

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0085581

1. ACCESSION NUMBER

ACL. 16907

2. DATE BLOOD DRAWN

8/20/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DERRIS CHAVEZ S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5900 JONES PLACE NW, ALBUQUERQUE, NM	
Tel No. County		Tel No. (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify (b)(6) submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM.	12. SIGNATURE DATE 8/20/11
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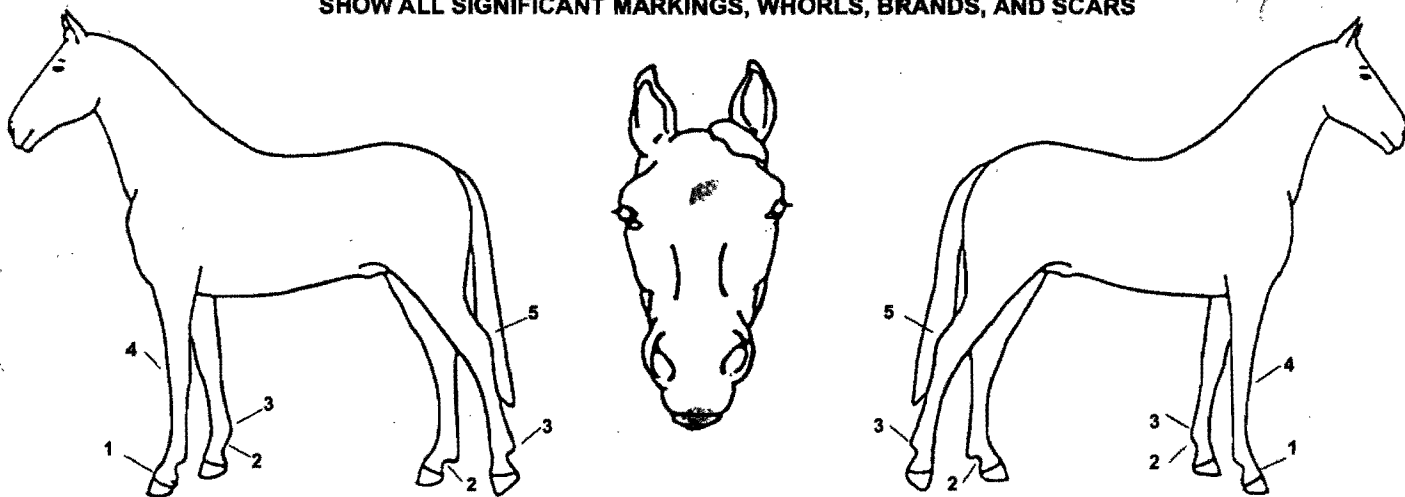
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
			981100002696980	Bay	QH		3y 6		G - Gelding

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAR Stamp	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/20/11	33. DATE REPORTED OUT 8/20/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **R 0085580**
1. ACCESSION NUMBER **602.16908**
2. DATE BLOOD DRAWN **8/20/11**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export				7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A			
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID			
8. NAME AND ADDRESS OF OWNER (Please print or type) DEANIS CHAVEZ @ S/W LIVESTOCK AUCTION 100 LUNAS, NE				9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5900 JONES PLACE NE, ALBUQUERQUE, NE			
Tel No.		Zip Code		County			
Tel No.		Zip Code		County			

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify (b)(6) submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL VETERINARIAN		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM.		12. SIGNATURE DATE 8/20/11	
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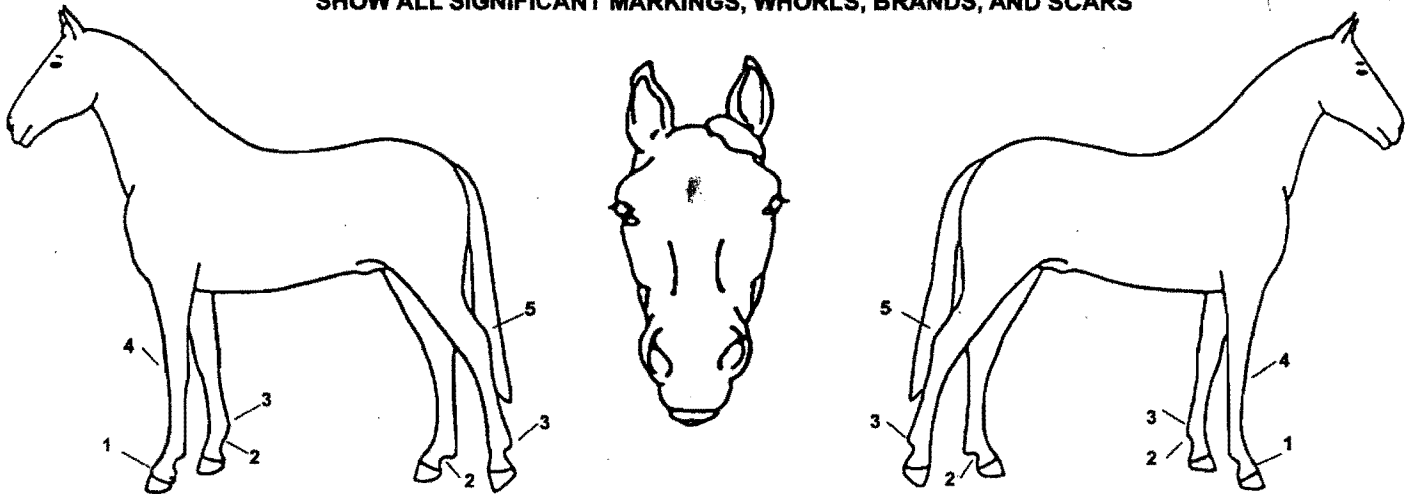
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE	
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse 981100002700764 	20. Color Bay	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 3y 6	24. Sex <input checked="" type="checkbox"/> M - Male <input type="checkbox"/> F - Female <input checked="" type="checkbox"/> G - Gelding <input type="checkbox"/> N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAR		26. OTHER MARKS AND BRANDS	
27. LEFT FORELIMB		28. RIGHT FORELIMB	
29. LEFT HINDLIMB		30. RIGHT HINDLIMB	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NE		32. DATE RECEIVED 8/20/11	33. DATE REPORTED OUT 8/20/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA	
36. SIGNATURE (b)(6)		35. REMARKS			

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **R 0085579**
1. ACCESSION NUMBER **AGI 16909**
2. DATE BLOOD DRAWN **8/20/11**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID	
5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		Zip Code	
8. NAME AND ADDRESS OF OWNER (Please print or type) DEANIS CHAVEZ 6 S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5900 JONES PLACE NE ALBUQUERQUE, NM	
Tel No. County		Tel No. County	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM	12. SIGNATURE DATE 8/20/11
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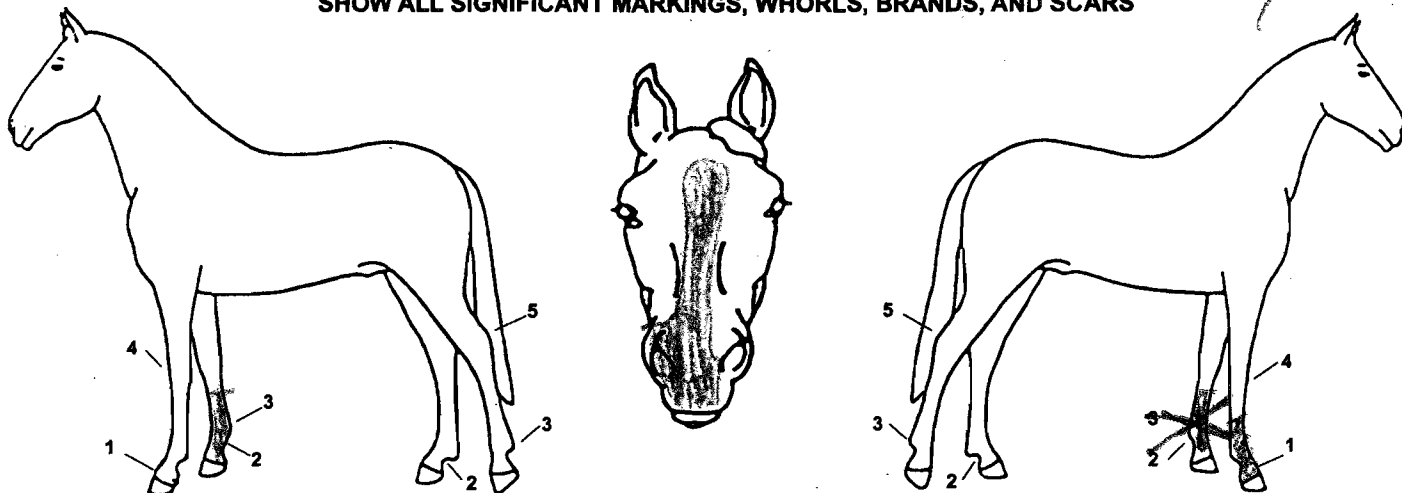
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse 981100002695644 	20. Color Sorrel	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 2y6	24. Sex G	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip	28. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB Strip
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/20/11	33. DATE REPORTED OUT 8/20/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)**

SERIAL NO.

R 0085578

1. ACCESSION NUMBER

ACL 16910

2. DATE BLOOD DRAWN

8/20/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING

Market Change of Ownership Show First Test Retest Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

1167

6. TEST TYPE

ELISA
 AGID

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

N/A

Zip Code

Tel No.

County

8. NAME AND ADDRESS OF OWNER (Please print or type)

*DEANIS CRAVEZ
6 S/W LIVESTOCK AUCTION
LOS LUNAS, NM*

Zip Code

County

Tel No.

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

*C.Y. BRASHER DVM
5900 JULES PLACE NE,
ALBUQUERQUE, NM*

Zip Code

87120

Tel No.

(505) 610-4711

County

BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

(b)(6)

11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASHER DVM.

12. SIGNATURE DATE

8/20/11

CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT

I certify

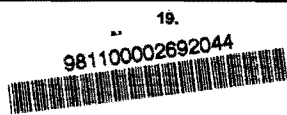
14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.

17. Official Tag No.

18. Tattoo/Brand



19.

20. Color

SMALL

21. Breed

QH

22. Electronic I.D. No.

23. Age or DOB

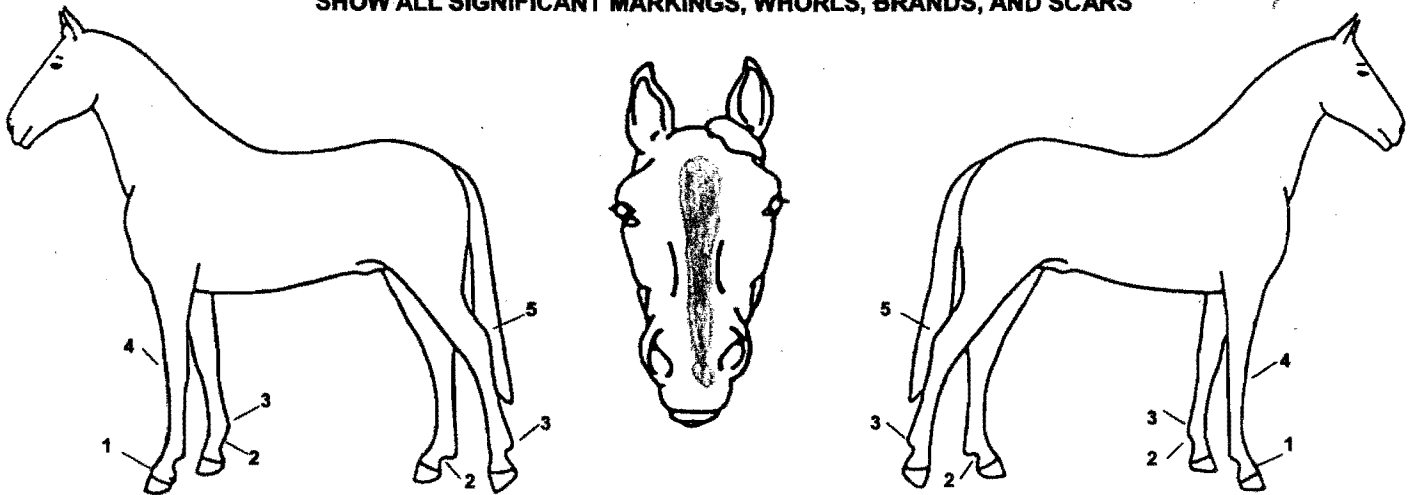
2y6

24. Sex

G

M - Male
F - Female
 Gelding
N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD *Stripe*

26. OTHER MARKS AND BRANDS

27. LEFT FORELIMB

28. RIGHT FORELIMB

29. LEFT HINDLIMB

30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE

*ALBUQUERQUE COGNATE LAB
ALBUQUERQUE, NM*

32. DATE RECEIVED

8/20/11

33. DATE REPORTED OUT

8/20/11

34. TEST RESULTS

Negative Positive AGID ELISA

35. SIGNATURE OF TECHNICIAN

(b)(6)

35. REMARKS

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0085577

1. ACCESSION NUMBER

16911

2. DATE BLOOD DRAWN

8/20/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING

- Show First Test
 Market Change of Ownership Retest Export

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

N/A

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

1167

6. TEST TYPE

- ELISA
 AGID

Zip Code

Tel No.

County

8. NAME AND ADDRESS OF OWNER (Please print or type)

DENNIS CHAVLZ
6 S/W LIVESTOCK AUCTION
LOS LUNAS, NM

Zip Code

Tel No.

County

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

C.Y. BRASNER DVM
5500 JONES PLACE NW
ALBUQUERQUE, NM

Zip Code

Tel No.

County

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

(b)(6)

11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASNER DVM

12. SIGNATURE DATE

8/20/11


CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

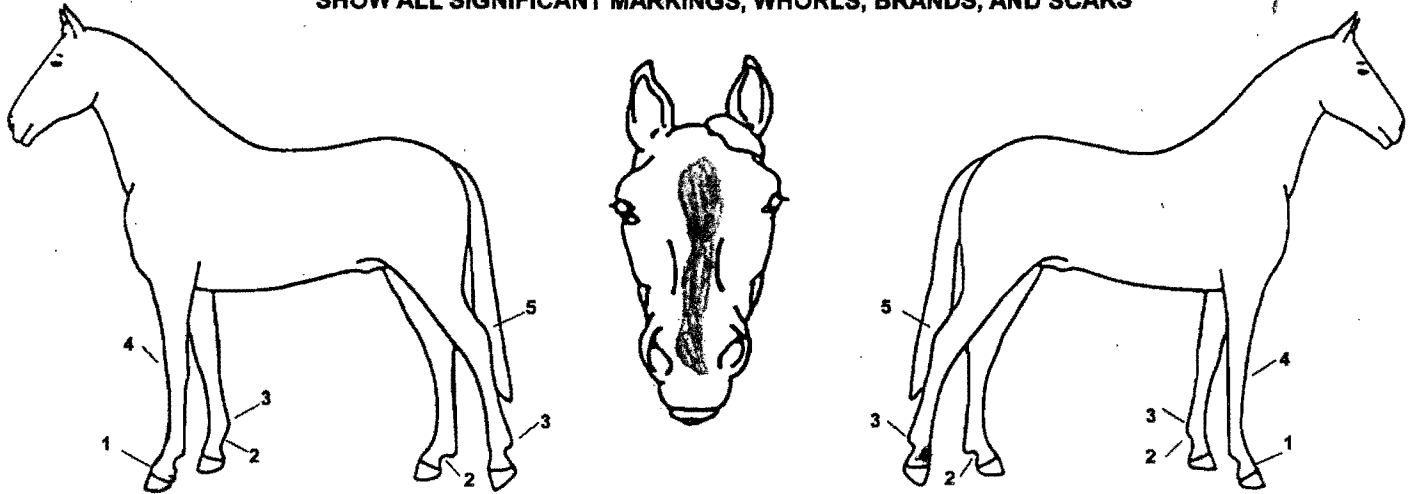
13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
			 981100002700066	SEARCH	QH		2y 6	G	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB Coronet

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/20/11	33. DATE REPORTED OUT 8/20/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF VETERINARIAN (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. R 0085576	1. ACCESSION NUMBER <i>ACL 16912</i>	2. DATE BLOOD DRAWN <i>8/20/11</i>
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code Tel No. County	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CLOVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM Zip Code		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM 5900 JONES PLACE NW, ALBUQUERQUE, NM Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify that the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM	12. SIGNATURE DATE 8/20/11
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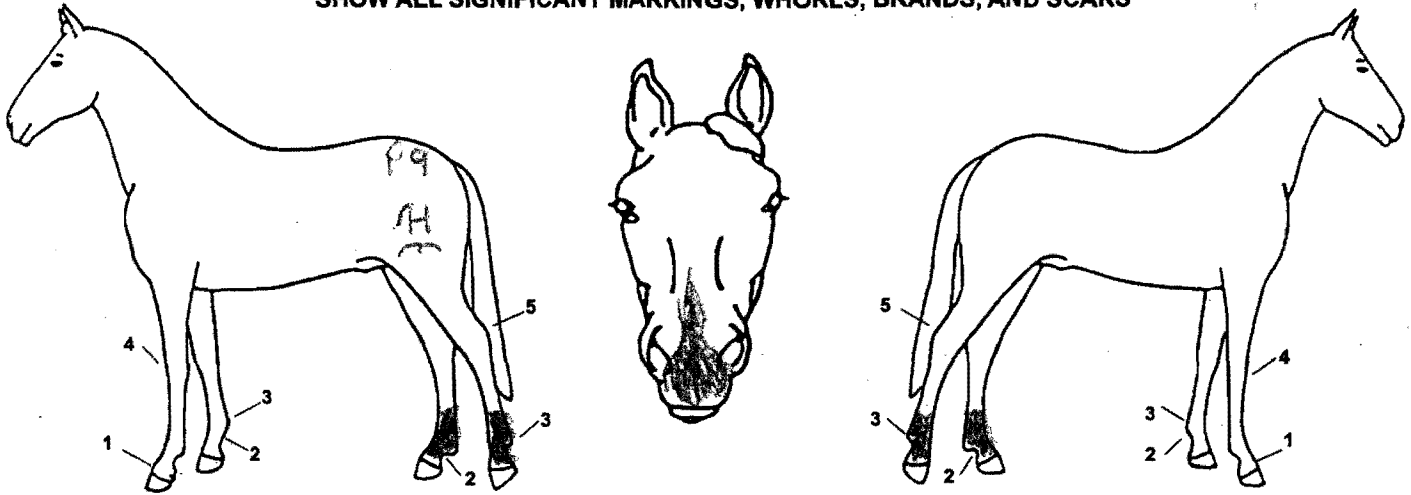
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female <input checked="" type="checkbox"/> G - Gelding N - Neuter
		 981100002693631 Exp.2014-05		Bay	QH		2 1/2	6	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD <i>Strip</i>	26. OTHER MARKS AND BRANDS P9 H L/H
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB <i>Soch</i>	30. RIGHT HINDLIMB <i>Soch</i>

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/21/11	33. DATE REPORTED OUT 8/20/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF LABORATORIAN (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form for not more than

one year and may result in a fine of not more than \$10,000 or imprisonment for not more than 1 year (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0085575

1. ACCESSION NUMBER

ACL.16913

2. DATE BLOOD DRAWN

8/20/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING

Market Change of Ownership Retest Show First Test Export

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

N/A

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

1167

6. TEST TYPE

ELISA
 AGID

Zip Code
Tel No. County

8. NAME AND ADDRESS OF OWNER (Please print or type)

DENNIS CHAVEZ
5/W LIVESTOCK AUCTION
108 LURAS, NE
Zip Code
County

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

C.Y. BRASHER DVM
5900 JONES BLVD. SW
ALBUQUERQUE, NE
Zip Code 87120
Tel No. (505) 610-4711
County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL

(b)(6)

VETERINARIAN

11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASHER DVM.

