	N	QH		CHESTNUT, STAR, STRIPE, SNIP, LR,RR-SOCK									
USGM3978	300	F	QH		SORREL, BLAZE									
USGM3979	300	F	QH		CHESTNUT, STAR									
USGM3980	96	N	QH		CHESTNUT, BLAZE, LF,LR,RF,RR-SOCK									
USGM3981	300	N	SN		BAY, LR,RR-SOCK									
USGM3982	300	F	PAINT		WHITE, NO MARKINGS									
USGM3983	120	F	QH		BAY, LR,RR-SOCK									
USGM3984	24	F	PAINT		BROWN, WHITE, BLAZE, LR,RF-STOCKING, PAINTED BODY									
USGM3985	132	F	QH		BLACK, STAR, RF-FETLOCK									
USGM3986	180	N	PONY		WHITE, NO MARKINGS									
USGM3987	60	N	SN		CHESTNUT, STAR, LR-FETLOCK									
USGM3988	120	F	SN		BAY, STAR, SNIP, LR,RR-FETLOCK									
USGM3989	300	F	SN		BAY, STAR, LF,LR-SOCK									
USGM3990	96	F	QH		PALOMINO, STAR, STRIPE									

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: JAN 03 2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F0110240

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024635

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE ST.~~
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) ——— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USGM3991	48	F	PAINT		BLACK, WHITE, BALD FACE, RF,RR-STOCKING, PAINTED BODY									
USGM3992	48	F	OH		BLACK, NO MARKINGS									
USGM3993	300	N	OH		BAY, NO MARKINGS									
USGM3994	120	N	DRAFT CROSS		BAY, STAR, SNIP, LF,LR,RF,RR-SOCK									
USGM3995	240	F	SN		BAY, NO MARKINGS									
USGM3996	300	F	SN		BAY, NO MARKINGS									
USGM3997	120	F	OH		CHESTNUT, BLAZE, LR,RF,RR-SOCK									
USGM3998	240	F	TW		BLACK, NO MARKINGS									
USGM3999	120	F	SN		BAY, STAR, SNIP, LR,RF-FETLOCK, RR-PASTERN									
USGM4000	300	F	SN		BAY, NO MARKINGS									
USGM4001	36	~~M~~ F	SN		BAY, STAR, LR-FETLOCK, DORSAL STRIPE									
USGM4002	96	N	OH		GREY, NO MARKINGS									
USGM4003	84	F	SN		BAY, NO MARKINGS									
USGM4004	180	N	OH		GREY, NO MARKINGS									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE ~~DISEASE~~.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN ~~IN THE STATE OF ARIZONA,~~ NEW MEXICO OR TEXAS.
6) ~~THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER~~ ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS ~~THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE~~ AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11F0170000241

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 2 – VS RIVERDALE, MARYLAND

U.S. DEPARTMENT 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: 5 00 AM
DATE: Jan 1/01
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME: FG0590 ONT (b)(6)
NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT
CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. Baker
CONSIGNEE (RECEIVER/DESTINATION) NAME: Carel Canada EXPORTS
STREET ADDRESS: 102 Buckeye ST P.O Bx 452
STREET ADDRESS: 912 Second Ave WES
CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681
CITY, STATE, ZIP CODE: OWENSOUND ONTARIO
AREA CODE & TELEPHONE NO.: 330-852-2832
AREA CODE & TELEPHONE NO.: 519 Bangste jWEST jowlad

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	ZASGM	4005	X						TH					X				
2	↑	4006	X										SV	X				
3		4007	X										SV	X				
4		4008	X						TH					X				
5		4009	X										SV	X				
6		4010						Brn Roan		X				X				
7		4011						Sor Wht					Paint	X				
8		4012	X										SV			X		
9		4013					X			X				X				
10		4014			X								SV	X				
11		4015	X										SV			X		
12		4016	X							X				X				
13		4017	X										SV	X				
14		4018	X										SV	X				
15	↓	4019	X										SV			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE: L. N. Baker

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.)