12. SIGNATURE DATE

8/20/11


CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

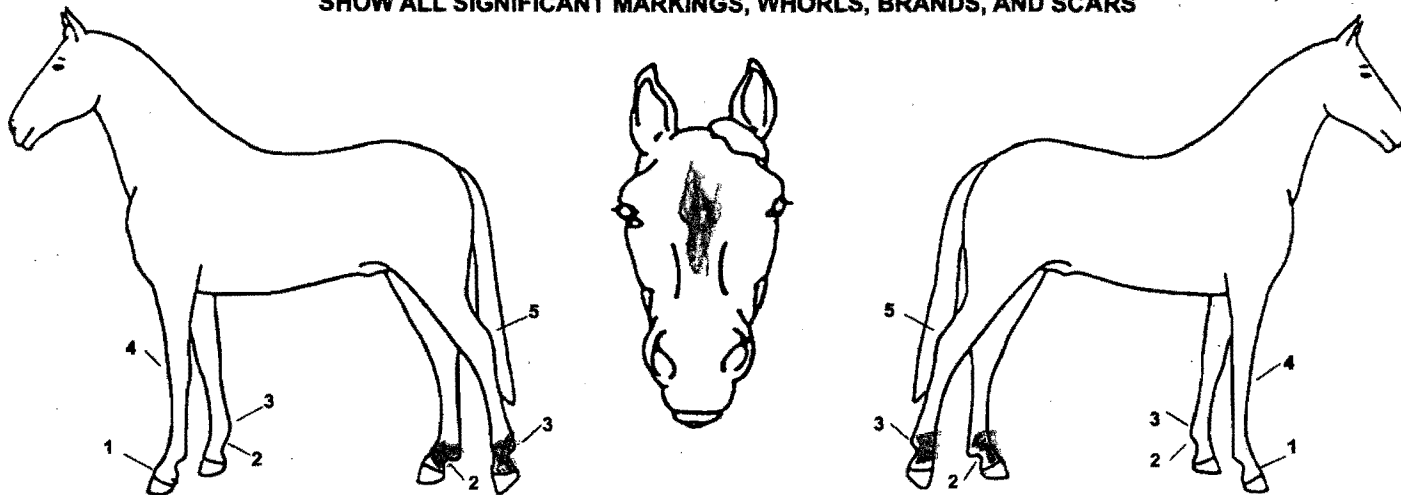
13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
				Grey	App		3y	G	
			981100002692993						

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD

Star

26. OTHER MARKS AND BRANDS

27. LEFT FORELIMB

28. RIGHT FORELIMB

29. LEFT HINDLIMB

Sox

30. RIGHT HINDLIMB

Sox

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGIIE LAB
ALBUQUERQUE, NE

32. DATE RECEIVED

8/20/11

33. DATE REPORTED OUT

8/20/11

34. TEST RESULTS

Negative Positive AGID ELISA

36. SIGNATURE OF TESTER (b)(6)

35. REMARKS

Falsification of this form or knowingly using a falsified form is an offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.
R 0085574

1. ACCESSION NUMBER

ACL. 16914

2. DATE BLOOD DRAWN

8/20/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		Zip Code	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM	
Tel No. County		Tel No. 505)610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

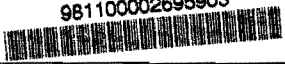
I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM.	12. SIGNATURE DATE 8/20/11
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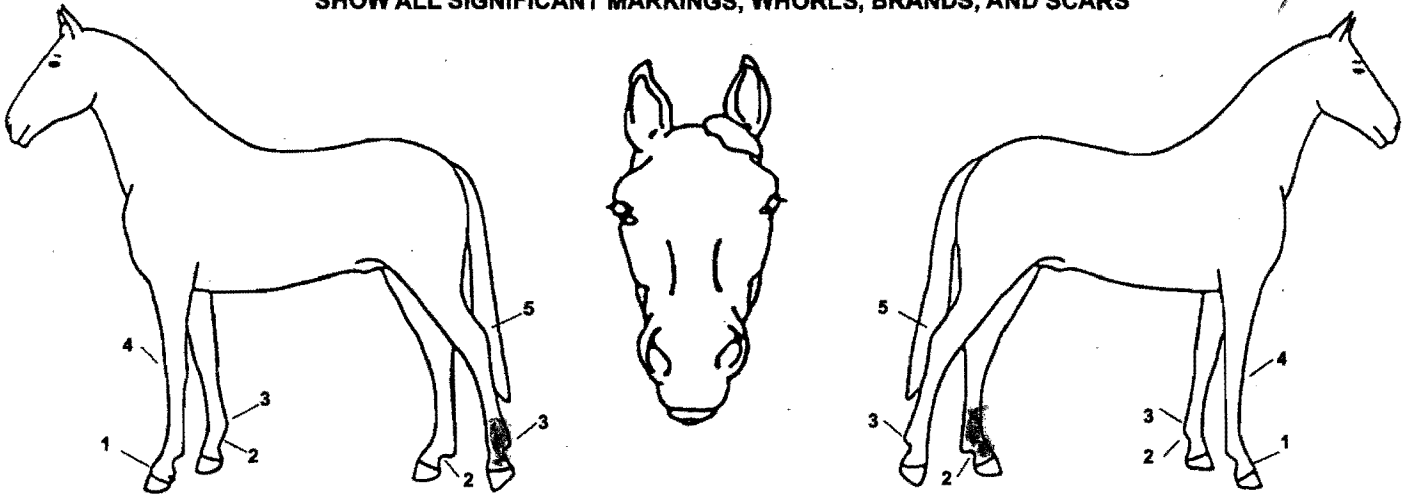
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse 981100002695903 	20. Color Bay	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 2 1/2	24. Sex G	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Sore	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/20/11	33. DATE REPORTED OUT 8/20/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0085573

1. ACCESSION NUMBER

ACI 16915

2. DATE BLOOD DRAWN

8/20/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING

- Market Change of Ownership Show First Test

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

N/A

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

1167

6. TEST TYPE

- ELISA AGID

Zip Code

Tel No.

County

8. NAME AND ADDRESS OF OWNER (Please print or type)

DENNIS GRAVEZ
c/o S/W LIVESTOCK AUCTION
LOS LUNAS, NM

Zip Code

Tel No.

County

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

C.Y. BRASLER DVM
5900 JONES PLACE NW,
ALBUQUERQUE, NM

Zip Code

87120

Tel No. (505)610-4711

County BERKLAND

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify (b)(6) [redacted] specimens submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

[redacted signature]

11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASLER DVM

12. SIGNATURE DATE

8/20/11

CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify [redacted] have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.
17. Official Tag No.
18. Tattoo/Brand

19. Name of Horse



981100002692174

20. Color

Bay

21. Breed

QH

22. Electronic I.D. No.

23. Age or DOB

2y

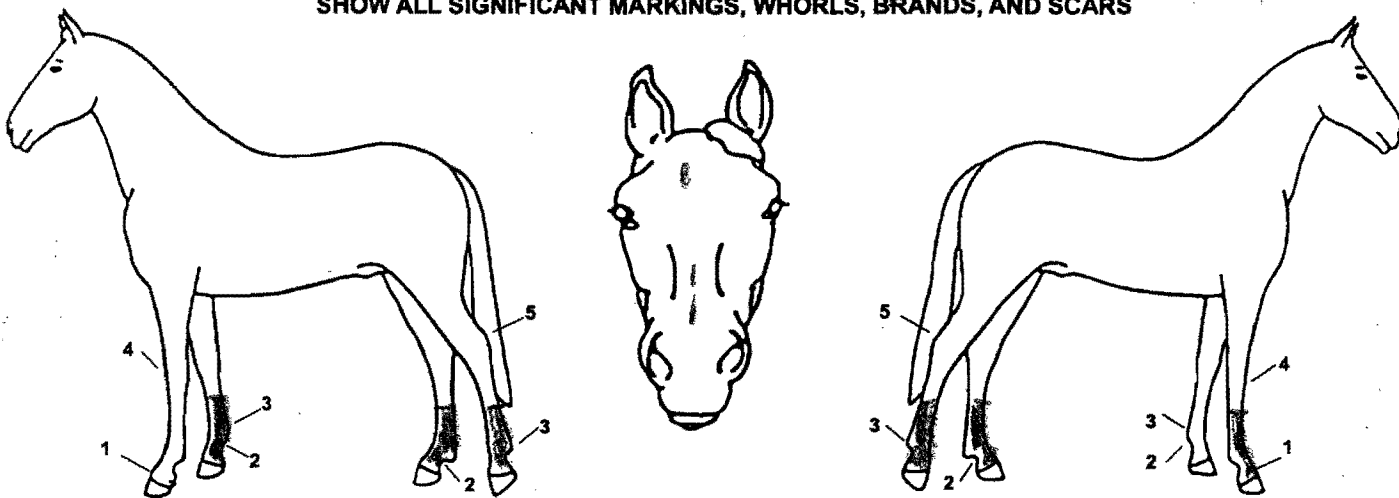
24. Sex

G

M - Male
F - Female
G - Gelding
N - Neuter

G - Gelding

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD

STAR STRIP

26. OTHER MARKS AND BRANDS

27. LEFT FORELIMB

28. RIGHT FORELIMB

Sock

29. LEFT HINDLIMB

Sock

30. RIGHT HINDLIMB

Sock

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE
ALBUQUERQUE COGGINS LAB
ALBUQUERQUE, NM

32. DATE RECEIVED
8/20/11

33. DATE REPORTED OUT
8/20/11

34. TEST RESULTS
 Negative Positive AGID ELISA

36. SIGNATURE
(b)(6)

35. REMARKS

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST**
(VS Memorandum 555.16)

SERIAL NO.

R 0085572

1. ACCESSION NUMBER

ACL 16916

2. DATE BLOOD DRAWN

8/20/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING

- Show First Test
 Market Change of Ownership Retest Export

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

N/A

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

1167

6. TEST TYPE

- ELISA
 AGID

Zip Code

Tel No.

County

8. NAME AND ADDRESS OF OWNER (Please print or type)

DENNIS OLAVEZ
@ S/W LIVESTOCK AUCTION
LOS LUNAS, NM

Zip Code

Tel No.

County

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

C.Y. BRASLER DVM
5900 JONES PLACE NW,
ALBUQUERQUE, NM

Zip Code

87120

Tel No.

(505) 810-4711

County

BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify (b)(6) submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL VETERINARIAN

(b)(6)

11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASLER DVM

12. SIGNATURE DATE

8/20/11

CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify (b)(6) examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

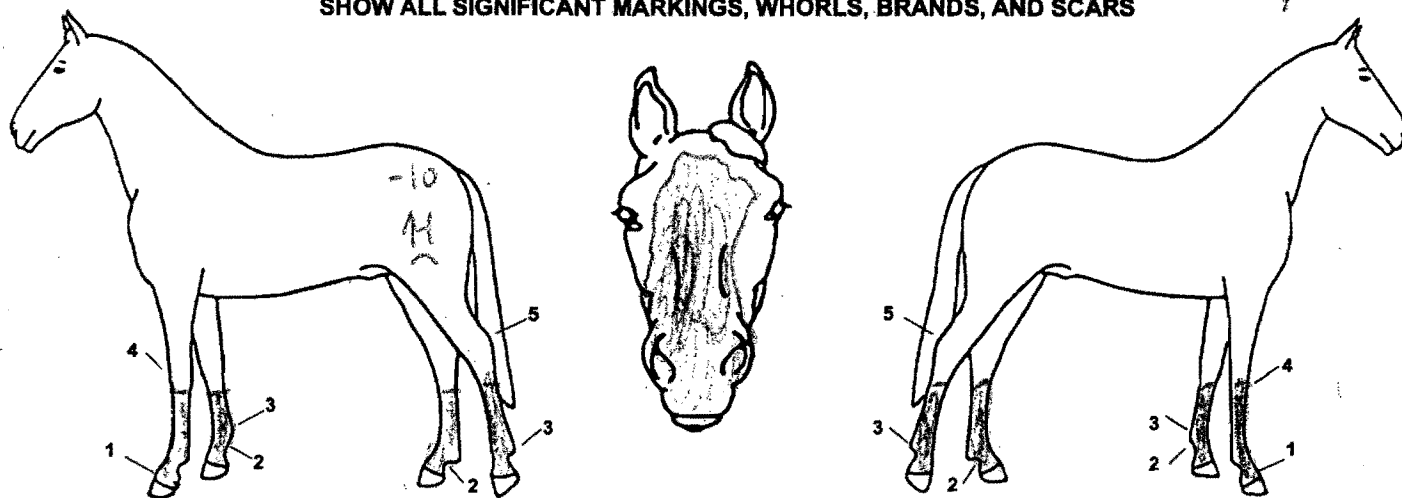
13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	17. Official Tag No.	18. Tatt.	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
			981100002695928	White	QH		4 Yr	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	Bald Face	26. OTHER MARKS AND BRANDS	-10 H L/H
27. LEFT FORELIMB	Soch	28. RIGHT FORELIMB	Soch
29. LEFT HINDLIMB	Soch	30. RIGHT HINDLIMB	Soch

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGNATE LAB ALBUQUERQUE, NM	8/20/11	8/20/11	<input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 3 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.
R0085571

1. ACCESSION NUMBER
ACL 16917

2. DATE BLOOD DRAWN
8/20/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		Zip Code	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASNER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM	
Tel No.		Tel No. (505) 610-4711	
County		County BERNALILLO	
Zip Code		Zip Code 87120	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify that the information submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASNER DVM	12. SIGNATURE DATE 8/20/11
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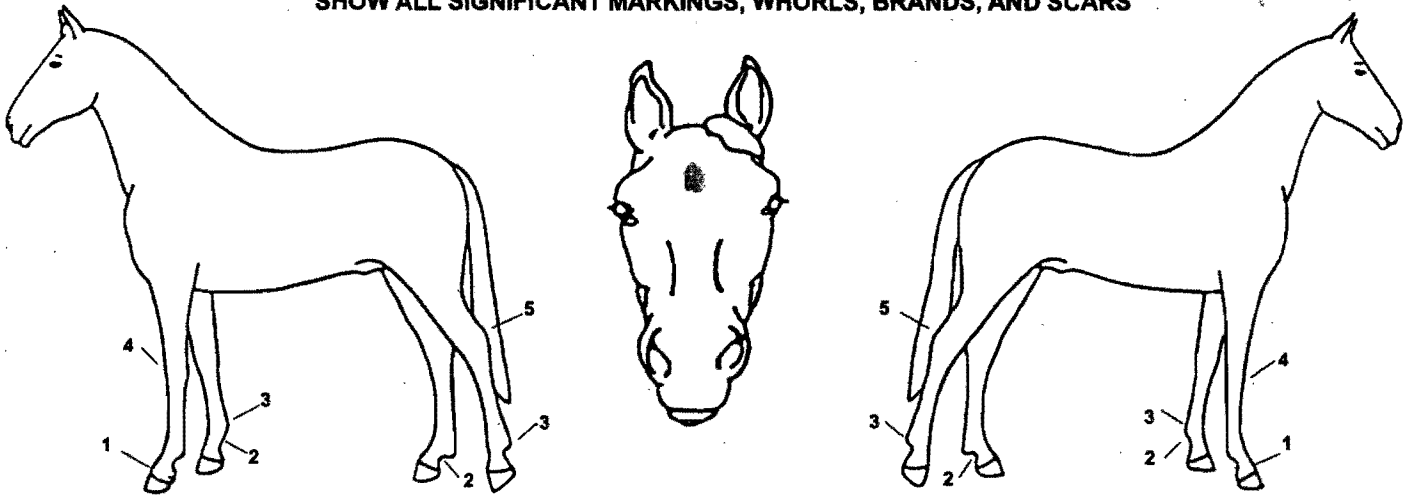
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand  981100002692768 Exp.2014-05	19. Name of Horse	20. Color Red	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 2y F	24. Sex <input checked="" type="checkbox"/> M - Male <input checked="" type="checkbox"/> F - Female <input type="checkbox"/> G - Gelding <input type="checkbox"/> N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAR	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COWINGS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/20/11	33. DATE REPORTED OUT 8/20/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
38. SIGNATURE OF (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **R 0085570**
1. ACCESSION NUMBER *ACL 16918*
2. DATE BLOOD DRAWN *8/20/11*

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) <i>N/A</i>	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. <i>1167</i>	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) <i>DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM</i>		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <i>C.Y. BRASHEK DVM 5900 JONES PLACE NW, ALBUQUERQUE, NM</i>	
Tel No. County		Tel No. <i>505/610-4711</i> County <i>BERNALILLO</i>	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify that the information submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>(b)(6)</i>	11. TYPE OR PRINT SIGNATURE NAME <i>C.Y. BRASHEK DVM.</i>	12. SIGNATURE DATE <i>8/20/11</i>
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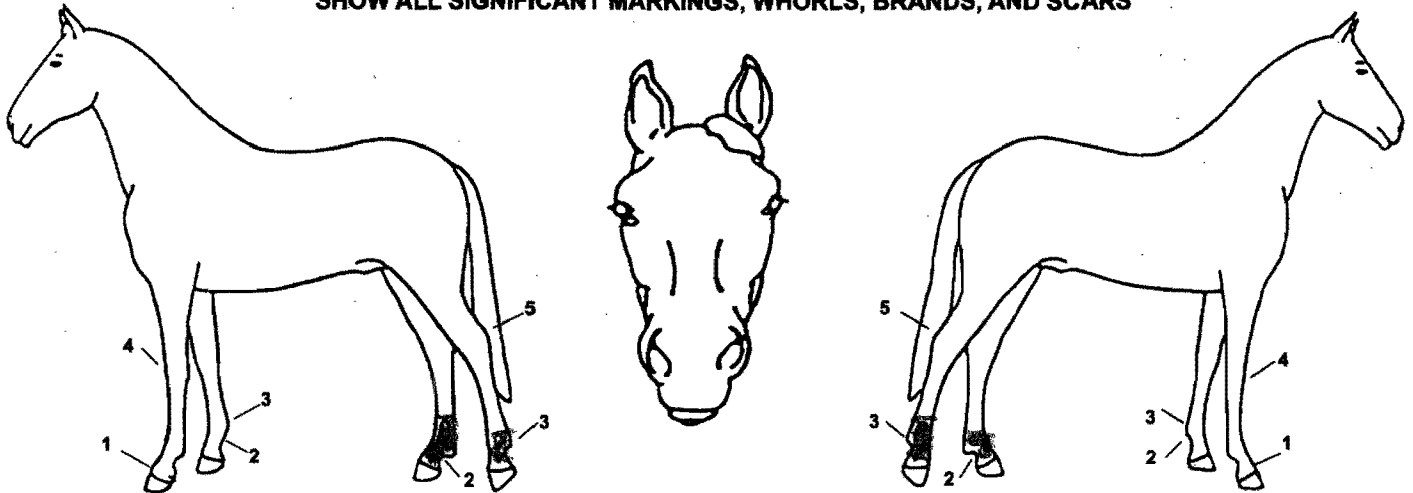
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I submitted this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brn	19.  <i>981100002629810</i>	20. Color <i>grey brown</i>	21. Breed <i>QH</i>	22. Electronic I.D. No.	23. Age or DOB <i>2y F</i>	24. Sex <i>F</i>	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB <i>Soch</i>	30. RIGHT HINDLIMB <i>Soch</i>

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE <i>ALBUQUERQUE COGGIUS LAB ALBUQUERQUE, NM</i>	32. DATE RECEIVED <i>8/20/11</i>	33. DATE REPORTED OUT <i>8/20/11</i>	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE <i>(b)(6)</i>	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **R 0085569**
1. ACCESSION NUMBER *ACL 16919*
2. DATE BLOOD DRAWN *8/20/11*

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) <i>S/A</i>	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. <i>1107</i>	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) <i>DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM</i>		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <i>C.Y. BRASHER DVM 5908 JONES PLACE NE, ALBUQUERQUE, NM</i>	
Tel No. County		Tel No. County	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME <i>C.Y. BRASHER DVM</i>	12. SIGNATURE DATE <i>8/20/11</i>
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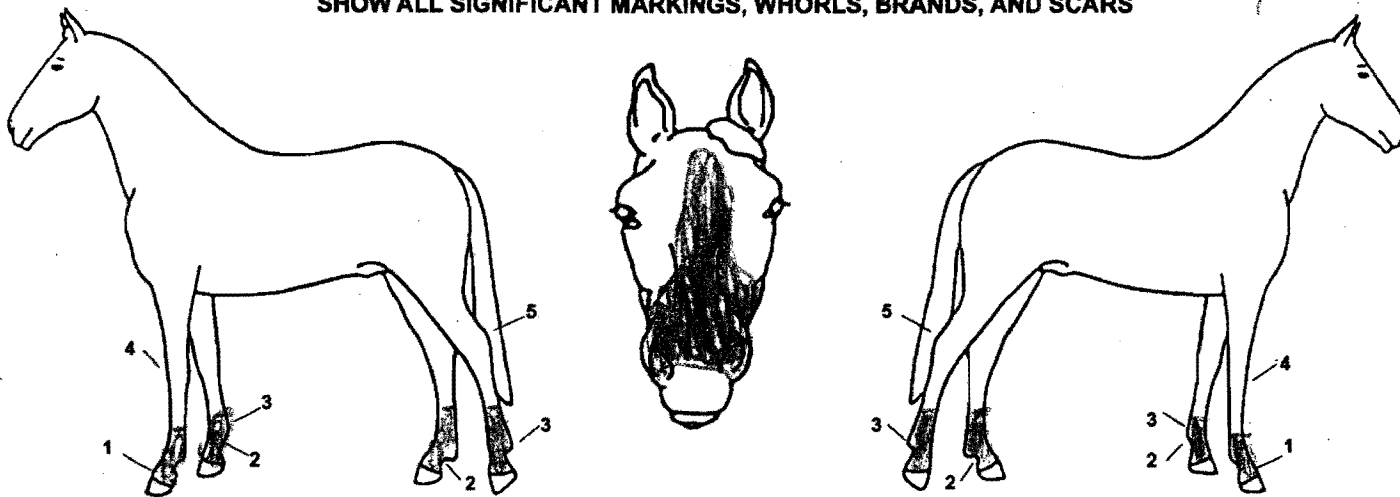
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify I examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Barcode <i>981100002624113</i>	19. Name of Horse	20. Color <i>Bq</i>	21. Breed <i>QH</i>	22. Electronic I.D. No.	23. Age or DOB <i>3y</i>	24. Sex <i>F</i>	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD <i>Strip</i>	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB <i>Soch</i>	28. RIGHT FORELIMB <i>Soch</i>
29. LEFT HINDLIMB <i>Soch</i>	30. RIGHT HINDLIMB <i>Soch</i>

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE <i>ALBUQUERQUE COLLEGE LAB ALBUQUERQUE, NM</i>	32. DATE RECEIVED <i>8/20/11</i>	33. DATE REPORTED OUT <i>8/20/11</i>	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.
R 0085568

1. ACCESSION NUMBER
2. DATE BLOOD DRAWN
ACL 16926 8/20/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Reltest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1157	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CRAVEZ 6 S/W LIVESTOCK AUCTION LOS LUNAS, NM Zip Code County		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASNER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM Tel No. 505-940-4711 Zip Code 87120 County SULLY	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that I am a veterinarian submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASNER DVM	12. SIGNATURE DATE 8/20/11
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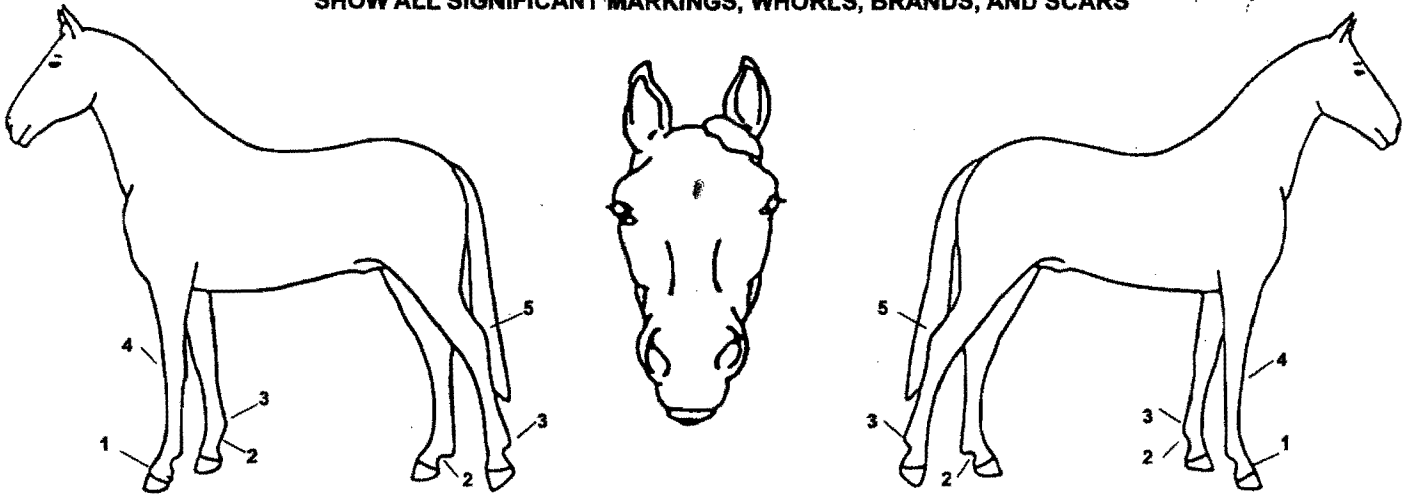
CERTIFICATION OF OWNER OR OWNER'S AGENT

examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse 981100002625785	20. Color Red ROAN	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 3 1/2	24. Sex F	M - Male E - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAR	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/20/11	33. DATE REPORTED OUT 8/20/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
	35. SIGNATURE (b)(6)		35. REMARKS

Falsification of this form or knowingly using a falsified form for not more

offense and may result in a fine of not more than \$10,000 or imprisonment or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **R 0085567**
1. ACCESSION NUMBER **601.16921**
2. DATE BLOOD DRAWN **8/20/11**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LURAS, NE		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5900 JONES PLACE NW, ALBUQUERQUE, NE	
Tel No. _____ County _____		Tel No. _____ Zip Code 87120 County _____	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM	12. SIGNATURE DATE 8/20/11
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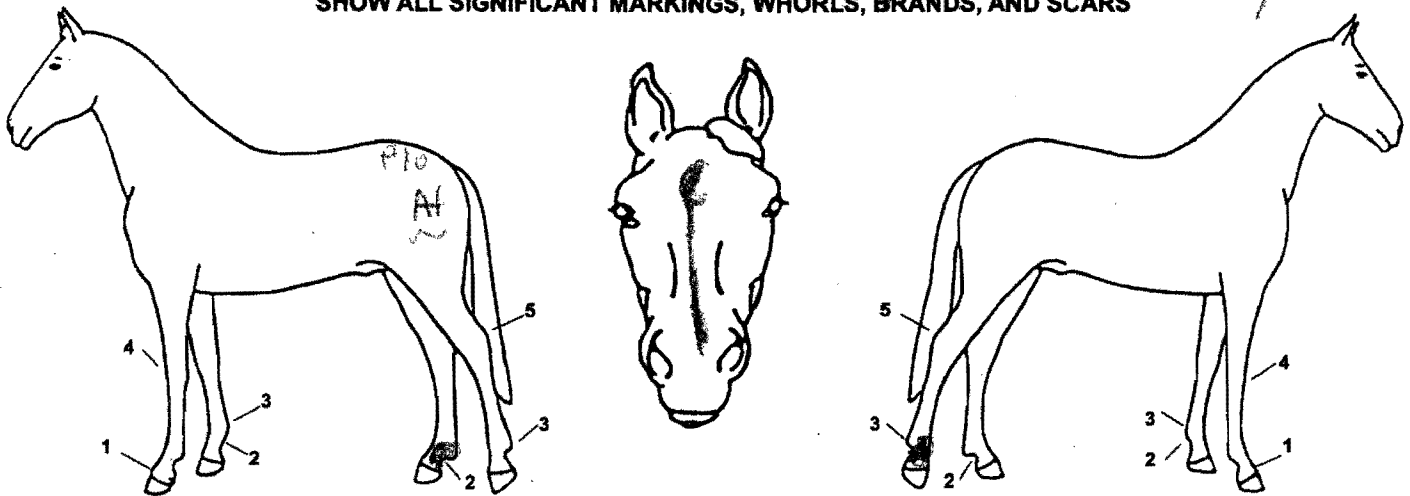
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Barcode  981100002629945	20. Color Grey	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 2y F	24. Sex <input checked="" type="checkbox"/> M - Male <input checked="" type="checkbox"/> F - Female <input type="checkbox"/> G - Gelding <input type="checkbox"/> N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip	26. OTHER MARKS AND BRANDS P10 H L/H
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB Sole

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NE	32. DATE RECEIVED 8/20/11	33. DATE REPORTED OUT 8/20/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is an offense and may result in a fine of not more than \$10,000 or imprisonment for not more than _____ or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. R0085566	1. ACCESSION NUMBER <i>ACL 16922</i>	2. DATE BLOOD DRAWN <i>8/20/11</i>
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) <i>N/A</i>		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: _____ LONG: _____		5. VETERINARY LICENSE OR ACCREDITATION NO. <i>1167</i>	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code
8. NAME AND ADDRESS OF OWNER (Please print or type) <i>DENNIS CHAVEZ c/o S/W LIVESTOCK AUCTION LOS LUNAS, NM</i>			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <i>C.Y. BRASLER DVM 5900 JONES PLACE NE, ALBUQUERQUE, NM</i>		Zip Code <i>87120</i>
Tel No.		County	Tel No. <i>(505) 610-4711</i>		County <i>BERNALILLO</i>

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)		11. TYPE OR PRINT SIGNATURE NAME <i>C.Y. BRASLER DVM</i>		12. SIGNATURE DATE <i>8/20/11</i>
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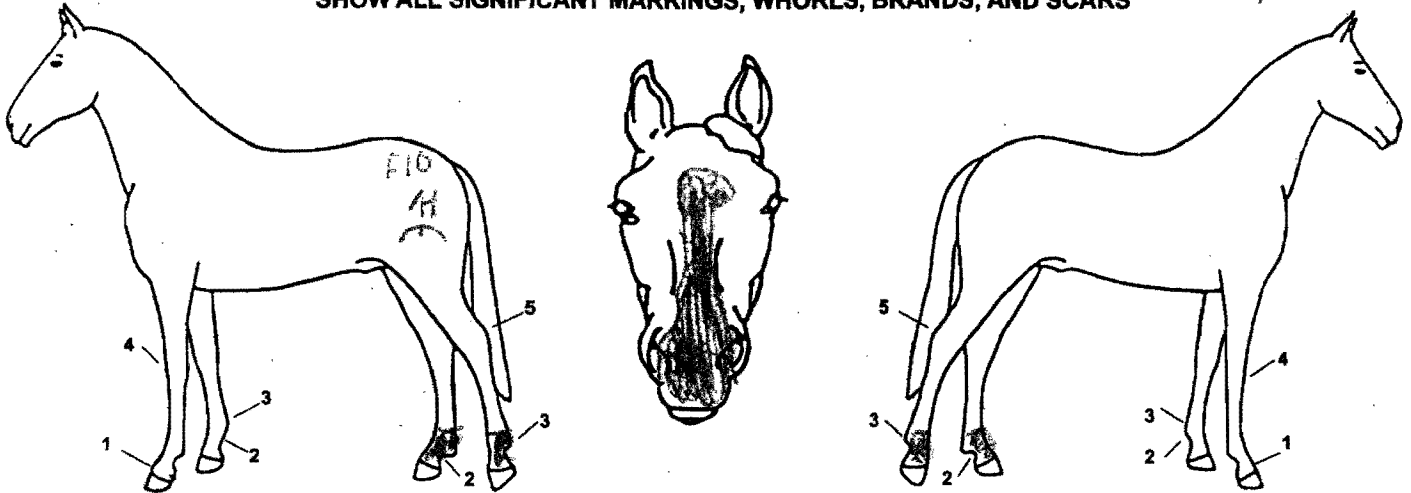
CERTIFICATION OF OWNER OR OWNER'S AGENT

I, **(b)(6)** examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER (b)(6)		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE
---	--	----------------------------------	--	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand 981100002624336	19. _____	20. Color <i>Blk/wh</i>	21. Breed <i>QH</i>	22. Electronic I.D. No.	23. Age or DOB <i>3y F</i>	24. Sex <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Gelding <input type="checkbox"/> Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS	
25. HEAD <i>Strip</i>	26. OTHER MARKS AND BRANDS <i>FIO H L/H</i>
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB <i>Soch</i>	30. RIGHT HINDLIMB <i>Soch</i>

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE <i>ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM</i>		32. DATE RECEIVED <i>8/24/11</i> (b)(6)	33. DATE REPORTED OUT <i>8/26/11</i>	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE (b)(6)		35. REMARKS		

Falsification of this form or knowingly using a falsified form is an offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.
R0085565

1. ACCESSION NUMBER
2. DATE BLOOD DRAWN
ACQ. 16923 8/20/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHEM DVM 4900 JONES PLACE NE, ALBUQUERQUE, NM	
Tel No. County		Tel No. County	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHEM DVM.	12. SIGNATURE DATE 8/20/11
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CERTIFICATION OF OWNER OR OWNER'S AGENT

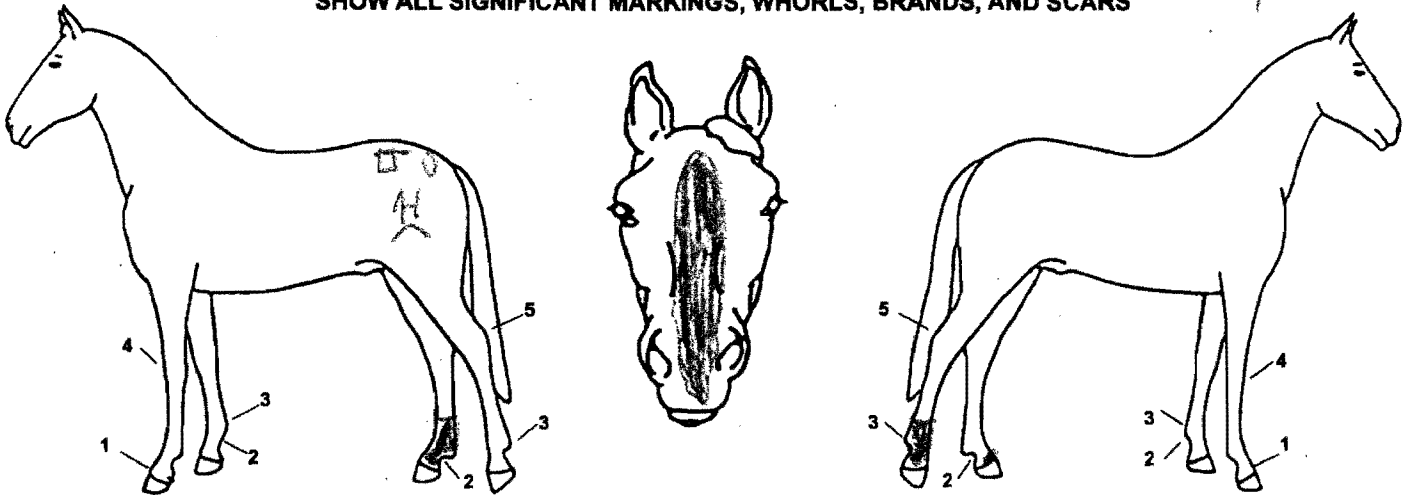
I certify that I or the agent I have designated has examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
				3/10/11	QH		3y 1	F	

981100002701518 Exp.2014-05

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip	26. OTHER MARKS AND BRANDS 50 H LH
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Coronet	30. RIGHT HINDLIMB Soh

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/20/11	33. DATE REPORTED OUT 8/20/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0085564

1. ACCESSION NUMBER

ACL 16924

2. DATE BLOOD DRAWN

8/20/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING

Market Change of Ownership Retest Export

Show First Test

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

N/A

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

1107

6. TEST TYPE

ELISA
 AGID

Zip Code

Tel No.

County

8. NAME AND ADDRESS OF OWNER (Please print or type)

DENNIS CHAVEZ
c/o S/W LIVESTOCK AUCTION
LOS ANGELES, CA

Zip Code

Tel No.

County

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

C.Y. BRASHNER DVM
5900 JONES PLACE NW
ALBUQUERQUE, NM

Zip Code

87120

Tel No.