L. N. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST. # 505
DATE 07/01/2011
TIME 9h 15 A.M

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST.
DATE
TIME

FOIA11F0110242

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	2USGM	4020	X										SV	X				
17	↑	4021						Sor wht					Paint			X		
18		4022	X										SV	X				
19		4023	X										SV	X				
20		4024	X										SV	X				
21		4025	X							X				X				
22		4026	X										SV	X				
23		4027	X										SV			X		
24		4028						Sor			BL					X		
25		4029						Sor			BL			X				
26		4030						Sor			BL					X		
27	↓	4031						Sor			BL					X		
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.)

Leroy H. Baker

FOIA11F3011A000243

VS FORM 10-13A

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024619

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12/31/10

5. U.S. PORT OF EMBARKATION (City and State): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address):
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OHIO 44681

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USGM4005	84	F	TH		BAY, NO MARKINGS									
USGM4006	132	F	SN		BAY, LR,RR-FETLOCK, BRAND ON RIGHT SIDE OF NECK									
USGM4007	84	F	SN		BAY, STAR, LR-PASTERN, RR-CORONET									
USGM4008	96	F	TH		BAY, NO MARKINGS									
USGM4009	300	F	SN		BAY, STAR, RR-PASTERN									
USGM4010	84	F	QH		BAY ROAN, RR-PASTERN									
USGM4011	144	F	PAINT		SORREL, WHITE, BALD FACE, PAINTED BODY									
USGM4012	240	N	SN		BAY, STAR, LR-CORONET									
USGM4013	180	F	QH		CHESTNUT, BLAZE									
USGM4014	84	F	SN		BLACK, STAR, RR-FETLOCK, LR PARTIAL CORONET									
USGM4015	108	N	SN		BAY, STAR, LR,RR-FETLOCK									
USGM4016	48	F	QH		BAY, STAR									
USGM4017	48	F	SN		BAY, STAR, SNIP, LR,RR-SOCK									
USGM4018	120	F	SN		BAY, STAR, SNIP									
USGM4019	120	N	SN		BAY, STAR, LR,SOCK, RR-CORONET									
USGM4020	72	F	SN		BAY, STAR									
USGM4021	120	N	PAINT		SORREL, WHITE, BALD FACE, PAINTED BODY									
USGM4022	132	F	SN		BAY, BLAZE, LR-PASTERN									

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: JAN 03 2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F0110000244

27

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024619

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) ——— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USGM4023	60	F	SN		BAY, STAR, LR-PASTERN									
USGM4024	96	F	SN		BAY, NO MARKINGS									
USGM4025	144	F	QH		BAY, NO MARKINGS									
USGM4026	84	F	SN		BAY, NO MARKINGS									
USGM4027	96	N	SN		BAY, STAR, LR,RR-PASTERN									
USGM4028	300	N	BL		SORREL, BLAZE									
USGM4029	300	F	BL		SORREL, STAR, STRIPE, RR-CORONET									
USGM4030	204	N	BL		SORREL, BLAZE, LR,RR-SOCK									
USGM4031	300	N	BL		SORREL, BLAZE									

) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11F3IA000245

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 2 – VS RIVERDALE, MARYLAND

U.S. DEPARTMENT 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 PM

DATE: 1-5-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O BX 452

STREET ADDRESS: 912 Second Ave WEST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 517 Rangstc JV/REST

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	21SGM	3943					X			X						X		
2	↑	3944					X			X				X				
3		3945	X							X				X				
4		3946						Tri color					Paint			X		
5		3947	X							X				X				
6		3948	X							X						X		
7		3949	X										SN			X		
8		3950						Sor					Heflinger			X		
9		3951					X			X						X		
10		3952		X						X						X		
11		3953						Sor					Heflinger			X		
12		3954						Sor					Paint	X				
13		3955			X					X				X				
14		3956	X										SN	X				
15	↓	3957						Sor		X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 06/01/2011

TIME 13 h 15

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3II/000246

Previous editions are obslete

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	21SGM	3958						Dun					Paint	X				
17	↑	3959	X										SN			X		
18		3960		X					TH					X				
19		3961			X								TW			X		
20		3962						Blue Roan		X				X				
21		3963	X										SN	X				
22		3964	X										SN	X				
23		3965					X			X						X		
24		3966			X					X				X				
25		3967					X		TH							X		
26		3968						Sor					Halfinger	X				
27		3969						Sor					Halfinger			X		
28		3970						Sor		X						X		
29		3971		X									AP	X				
30	↓	3972	X										SN			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.)