County

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that the information submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL VETERINARIAN

(b)(6)

VETERINARIAN

11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASHNER DVM

12. SIGNATURE DATE

8/20/11

CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

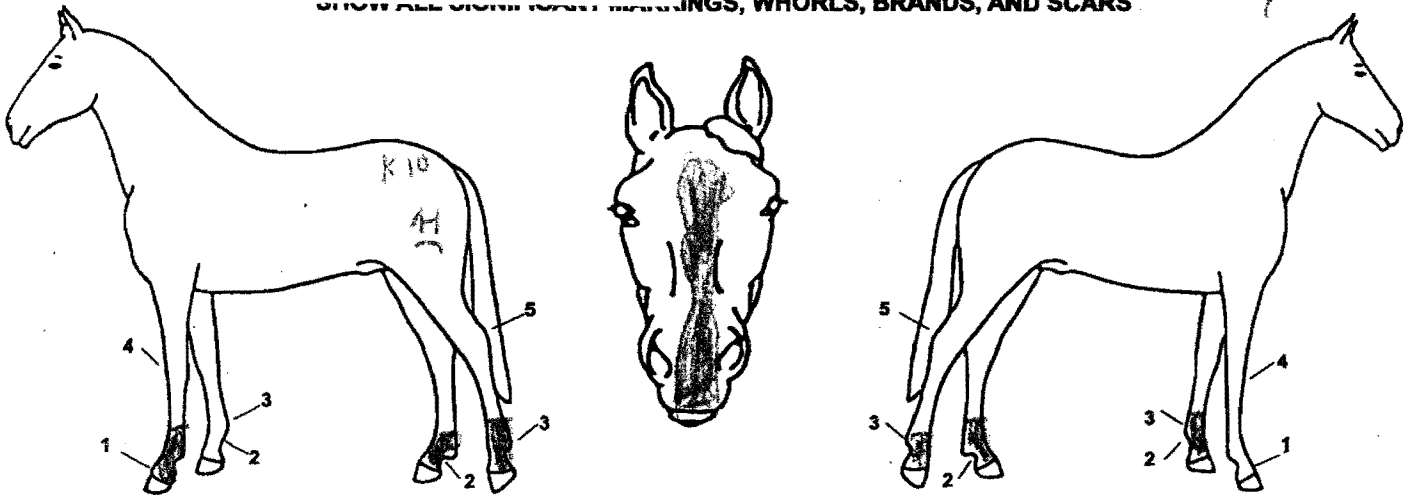
15. SIGNATURE DATE

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
				grey pinto	QH		2y	F	



981100002700331

DIGITAL SIGNATURE MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	Strip	26. OTHER MARKS AND BRANDS	K10 71 L/H
27. LEFT FORELIMB	Soch	28. RIGHT FORELIMB	
29. LEFT HINDLIMB	Soch	30. RIGHT HINDLIMB	Soch

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGNITO LAB ALBUQUERQUE, NM	8/20/11	8/20/11	<input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
38. SIGNATURE	(b)(6)	35. REMARKS	

Falsification of this form or knowingly using a falsified form for not more than 5 years after the date of the offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 1 year or both (U.S.C. Section 1001).

Falsification of this form or knowingly using a falsified form for not more than 5 years after the date of the offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 1 year or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. R 0085561	1. ACCESSION NUMBER <i>16925</i>	2. DATE BLOOD DRAWN 8/21/11
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code Tel No. County	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W LIVESTOCK AUCTION LOS LUNAS, NM Zip Code County		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM 5900 JONES PLACE NW, ALBUQUERQUE, NM Zip Code 87120 Tel No. (505) 610-4711 County Bernalillo	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify that the information submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM	12. SIGNATURE DATE 8/21/11
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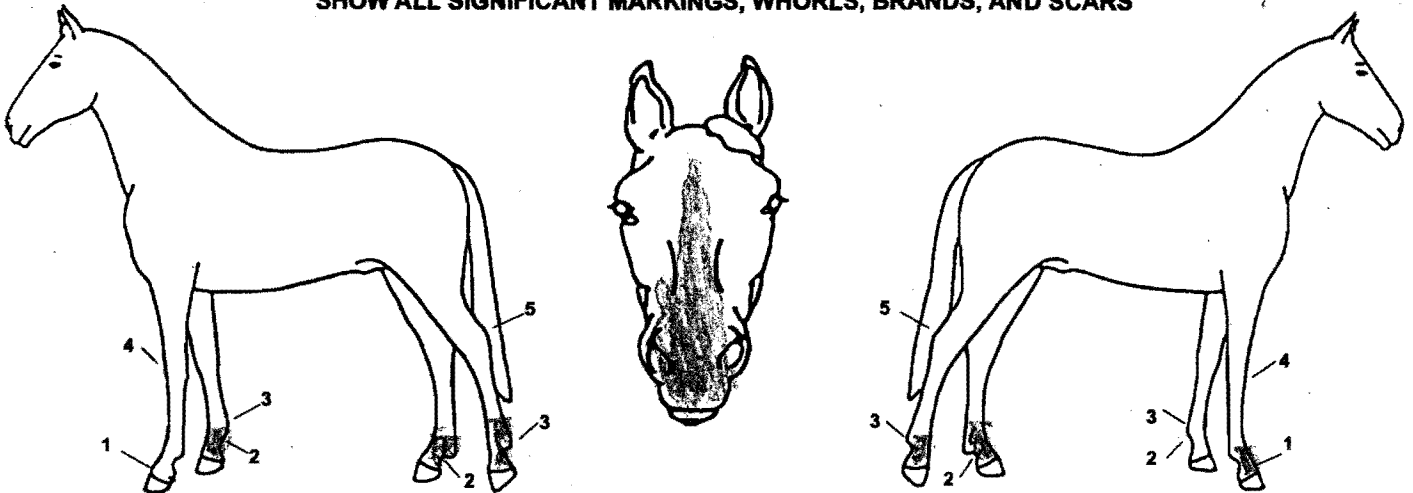
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER (b)(6)	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002700373	20. Color Dun	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 4y	24. Sex F	M - Male <input checked="" type="checkbox"/> F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB Soch
29. LEFT HINDLIMB Soch	30. RIGHT HINDLIMB Soch

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGCLAS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/21/11	33. DATE REPORTED OUT 8/21/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.
R 0085560

1. ACCESSION NUMBER
ACL/16926

2. DATE BLOOD DRAWN
8/21/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) <i>N/A</i>		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. <i>1167</i>	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code
8. NAME AND ADDRESS OF OWNER (Please print or type) <i>DENAIS CHAVEZ</i> <i>@ S/W LIVESTOCK AUCTION</i> <i>LOS LUNAS, NM</i>			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <i>C.Y. BRASLER DVM</i> <i>5900 JONES PLACE NW,</i> <i>ALBUQUERQUE, NM</i>		
Tel No.		County	Tel No. <i>(505) 410-4711</i>		County <i>BERNALILLO</i>

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)		11. TYPE OR PRINT SIGNATURE NAME <i>C.Y. BRASLER DVM</i>		12. SIGNATURE DATE <i>8/21/11</i>	
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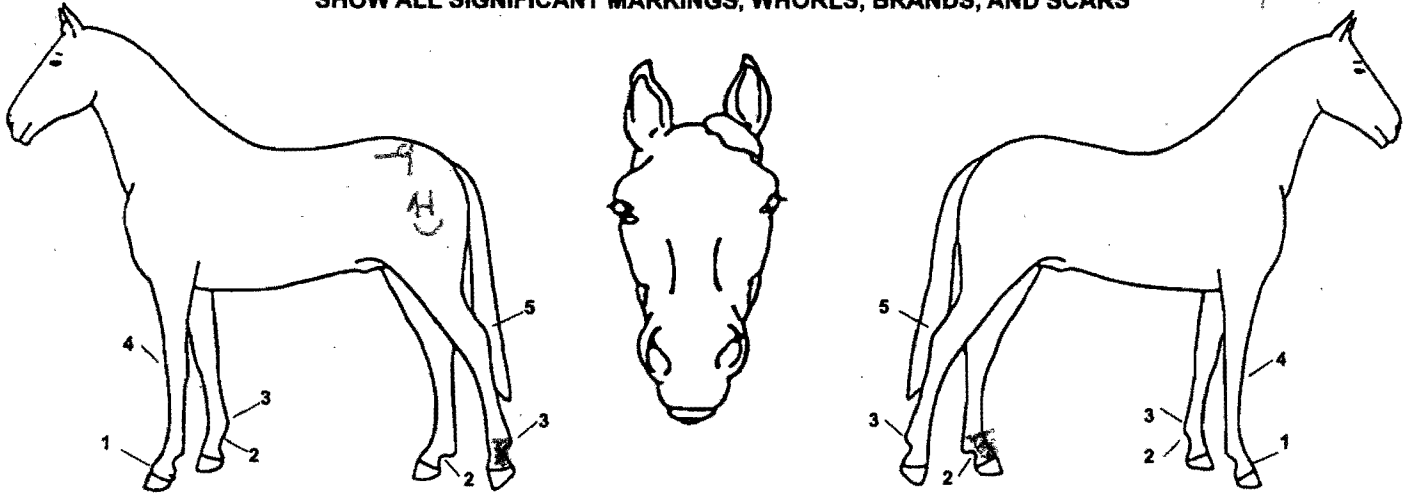
CERTIFICATION OF OWNER OR OWNER'S AGENT

examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE	
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Barcode <i>981100002699843</i>	20. Color <i>Black</i>	21. Breed <i>QH</i>	22. Electronic I.D. No.	23. Age or DOB <i>2</i>	24. Sex <i>F</i>	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD		26. OTHER MARKS AND BRANDS <i>-9 H 4/14</i>	
27. LEFT FORELIMB		28. RIGHT FORELIMB	
29. LEFT HINDLIMB <i>Spec</i>		30. RIGHT HINDLIMB	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE <i>ALBUQUERQUE COGGINS LAB</i> <i>ALBUQUERQUE, NM</i>		32. DATE RECEIVED <i>8/21/11</i>	33. DATE REPORTED OUT <i>8/21/11</i>	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA	
36. SIGNATURE OF (b)(6)				35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.
R 0085559

1. ACCESSION NUMBER

AGL 16927

2. DATE BLOOD DRAWN

8/21/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
5. VETERINARY LICENSE OR ACCREDITATION NO. 1107		Zip Code	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ 6 S/W LIVESTOCK AUCTION LOS LUNAS, NM Tel No.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM 5900 JONAS PLACE NW, ALBUQUERQUE, NM Tel No. (505) 610-4711	
County		County	
Zip Code		Zip Code 87120	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM,	12. SIGNATURE DATE 8/21/11
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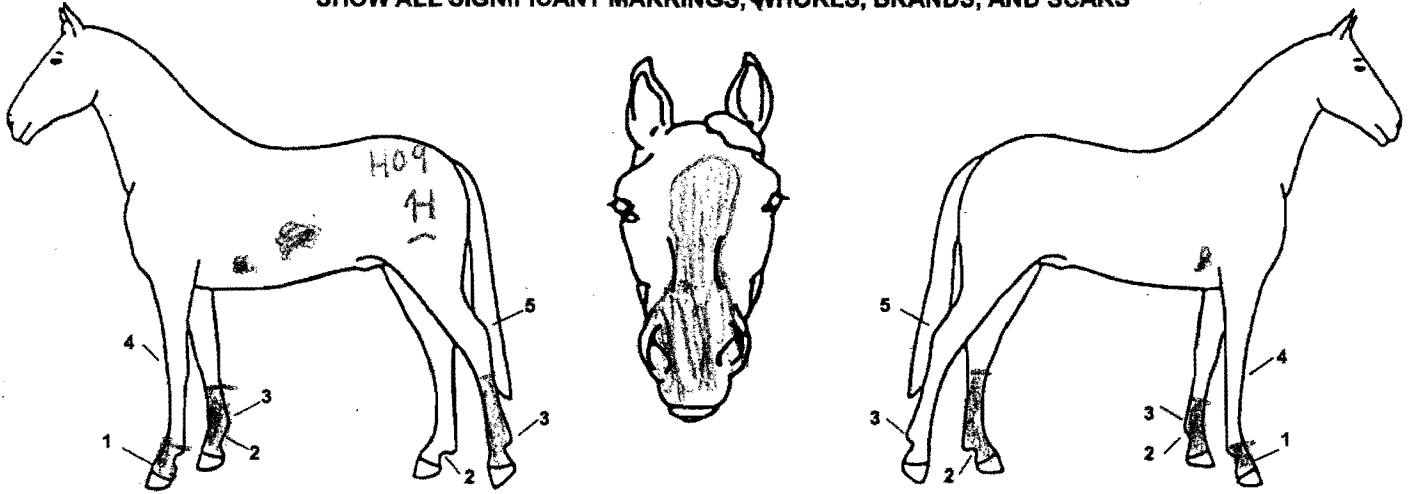
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify I examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Barcode 981100002699975	20. Color Black White PNT	21. Breed PNT	22. Electronic I.D. No.	23. Age or DOB 3y F	24. Sex M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS H09 H L/H
27. LEFT FORELIMB <i>Point</i>	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE CUGGLE LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/21/11	33. DATE REPORTED OUT 8/21/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF TESTER (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is for not more than

one year and may result in a fine of not more than \$10,000 or imprisonment both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.
R 0085558

1. ACCESSION NUMBER

ACC. 16928

2. DATE BLOOD DRAWN

8/21/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Refest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) <i>N/A</i>		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. <i>1167</i>		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W LIVESTOCK AUCTION LOS LURAS, NM			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER, DVM 5900 JONES BLVD. NW, ALBUQUERQUE, NM		
Tel No.		County		Tel No.	
				County <i>87120</i>	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL VETERINARIAN (b)(6)		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER, DVM		12. SIGNATURE DATE <i>8/21/11</i>	
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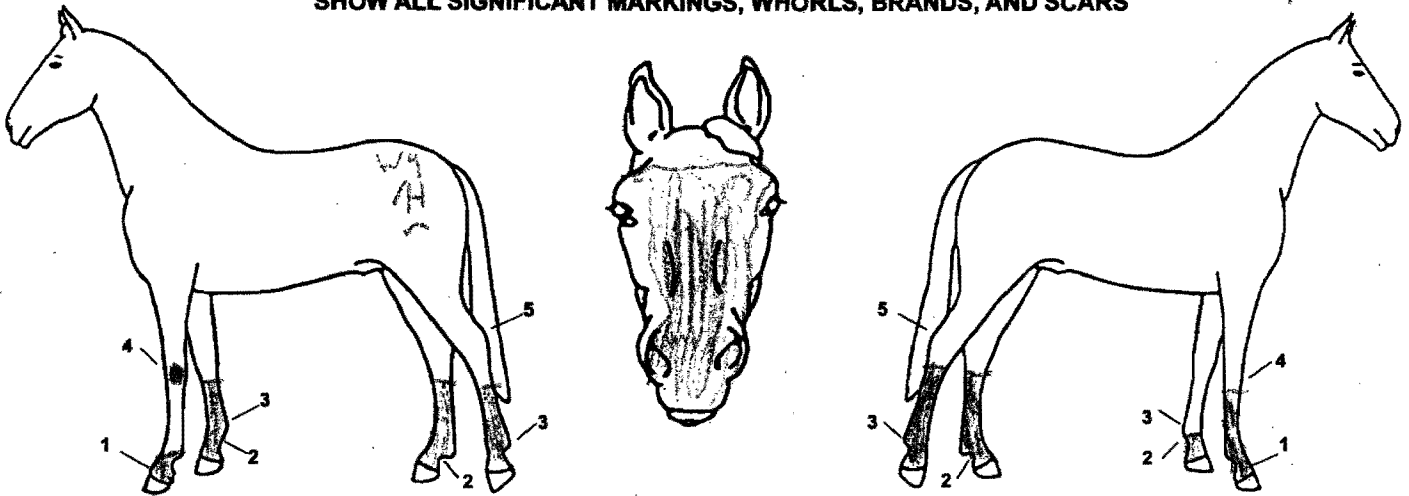
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT			14. TYPE OR PRINT SIGNATURE NAME			15. SIGNATURE DATE		
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	25. Gender
			<i>W9</i>	<i>Ruby</i>	<i>Paint</i>		<i>5yF</i>	<i>F</i>	<i>N</i>

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD <i>Point</i>		26. OTHER MARKS AND BRANDS <i>W9</i>	
27. LEFT FORELIMB		28. RIGHT FORELIMB <i>H L/H</i>	
29. LEFT HINDLIMB		30. RIGHT HINDLIMB	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM		32. DATE RECEIVED <i>8/21/11</i>		33. DATE REPORTED OUT <i>8/21/11</i>		34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA	
36. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)		35. REMARKS					

Falsification of this form or knowingly using a falsified form for not more

offense and may result in a fine of not more than \$10,000 or imprisonment for both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.
R 0085557

1. ACCESSION NUMBER

AGL 16929

2. DATE BLOOD DRAWN

8/21/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM Zip Code County			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5906 JONES PLACE NW ALBUQUERQUE, NM Zip Code 87120 County BERNALILLO Tel No. (505) 610-4711		

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify (b)(6) was submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM	12. SIGNATURE DATE 8/21/11
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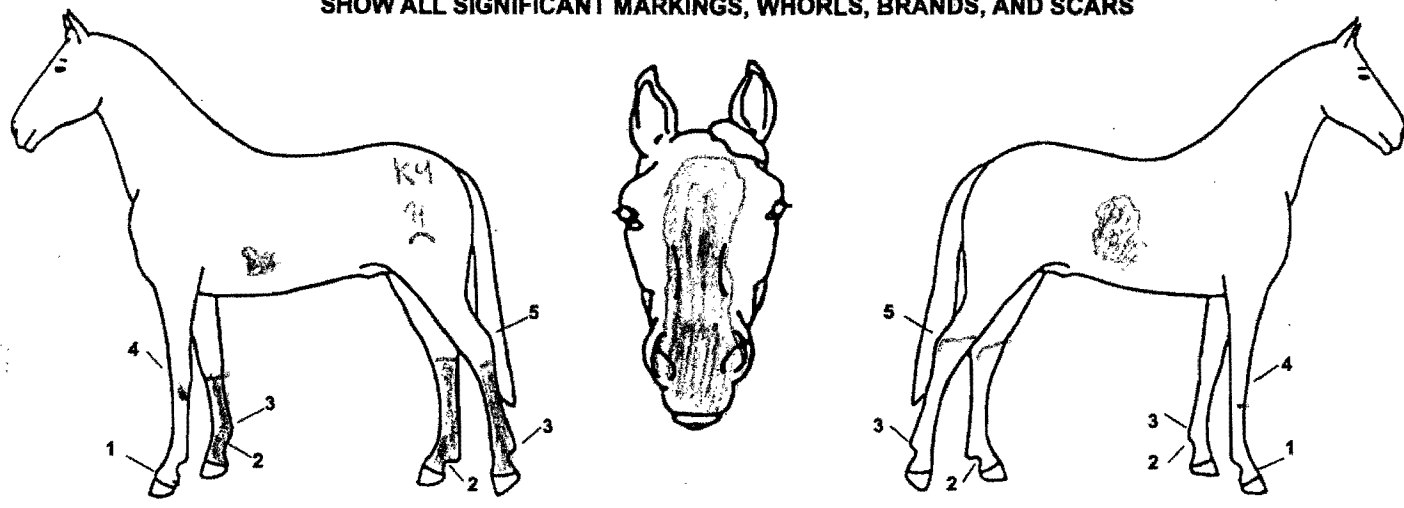
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify (b)(6) examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002701036	20. Color Red Brown	21. Breed Paint	22. Electronic I.D. No.	23. Age or DOB 2 YG	24. Sex G - Gelding	M - Male F - Female N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS K9 H, L/H
27. LEFT FORELIMB <i>Point</i>	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE JUGGERS LAB ALBUQUERQUE, NM.	32. DATE RECEIVED 8/21/11	33. DATE REPORTED OUT 8/21/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form for not more than _____ is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. R 0085556	1. ACCESSION NUMBER <i>ACL 16930</i>	2. DATE BLOOD DRAWN <i>8/21/11</i>
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export	7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: _____ LONG: _____	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code _____ Tel No. _____ County _____
8. NAME AND ADDRESS OF OWNER (Please print or type) DEANIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM Zip Code _____ County _____	9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5900 JONES PLACE NW, ALBUQUERQUE, NM Zip Code 87120 County BERNALILLO Tel No. (505)610-4711

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN _____ (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM	12. SIGNATURE DATE 8/21/11
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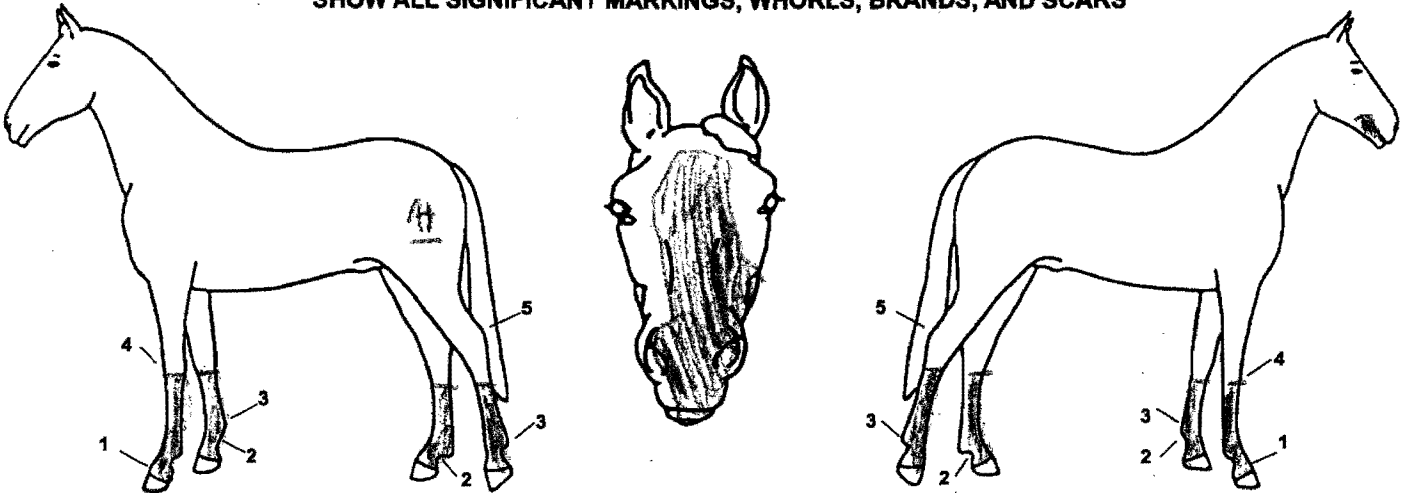
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT _____	14. TYPE OR PRINT SIGNATURE NAME _____	15. SIGNATURE DATE _____
--	---	-----------------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002692907	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male <input checked="" type="checkbox"/> F - Female G - Gelding N - Neuter
				Bay	QH		2yr		

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD <i>Bald face</i>	26. OTHER MARKS AND BRANDS <i>H LH</i>
27. LEFT FORELIMB <i>Sock</i>	28. RIGHT FORELIMB <i>Sock</i>
29. LEFT HINDLIMB <i>Sock</i>	30. RIGHT HINDLIMB <i>Sock</i>

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/21/11	33. DATE REPORTED OUT 8/21/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF _____ (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form for not more than _____

offense and may result in a fine of not more than \$10,000 or imprisonment or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0085555

1. ACCESSION NUMBER

102.16931

2. DATE BLOOD DRAWN

8/21/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ 6 S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM	
Tel No. County		Tel No. (505) 611-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM.	12. SIGNATURE DATE 8/21/11
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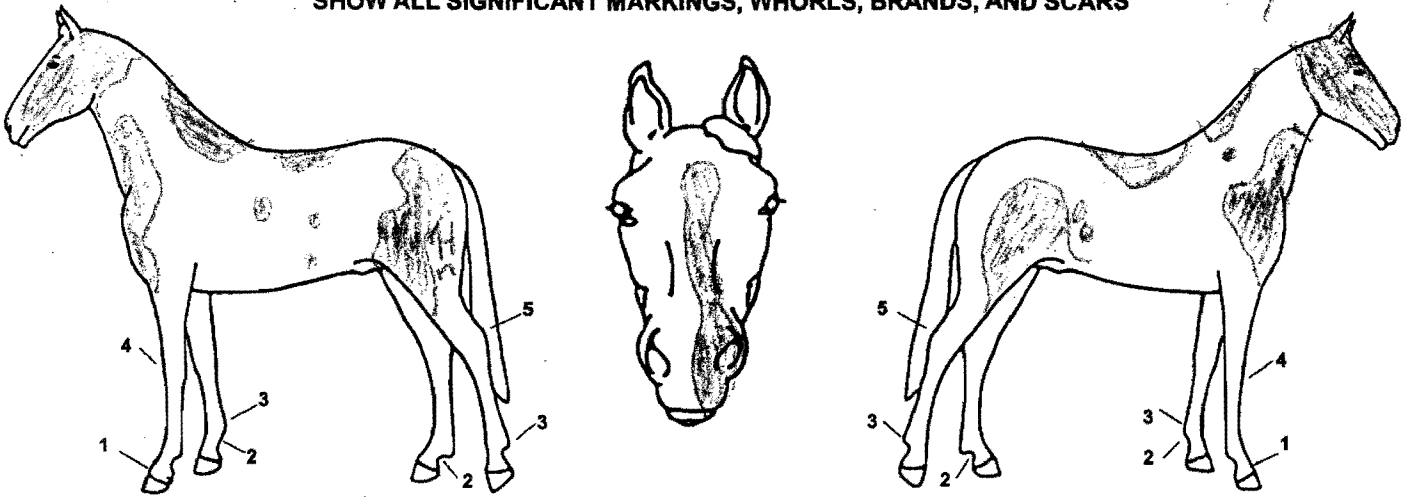
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002698923	20. Color Black white	21. Breed Paint	22. Electronic I.D. No.	23. Age or DOB 4y6	24. Sex G	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS H 4/H
27. LEFT FORELIMB <i>Point</i>	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COUGLAS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/21/11	33. DATE REPORTED OUT 8/22/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
38. SIGNATURE OF (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **R 0085554**
1. ACCESSION NUMBER **ACL-16932**
2. DATE BLOOD DRAWN **8/21/11**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHEVRE c/o S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5900 JONES PLACE NW, ALBUQUERQUE, NM	
Tel No. County		Tel No. 505-610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN
I certify that the information furnished with this Form was drawn by me from the horse described below on the date indicated above.

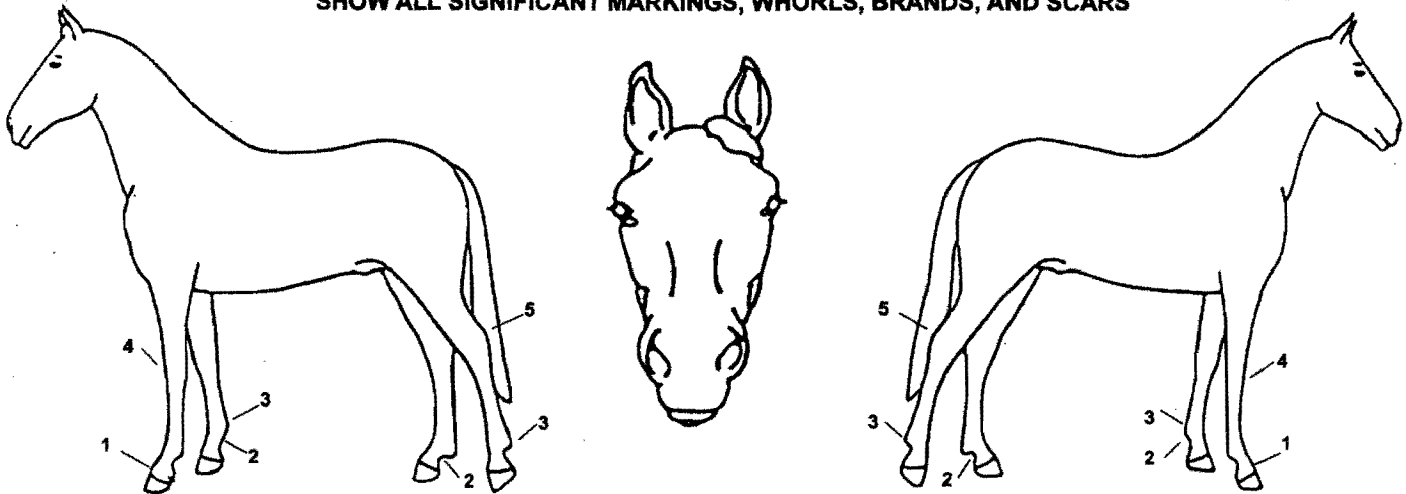
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM	12. SIGNATURE DATE 8/21/11
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CERTIFICATION OF OWNER OR OWNER'S AGENT
I certify that the information furnished on this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brat	19. Name of Horse 981100002697118	20. Color Dun	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 3YF	24. Sex F	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/21/11	33. DATE REPORTED OUT 8/21/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form or information on this form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years, or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. R 0085553	1. ACCESSION NUMBER <i>ACL 16933</i>	2. DATE BLOOD DRAWN 8/21/11
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CRAVEZ 6 S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM 5900 JONES PLACE AVE. ALBUQUERQUE, NM	
Tel No. County		Tel No. (505) 616-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM.	12. SIGNATURE DATE 8/21/11
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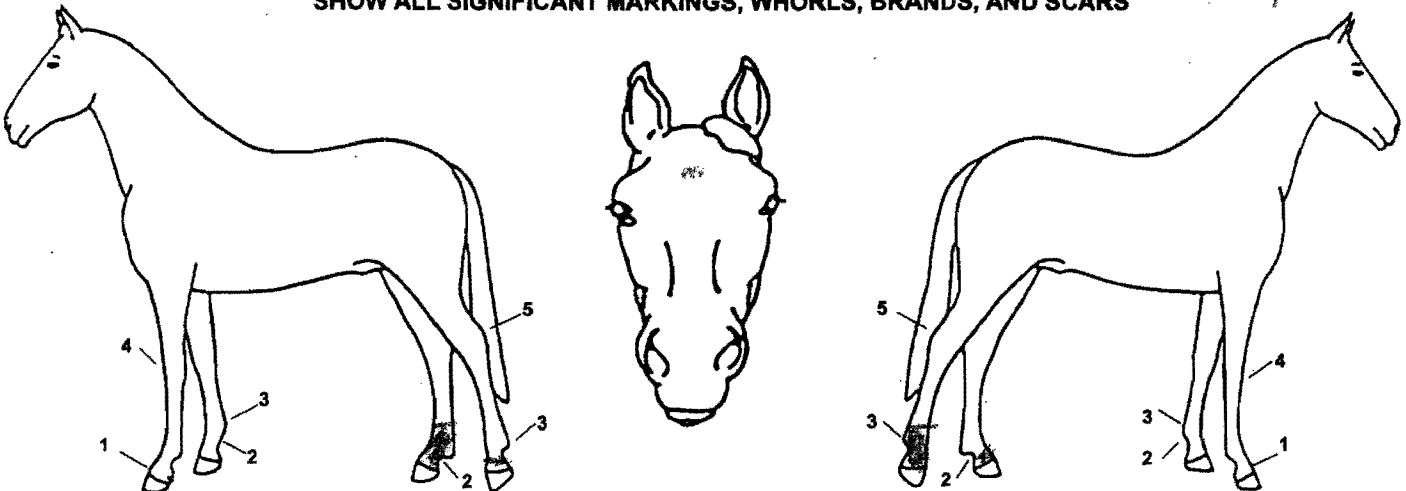
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify I examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002597212	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male <input checked="" type="checkbox"/> Female G - Gelding N - Neuter
				Dun	QH		5 y	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD <i>STON</i>	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB <i>Coronet</i>	30. RIGHT HINDLIMB <i>Scars</i>

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/21/11	33. DATE REPORTED OUT 8/21/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a crime and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0085552

1. ACCESSION NUMBER

ACL 16934

2. DATE BLOOD DRAWN

8/21/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING

Market Change of Ownership Retest Export

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

N/A

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

1167

6. TEST TYPE

ELISA
 AGID

Zip Code

Tel No.

County

8. NAME AND ADDRESS OF OWNER (Please print or type)

DIANE CHAVES
c/o S/W LIVESTOCK AUCTION
LOS MORNOS, NM

Zip Code

County

Tel No.

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

C.Y. BRASHER DVM
5900 JONES PLACE N.E.
ALBUQUERQUE, NM

Zip Code

87120

Tel No.

(505) 610-4711

County

BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify (b)(6) submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL VETERINARIAN

(b)(6)

11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASHER DVM.

12. SIGNATURE DATE

8/21/11

CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify (b)(6) examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

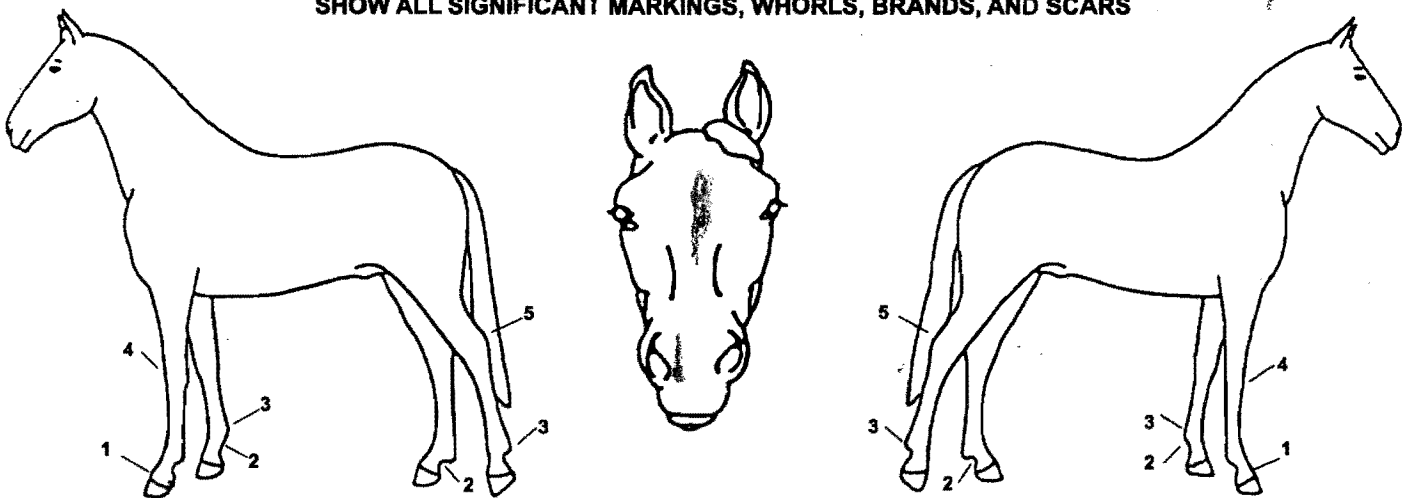
13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse 981100002598157	20. Color Dun	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 5y F	24. Sex F	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STON, Snip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/21/11	33. DATE REPORTED OUT 8/21/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

R 0085551

ACL 16935

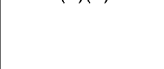
8/21/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) ETA		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1107		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM 5900 JONES PLACE NW, ALBUQUERQUE, NM		
Tel No.		County		Tel No. (505) 610-4711	
				County BERNALILLO	


CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL VETERINARIAN 		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM		12. SIGNATURE DATE 8/21/11	
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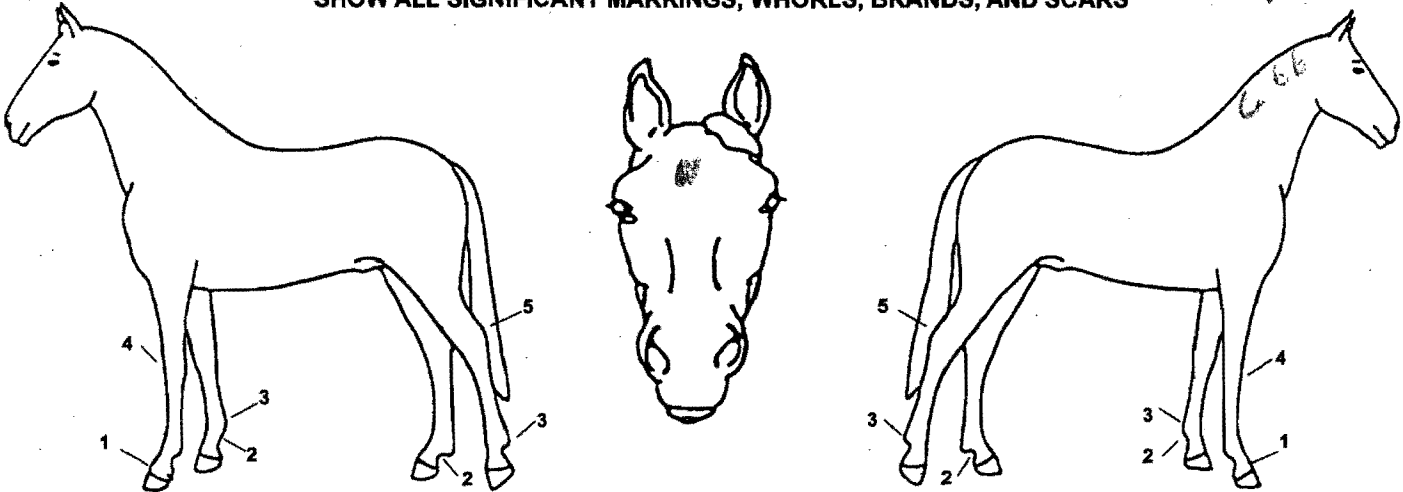
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT 		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE	
--	--	----------------------------------	--	--------------------	--

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002592194	20. Color grey	21. Breed Arab	22. Electronic I.D. No.	23. Age or DOB 5y6	24. Sex G	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS

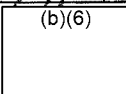


1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAR		26. OTHER MARKS AND BRANDS C66 R/NECK	
27. LEFT FORELIMB		28. RIGHT FORELIMB	
29. LEFT HINDLIMB		30. RIGHT HINDLIMB	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COCCIAS LAB ALBUQUERQUE, NM		32. DATE RECEIVED 8/21/11	33. DATE REPORTED OUT 8/21/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA	
36. SIGNATURE OF 		35. REMARKS			