Leroy H. Baker

FOIA11F3011A000247

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L043761

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12/31/10

5. U.S. PORT OF EMBARKATION (City and State): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.														
102 BUCKEYE ST.														
SUGARCREEK, OHIO 44681														
USGM3943	240	N	QH		CHESTNUT, NO MARKINGS									
USGM3944	60	F	QH		CHESTNUT, LR-SOCK									
USGM3945	36	F	QH		BAY, STAR, RR-CORONET									
USGM3946	120	N	PAINT		TRICOLOR, BALD FACE, PAINTED BODY									
USGM3947	24	F	QH		BAY, NO MARKINGS									
USGM3948	24	N	QH		BAY, BLAZE, LF,LR,RF-SOCK									
USGM3949	240	N	SN		BAY, NO MARKINGS									
USGM3950	84	N	HAFLINGER		SORREL, BLAZE									
USGM3951	96	N	QH		CHESTNUT, STAR, SNIP, RR-CORONET									
USGM3952	204	N	QH		GREY, NO MARKINGS									
USGM3953	120	N	HAFLINGER		SORREL, STAR									
USGM3954	84	F	PAINT		SORREL, BLAZE, LF,LR,RR-STOCKING, RF-SOCK									
USGM3955	60	F	QH		BLACK, STAR, SNIP									
USGM3956	96	F	SN		BAY, BRAND ON RIGHT SIDE OF NECK									
USGM3957	48	N	QH		SORREL, BLAZE, LR,RR-SOCK									
USGM3958	60	F	PAINT		DUN, BLAZE, LR,RR-STOCKING, RF-SOCK, PAINTED BODY									
USGM3959	96	N	SN		BAY, STAR									
USGM3960	60	F	TH		GREY, NO MARKINGS									

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: JAN 03 2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F3011800248

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 2 - VS RIVERDALE, MARYLAND

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: L043761

3. PAGE NO.: 2 OF 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM3961	156	N	TW	BLACK, STAR, SNIP									
102 BUCKEYE ST.	USGM3962	96	F	QH	BLUE ROAN, NO MARKINGS									
SUGARCREEK, OH 44681	USGM3963	180	F	SN	BAY, BRAND ON RIGHT SIDE OF NECK									
	USGM3964	132	F	SN	BAY, LR-PASTERN, RF-FETLOCK, BRAND ON RIGHT SIDE OF NECK									
	USGM3965	120	N	QH	CHESTNUT, BLAZE, LR,RF,RR-SOCK									
	USGM3966	120	F	QH	BLACK, STAR									
	USGM3967	240	N	TH	CHESTNUT, STAR									
	USGM3968	144	F	HAFLINGER	SORREL, BLAZE									
	USGM3969	240	N	HAFLINGER	SORREL, STAR, STRIPE									
	USGM3970	192	N	QH	SORREL, BLAZE, LR,RR-SOCK									
	USGM3971	84	F	AP	GREY, NO MARKINGS									
	USGM3972	108	N	SN	BAY, BRAND ON RIGHT SIDE OF NECK									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11F3011000249

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 2 – VS RIVERDALE, MARYLAND

U.S. DEPARTMENT 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: 01-18-11 13.45	DATE:
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) redacted	NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC
CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER	CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL Canada EXPORTS
STREET ADDRESS: 102 Buckeye ST P.O Bx 452	STREET ADDRESS: 912 Second ave WEST
CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681	CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 517 Rang ste julie ST jon 100
AREA CODE & TELEPHONE NO.: 330-852-2832	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	USGM	4095			X								Must.	X				
2	↑	4096						Red Dun		X				X				
3		4097						Sor					Must.			X		
4		4098						Ches Roan					AP	X				
5		4099						Red Dun		X				X				
6		4100	X										SN	X				
7		4101						Sor Roan					AP			X		
8		4102					X			X				X				
9		4103					X			X				X				
10		4104	X							X						X		
11		4105						Sor wht					Paint			X		
12		4106						Sor					AS	X				
13		4107					X						AS	X				
14		4108	X							X				X				
15	↓	4109	X										SN			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 20/01/2011

TIME 8h00 A-M

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11FSIA000250

Previous editions are obsolete