Falsification of this form or knowingly using a falsified form for not more than

offense and may result in a fine of not more than \$10,000 or imprisonment both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **R 0082154**
1. ACCESSION NUMBER **ACL-16936**
2. DATE BLOOD DRAWN **8/21/11**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CRAVELL @ S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM 5900 Jones Place NW Albuquerque, NM	
Tel No. _____ County _____		Tel No. (505)610-4711 Zip Code 87120 County Bernillo	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM	12. SIGNATURE DATE 8/21/11
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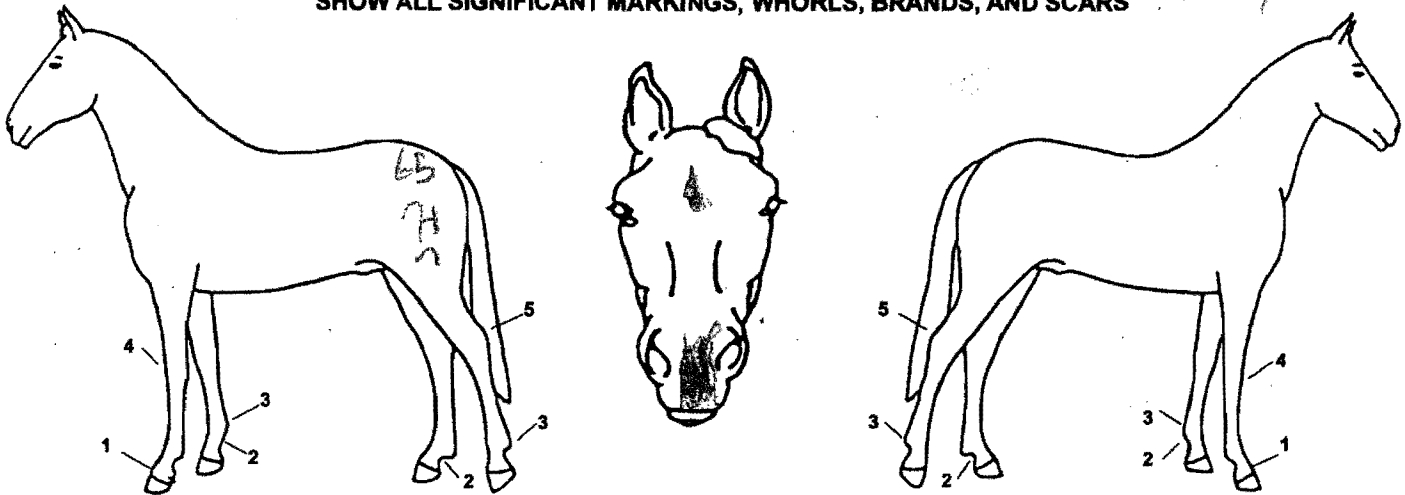
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have read and understood the information contained herein and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	18. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
			981100002695150	Sorrel	QH		6yF		

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STON, Sings	26. OTHER MARKS AND BRANDS LB
27. LEFT FORELIMB	28. RIGHT FORELIMB HL 4/H
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/21/11	33. DATE REPORTED OUT 8/21/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF OWNER (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form for not more than

one year is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. R 0082151	1. ACCESSION NUMBER <i>ACL 16937</i>	2. DATE BLOOD DRAWN 8/21/11
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1107	6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ C S/W LIVESTOCK AUCTION LOS LURAS, NM Zip Code Tel No. County			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM 5900 JOHN'S PLACE NW ALBUQUERQUE, NM Zip Code 87120 Tel No. (505)610-4711 County Bernalillo		

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify that the information submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM	12. SIGNATURE DATE 8/21/11
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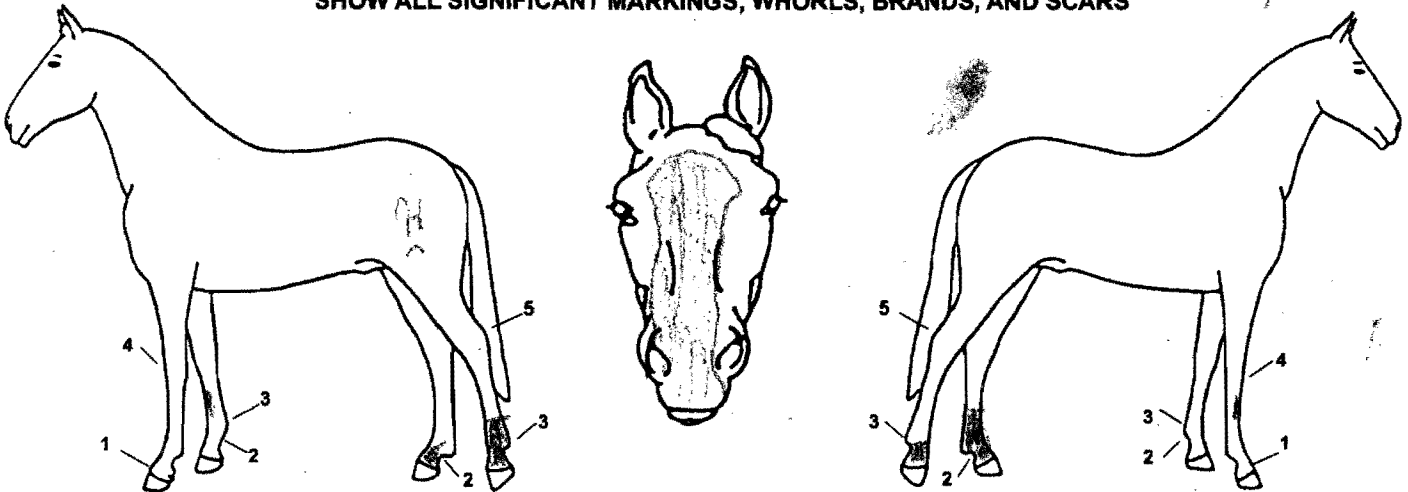
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002596173	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male <input checked="" type="checkbox"/> F - Female G - Gelding N - Neuter
				SOCCO	QH		3 y F		

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD <i>Strip</i>	26. OTHER MARKS AND BRANDS <i>H L/H</i>
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB <i>Soch</i>	30. RIGHT HINDLIMB <i>Soch</i>

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/21/11	33. DATE REPORTED OUT 8/21/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF TESTER (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0082155

1. ACCESSION NUMBER

ACL. 16938

2. DATE BLOOD DRAWN

8/21/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) D/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID	
5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		Zip Code	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ E S/W LIVESTOCK AUCTION LOS LUNAS, NM Tel No. County		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5900 Jones Place NW Albuquerque, NM Tel No. (505)610-4711 County Bernalillo	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that the information submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM	12. SIGNATURE DATE 8/21/11
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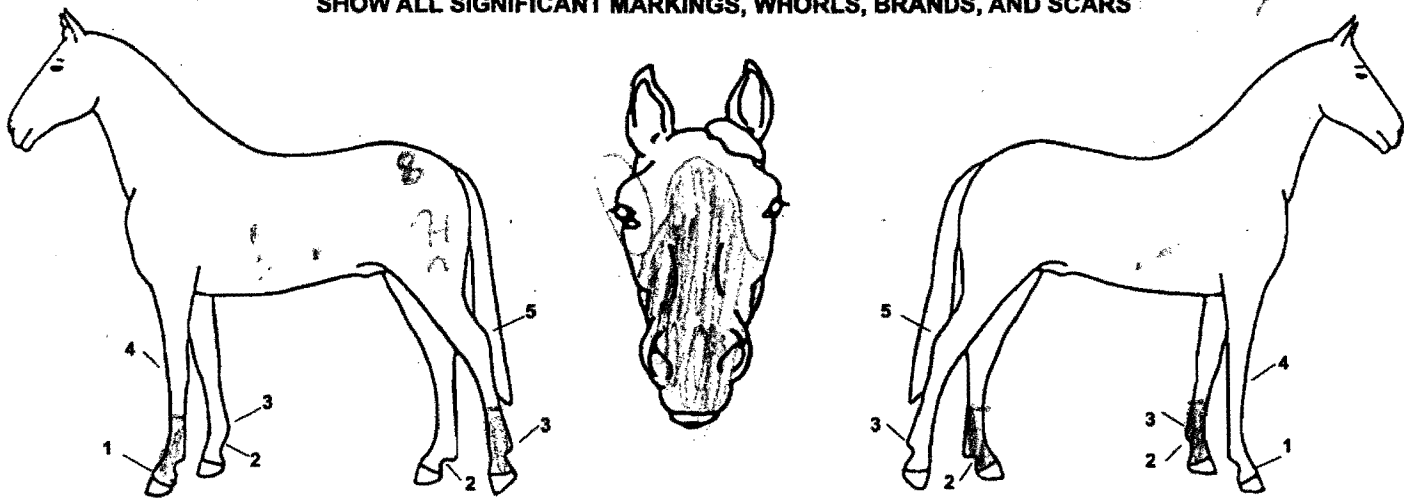
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse 981100002595690	20. Color Saffel Paint	21. Breed	22. Electronic I.D. No.	23. Age or DOB 3y	24. Sex F	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS Blue Hock FL 4H
27. LEFT FORELIMB <i>Point</i>	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/21/11	33. DATE REPORTED OUT 8/21/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than one year, or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0082156

1. ACCESSION NUMBER

ACL 16939

2. DATE BLOOD DRAWN

8/21/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CLAVEZ c/o S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM 5900 Jones Place NW ALBUQUERQUE, NM	
Tel No. County		Tel No. County	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM	12. SIGNATURE DATE 8/21/11
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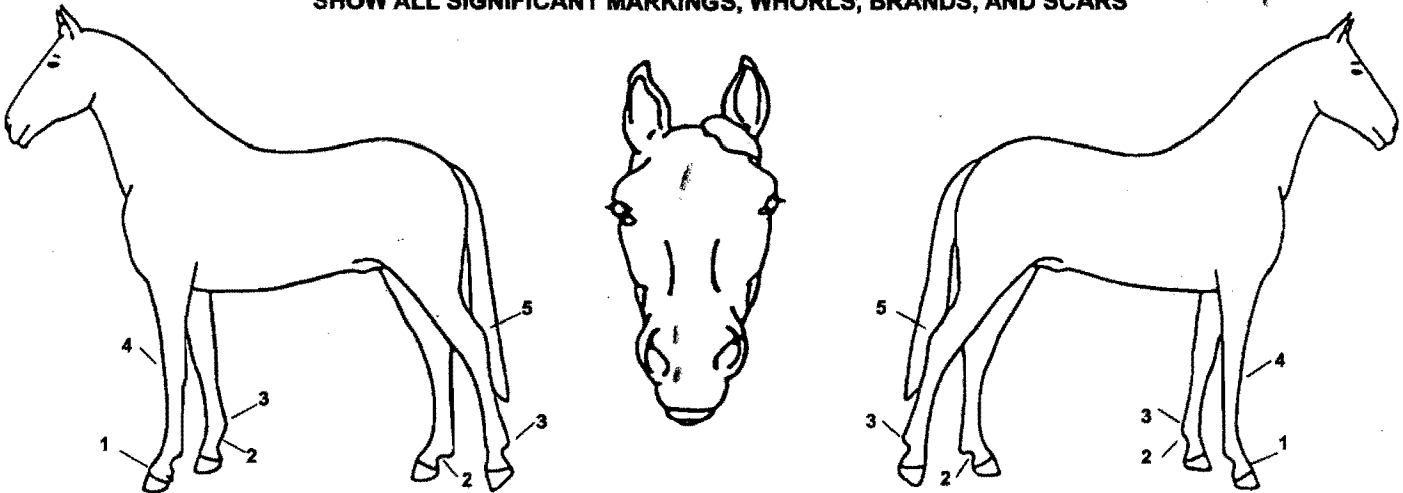
CERTIFICATION OF OWNER OR OWNER'S AGENT

examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---------------------------------	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002803699	20. Color Blk/White	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 4y6	24. Sex G - Gelding	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Star, sup	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/21/11	33. DATE REPORTED OUT 8/21/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
	R 0082157	ACL 16940	8/21/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHEER DVM 5900 Jones Place NW Albuquerque, NM	
Zip Code County		Zip Code 87120 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL (b)(6)	VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHEER DVM	12. SIGNATURE DATE 8/21/11
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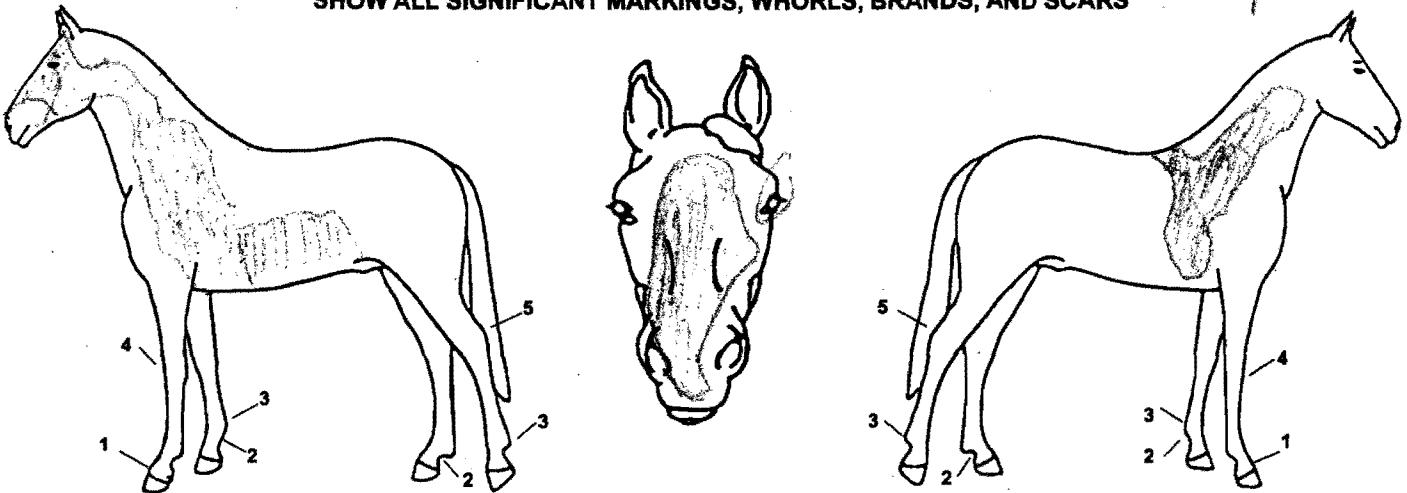
CERTIFICATION OF OWNER OR OWNER'S AGENT

examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse 981100002596759	20. Color grey white	21. Breed A+	22. Electronic I.D. No.	23. Age or DOB 3y 6	24. Sex G	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD <i>Point</i>	26. OTHER MARKS AND BRANDS <i>Blue Eye</i>
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/21/11	33. DATE REPORTED OUT 8/21/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form for not more than \$10,000 or imprisonment both (U.S.C. Section 1001).

offense and may result in a fine of not more than \$10,000 or imprisonment both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0082158

1. ACCESSION NUMBER

AGL-16941

2. DATE BLOOD DRAWN

8/21/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Relest <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CRAVEL c/o S/W LIVESTOCK AUCTION LOS LUNAS, NM			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHEM DVM 5900 Jones Blvd NW Albuquerque, NM		
Tel No.		County	Tel No.		County
					87120
			505/816-4711		Bernardino

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL (b)(6) VETERINARIAN		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHEM DVM		12. SIGNATURE DATE 8/21/11	
--	--	--	--	-------------------------------	--

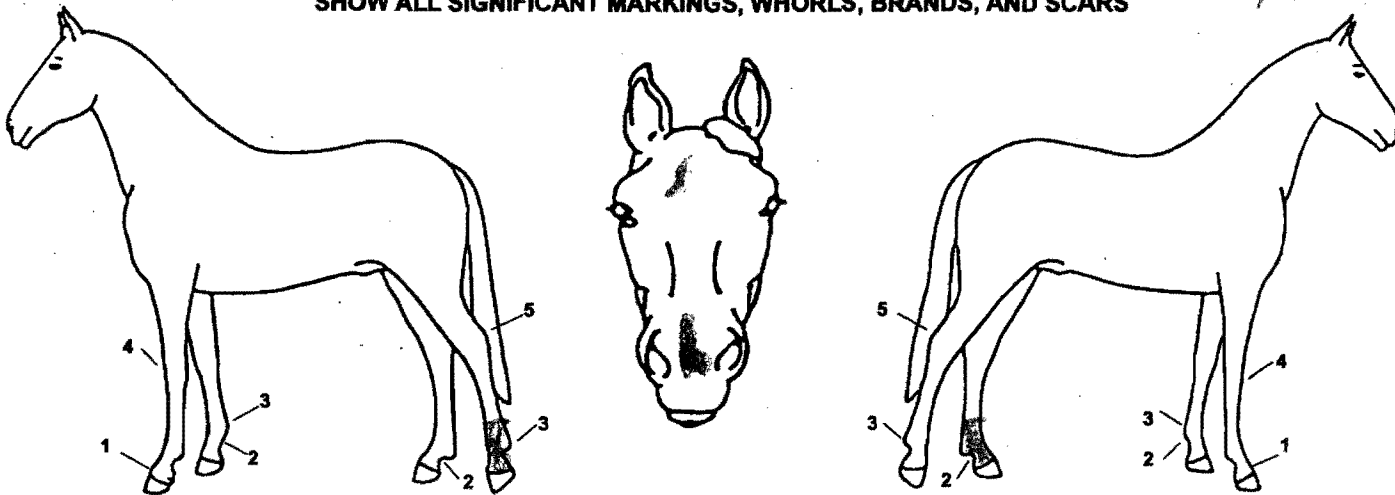
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify I examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT			14. TYPE OR PRINT SIGNATURE NAME			15. SIGNATURE DATE		
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002596291	20. Color Sorrel	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 5 y F	24. Sex F - Female	M - Male G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Star Sign		26. OTHER MARKS AND BRANDS	
27. LEFT FORELIMB		28. RIGHT FORELIMB	
29. LEFT HINDLIMB Sore		30. RIGHT HINDLIMB	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COAGLAS LAB ALBUQUERQUE, NM		32. DATE RECEIVED 8/21/11	33. DATE REPORTED OUT 8/21/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA	
36. SIGNATURE OF (b)(6)		35. REMARKS			

Falsification of this form or knowingly using a falsified form for not more than

one year is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0082159

1. ACCESSION NUMBER

ACL 16942

2. DATE BLOOD DRAWN

8/21/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) R/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASNER DVM 5900 Jones Place NW Albuquerque, NM	
Tel No. County		Tel No. County	
Zip Code		Zip Code 87120	
Tel No. County		Tel No. (505) 610-4711 County Bernalillo	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that the [redacted] submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN [redacted]	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASNER DVM	12. SIGNATURE DATE 8/21/11
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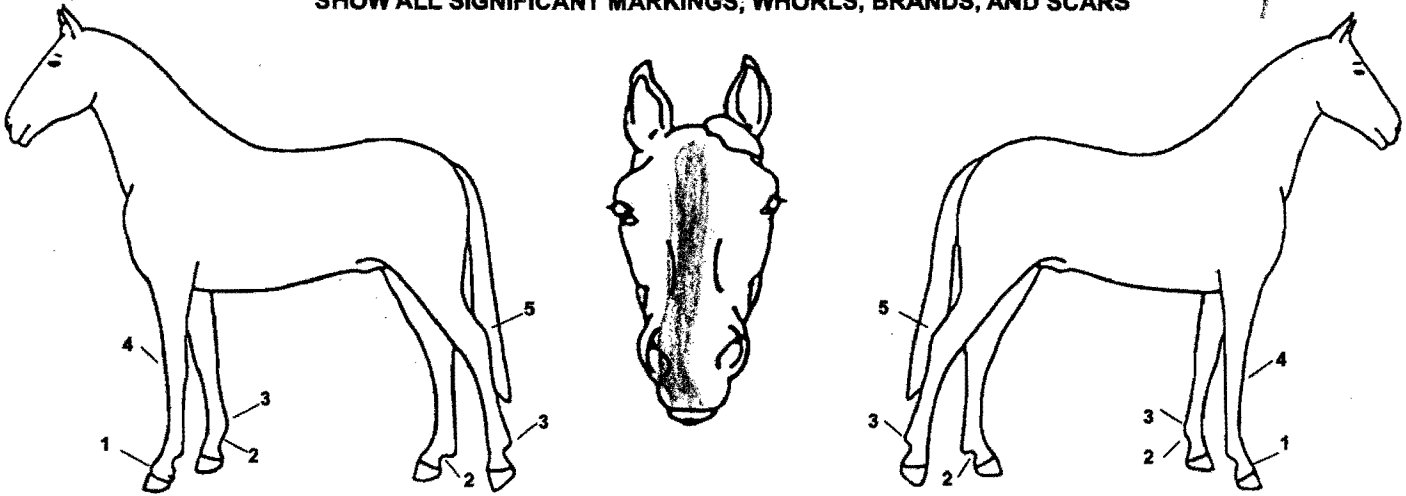
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT [redacted]	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo 981100002595185	19. Microchip	20. Color Red to brown	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 5y F	24. Sex F	25. Gender M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/21/11	33. DATE REPORTED OUT 8/21/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF VETERINARIAN [redacted]		35. REMARKS	

Falsification of this form or knowingly using a falsified form for not more

offense and may result in a fine of not more than \$10,000 or imprisonment or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0082160

1. ACCESSION NUMBER

ACL 16943

2. DATE BLOOD DRAWN

8/21/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING

- Market
- Change of Ownership
- Show
- First Test
- Retest
- Export

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

N/A

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

1167

6. TEST TYPE

- ELISA
- AGID

Zip Code

Tel No.

County

8. NAME AND ADDRESS OF OWNER (Please print or type)

DENNIS CHAVEZ
C/S/L LIVESTOCK AUCTION
1000 LUDAS, NJ

Zip Code

Tel No.

County

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

C.Y. BRASLER DVM
5900 Jones Place NW
Albuquerque, NM

Zip Code

87120

Tel No.

(505)610-4711

County

Bernalillo

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that the information submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL

(b)(6)

VETERINARIAN

11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASLER DVM

12. SIGNATURE DATE

8/21/11

CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

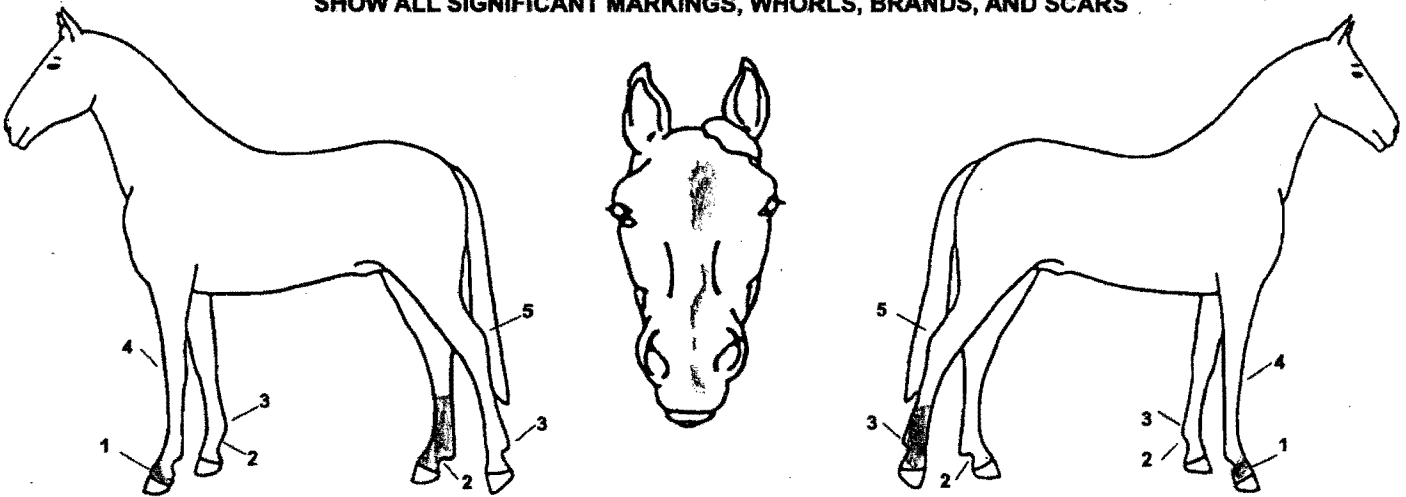
13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
		981100002591778		Dark	QH		4y F		F - Female

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD: Stone strip trip

27. LEFT FORELIMB: Cannon

29. LEFT HINDLIMB:

26. OTHER MARKS AND BRANDS:

28. RIGHT FORELIMB:

30. RIGHT HINDLIMB: Sock

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COAGENS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/21/11	33. DATE REPORTED OUT 8/21/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
	36. SIGNATURE OF (b)(6)		35. REMARKS

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **R 0082161**
1. ACCESSION NUMBER **ACL 16944**
2. DATE BLOOD DRAWN **8/21/11**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) Tel No. _____ County _____	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: _____ LONG: _____	5. VETERINARY LICENSE OR ACCREDITATION NO. 1107	6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENKLE CRAVELL c/o S/W LIVESTOCK AUCTION LOS LUNAS, NM Tel No. _____ County _____		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM 5906 JONES FLECK AV ALBUQUERQUE, NM Tel No. (505) 710-4711 County _____	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that this Form was submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM	12. SIGNATURE DATE 8/21/11
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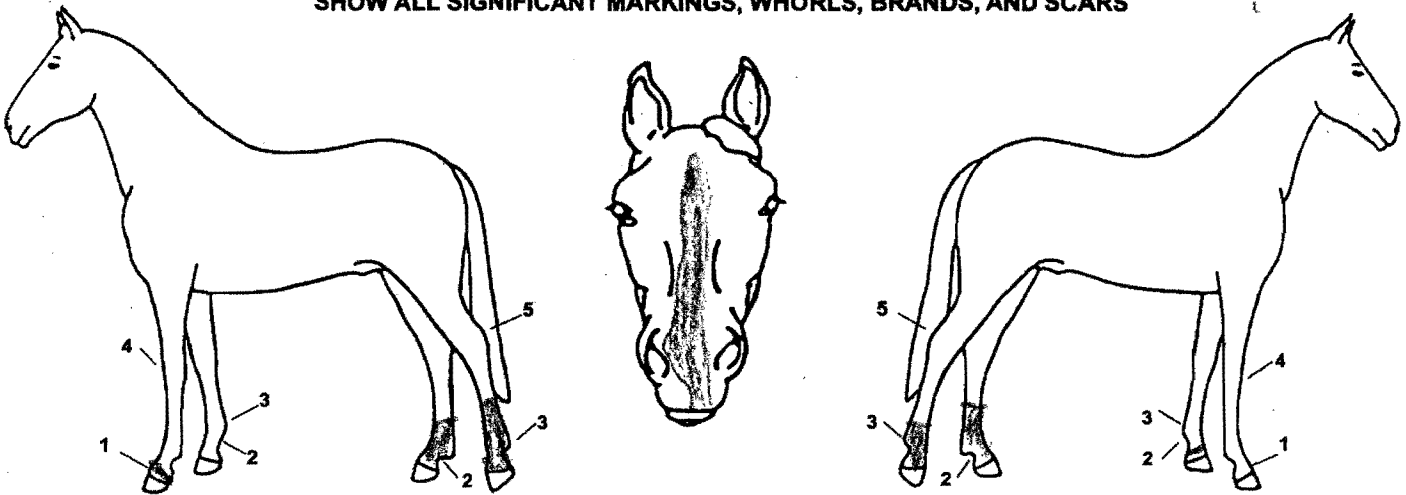
CERTIFICATION OF OWNER OR OWNER'S AGENT

examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Barcode 981100002596975	20. Color Solid	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 2y	24. Sex F	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB Clean	28. RIGHT FORELIMB
29. LEFT HINDLIMB Sore	30. RIGHT HINDLIMB Sore

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE CONGRESS BLDG ALBUQUERQUE, NM	32. DATE RECEIVED 8/21/11	33. DATE REPORTED OUT 8/21/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. SIGNATURE (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0082162

1. ACCESSION NUMBER

ACL-16945

2. DATE BLOOD DRAWN

8/21/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ 6 S/W LIVESTOCK AUCTION DOB LUNAS, NM Zip Code Tel No. County			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. DRASNER DVM 5900 Jones Place NW Albuquerque, NM Zip Code 87120 Tel No. (505)610-4711 County Bernalillo		

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. DRASNER DVM	12. SIGNATURE DATE 8/21/11
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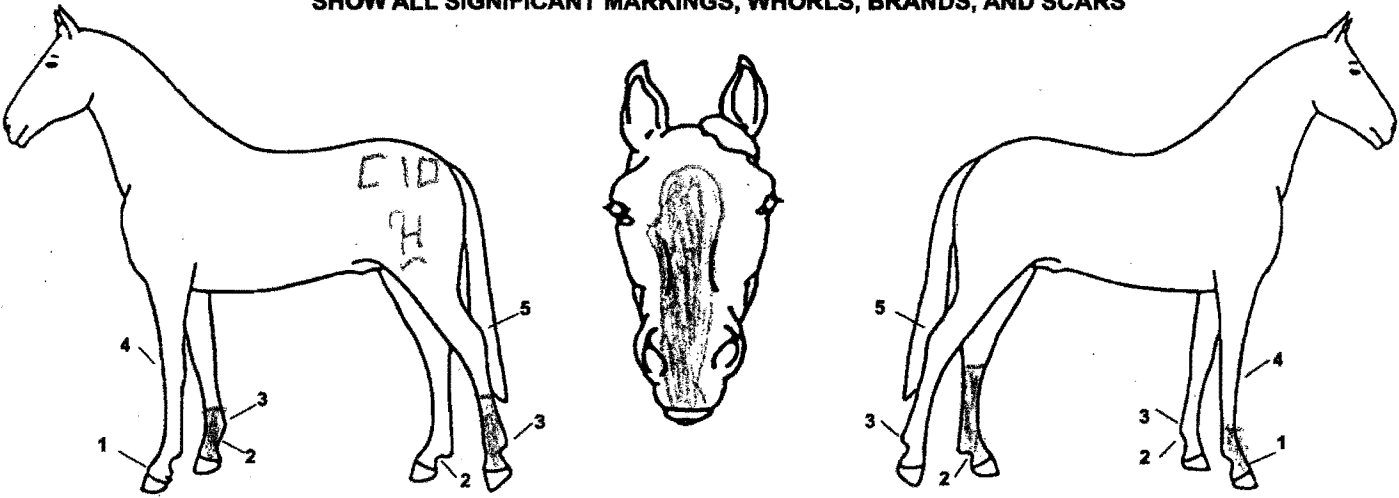
CERTIFICATION OF OWNER OR OWNER'S AGENT

I examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Identification No. 981100002607485 	20. Color Sorrel	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 2yF	24. Sex M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip	26. OTHER MARKS AND BRANDS CID H LH
27. LEFT FORELIMB	28. RIGHT FORELIMB Sore
29. LEFT HINDLIMB Sore	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE CONGRIS LFB ALBUQUERQUE, NM	32. DATE RECEIVED 8/21/11	33. DATE REPORTED OUT 8/21/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **R 0082163** 1. ACCESSION NUMBER **ACL 16946** 2. DATE BLOOD DRAWN **8/21/11**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DERNIS CHAVEZ W S/W LIVESTOCK AUCTION LOS LUNAS, NM Zip Code Tel No. County		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5500 Genes Place NW Albuquerque, NM Zip Code 87120 Tel No. (505)610-4711 County bernalillo	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

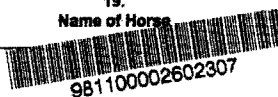
I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM	12. SIGNATURE DATE 8/21/11
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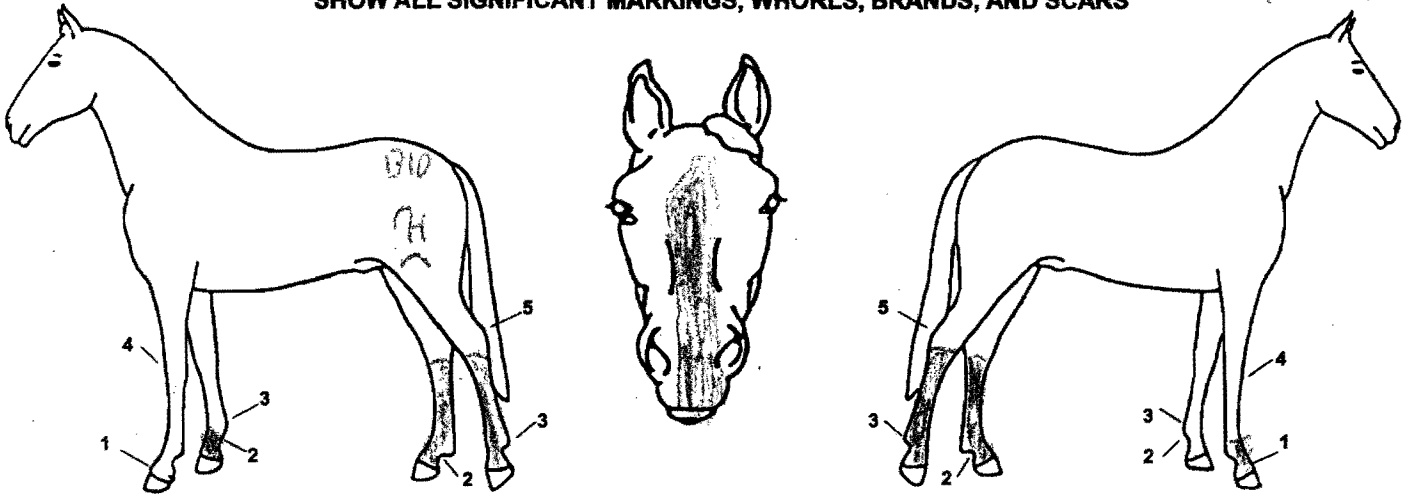
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002602307	20. Color Sorrel	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 2y F	24. Sex <input checked="" type="checkbox"/> M - Male <input type="checkbox"/> F - Female <input type="checkbox"/> G - Gelding <input type="checkbox"/> N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip	26. OTHER MARKS AND BRANDS B10 7H 4/1H
27. LEFT FORELIMB	28. RIGHT FORELIMB Sock
29. LEFT HINDLIMB Sock	30. RIGHT HINDLIMB Sock

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGNITIVE LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/21/11	33. DATE REPORTED OUT 8/21/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. R 0082164	1. ACCESSION NUMBER AGL. / 16947	2. DATE BLOOD DRAWN 8/21/11
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1107	6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) BLANKIS GRAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM Zip Code			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.T. BRASHER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM Zip Code 87120 Tel No. (505)610-4711 County BERNALILLO		

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.T. BRASHER DVM	12. SIGNATURE DATE 8/21/11
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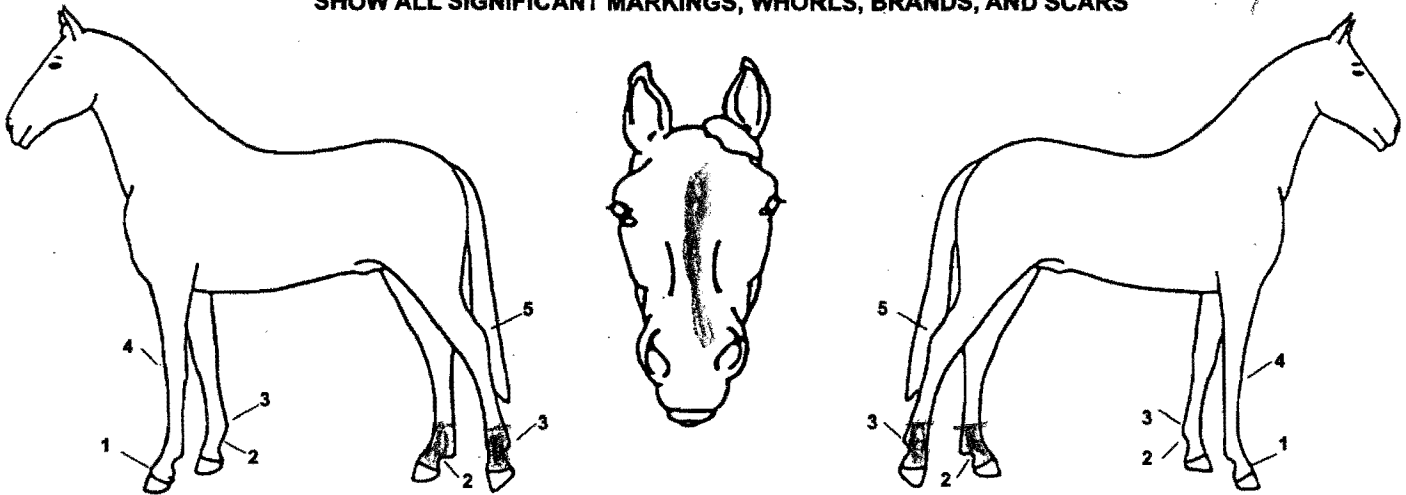
CERTIFICATION OF OWNER OR OWNER'S AGENT

I examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER (b)(6)	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
----------------------------------	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002613110	20. Color Dun	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 3 Y	24. Sex F	M - Male <input checked="" type="checkbox"/> F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Sock	30. RIGHT HINDLIMB Sock

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/21/11	33. DATE REPORTED OUT 8/21/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)			35. REMARKS

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID	
5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		Zip Code	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM 5900 Jones Place NW ALBUQUERQUE, NM	
Tel No. County		Tel No. County	
Zip Code		Zip Code 87120	
Tel No. County		Tel No. (505) 610-4711 County Bernalillo	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM	12. SIGNATURE DATE 8/21/11
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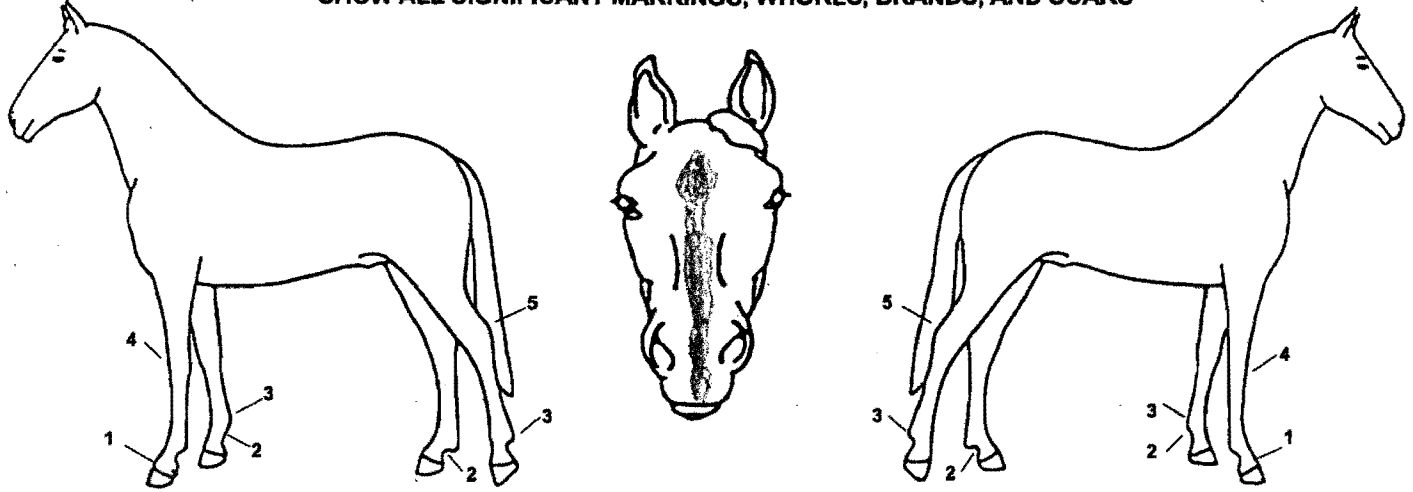
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER (b)(6)	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Bl	981100002613425 	20. Color Sorrel	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 4y F	24. Sex F	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGIERS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/21/11	33. DATE REPORTED OUT 8/21/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form for not true information is a crime and may result in a fine of not more than \$10,000 or imprisonment both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0082166

1. ACCESSION NUMBER

AGL. 16949 8/21/11

2. DATE BLOOD DRAWN

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING

- Market
- Change of Ownership
- Show
- Retest
- First Test
- Export

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

N/A

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)
LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.
1167

6. TEST TYPE
 ELISA
 AGID

Zip Code

Tel No.

County

8. NAME AND ADDRESS OF OWNER (Please print or type)

ELMERIS CHAVEZ
@ S/W LIVESTOCK AUCTION
LOS ALAMOS, NM
Zip Code
County

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

C.Y. BRASHER DVM
3900 Jones Place NW
Albuquerque, NM
Zip Code 87120
Tel No. (505)610-4711
County Bernalillo

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL

(b)(6)

VETERINARIAN

11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASHER DVM

12. SIGNATURE DATE

8/21/11

CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify I examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.


13. SIGNATURE OF OWNER OR AGENT

(b)(6)

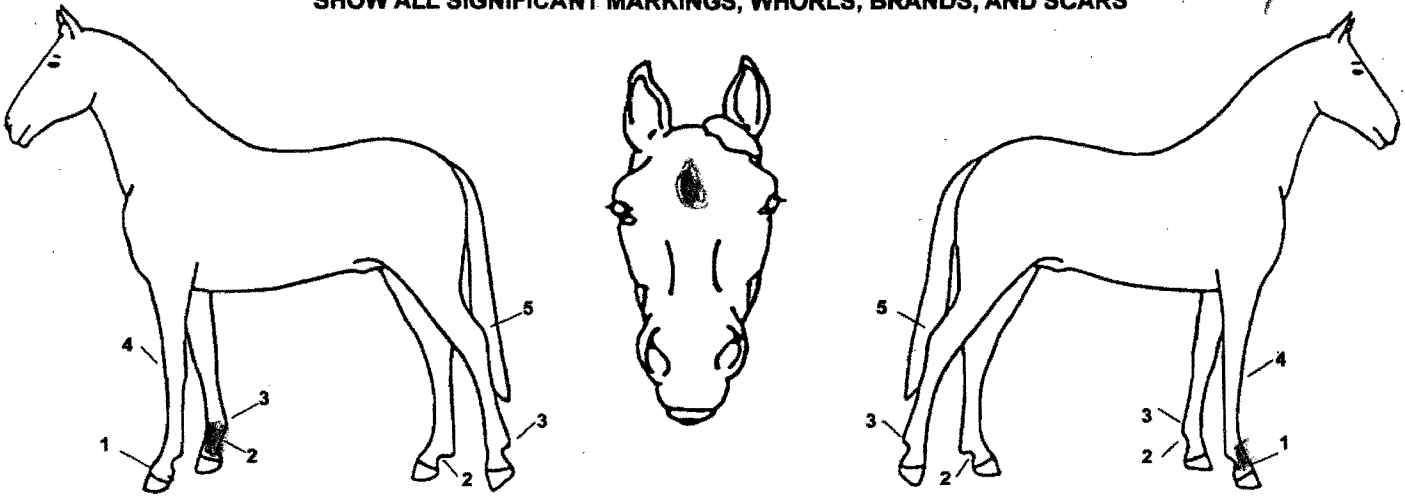
AGENT

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Official No. 981100002615279 	20. Color grey	21. Breed Andal	22. Electronic I.D. No.	23. Age or DOB 5y 1	24. Sex F - Female	M - Male G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STON	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB Sock
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGERS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/21/11	33. DATE REPORTED OUT 8/21/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is an offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **R 0082167**
1. ACCESSION NUMBER **ACL. 16950**
2. DATE BLOOD DRAWN **8/21/11**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING Market Change of Ownership Show First Test Retest Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG: 5. VETERINARY LICENSE OR ACCREDITATION NO. **1167** 6. TEST TYPE ELISA AGID

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) **N/A**

8. NAME AND ADDRESS OF OWNER (Please print or type)
DENNIS CHAVEZ
6 E/W LIVESTOCK AUCTION
LOS LUNAS, NM Zip Code County
Tel No.

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)
C.Y. FRASER DVM
5900 Jones Place NW
Albuquerque, NM Zip Code **87120**
Tel No. **(505)610-4711** County **Bernalillo**

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)
11. TYPE OR PRINT SIGNATURE NAME **C.Y. FRASER DVM**
12. SIGNATURE DATE **8/21/11**

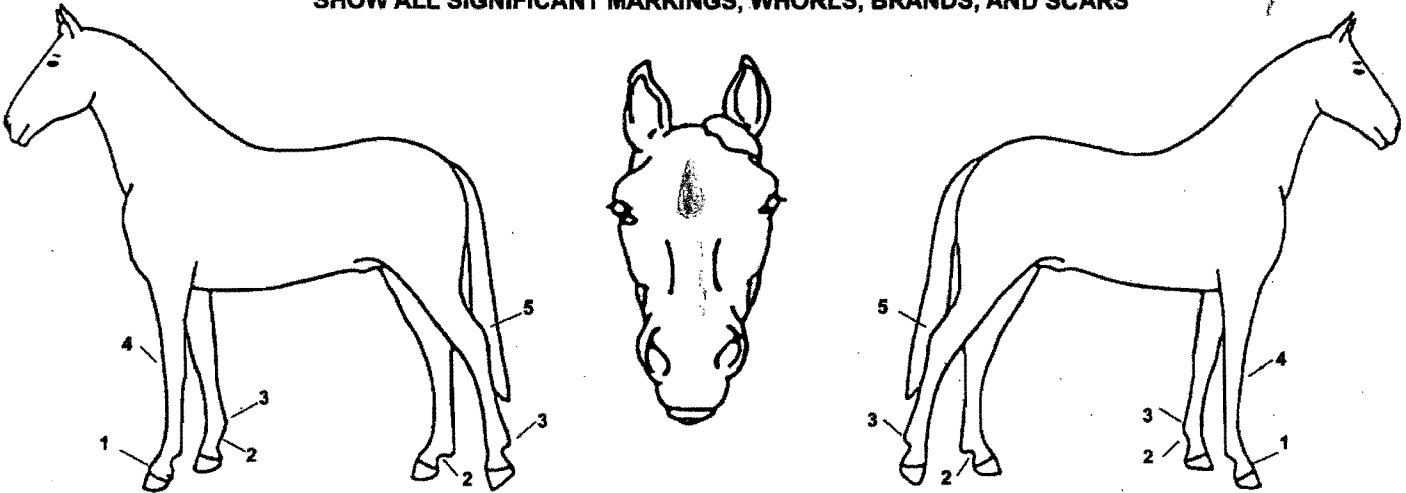
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT
14. TYPE OR PRINT SIGNATURE NAME
15. SIGNATURE DATE

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. ID No. 981100002610947	20. Color Rub	21. Breed PH	22. Electronic I.D. No.	23. Age or DOB 2y F	24. Sex F	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD **Star Stamp** 26. OTHER MARKS AND BRANDS

27. LEFT FORELIMB 28. RIGHT FORELIMB

29. LEFT HINDLIMB 30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE **ALBUQUERQUE COGNIS LAB**
ALBUQUERQUE, NM

32. DATE RECEIVED **8/21/11** 33. DATE REPORTED OUT **8/21/11** 34. TEST RESULTS Negative Positive AGID ELISA

35. SIGNATURE OF (b)(6) 35. REMARKS

Falsification of this form or knowingly using a falsified form for not more than

one year is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.18)

SERIAL NO.

R 0082168

1. ACCESSION NUMBER

AGL/16951

2. DATE BLOOD DRAWN

8/21/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W LIVESTOCK AUCTION 109 LUNAS, NM Tel No. _____ County _____		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5500 JONES PLACE NW ALBUQUERQUE, NM Tel No. (505)610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify (b)(6) submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM	12. SIGNATURE DATE 8/21/11
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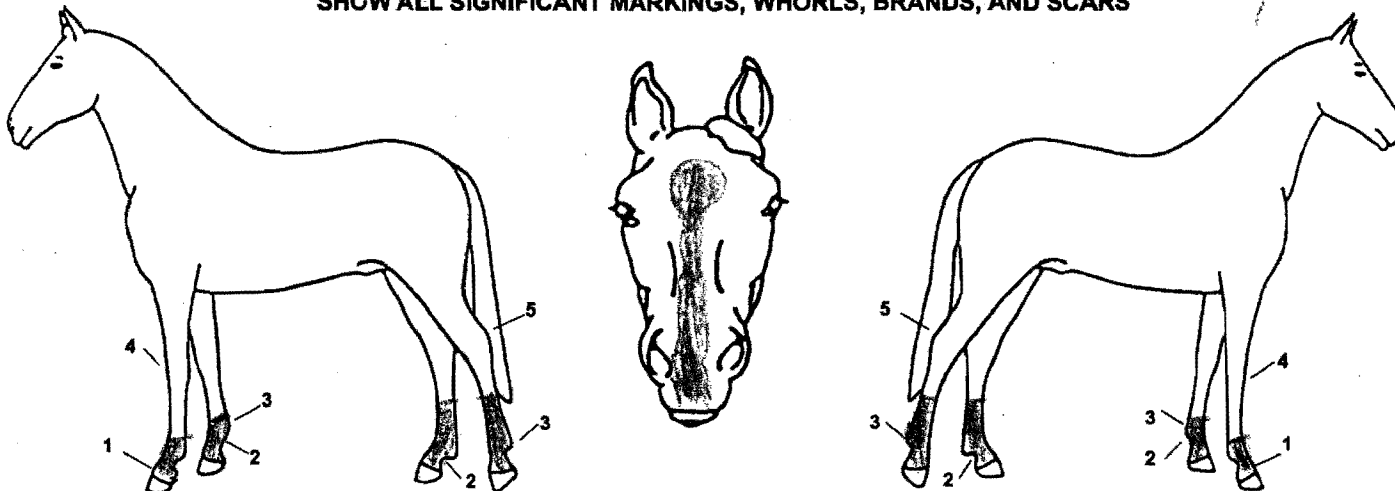
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	981100002612010 	20. Color White	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 4y	24. Sex F	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STUP	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB Soch	28. RIGHT FORELIMB Soch
29. LEFT HINDLIMB Soch	30. RIGHT HINDLIMB Soch

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/21/11	33. DATE REPORTED OUT 8/21/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is an offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0082169

1. ACCESSION NUMBER

AOL-16952

2. DATE BLOOD DRAWN

8/21/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	8. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DERNIS CHAVEZ c/o E/W LIVESTOCK AUCTION LOS LUNAS, NM Tel No. _____ County _____		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHEK DVM 5900 JONES PLACE NW ALBUQUERQUE, NM Tel No. (505) 810-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that the information submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHEK DVM	12. SIGNATURE DATE 8/21/11
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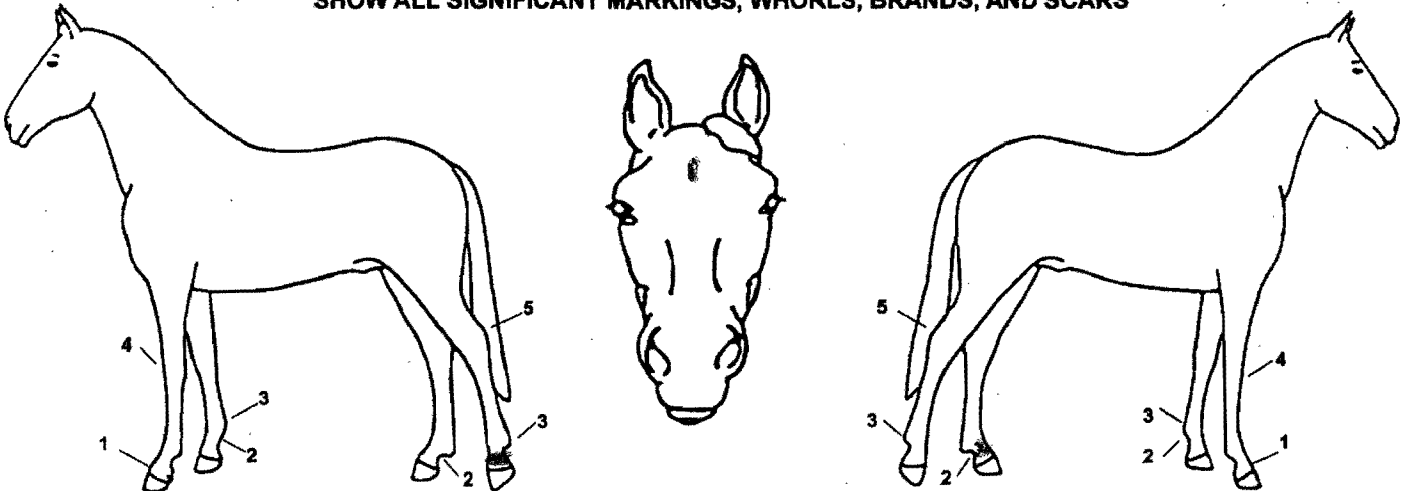
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Identification No. 981100002811706	20. Color Red	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 2y F	24. Sex F	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD SDA	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB SADA	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COCCINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/21/11	33. DATE REPORTED OUT 8/21/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form for not more than

offense and may result in a fine of not more than \$10,000 or imprisonment for both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. R 0082170	1. ACCESSION NUMBER <i>ACL 16953</i>	2. DATE BLOOD DRAWN <i>8/21/11</i>
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test	7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: _____ LONG: _____	5. VETERINARY LICENSE OR ACCREDITATION NO. 1157
6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code _____ Tel No. _____ County _____
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ C S/W LIVESTOCK AUCTION LOS LURAS, NM Zip Code _____ Tel No. _____ County _____	9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM 5900 JONES BLVD NW ALBUQUERQUE, NM Zip Code 87120 Tel No. (505)610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

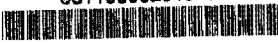
I certify that the information submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM	12. SIGNATURE DATE 8/21/11
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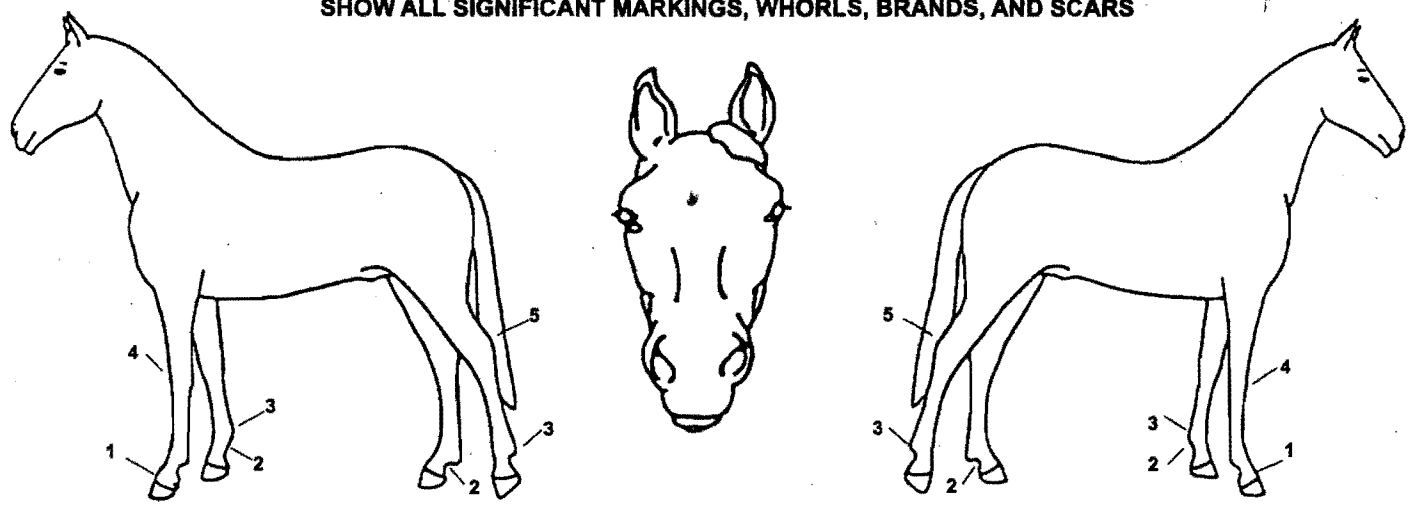
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

18. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse 981100002615453 	20. Color Bay	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 2y 6	24. Sex 6	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STOL	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGIANS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/21/11	33. DATE REPORTED OUT 8/21/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF _____ (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form for not more than _____ offense and may result in a fine of not more than \$10,000 or imprisonment or both (U.S.C. Section 1001):

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. R 0082171	1. ACCESSION NUMBER <i>ACL 16954</i>	2. DATE BLOOD DRAWN <i>8/21/11</i>
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) LERNAIS CRAVEZ c/s/w LIVESTOCK AUCTION LOS LUKAS, NE Zip Code County		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASNER DVM 5500 Jones Place NW ALBUQUERQUE, NE Zip Code 67120 County BERNHILLE	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify that (b)(6) submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASNER DVM	12. SIGNATURE DATE 8/21/11
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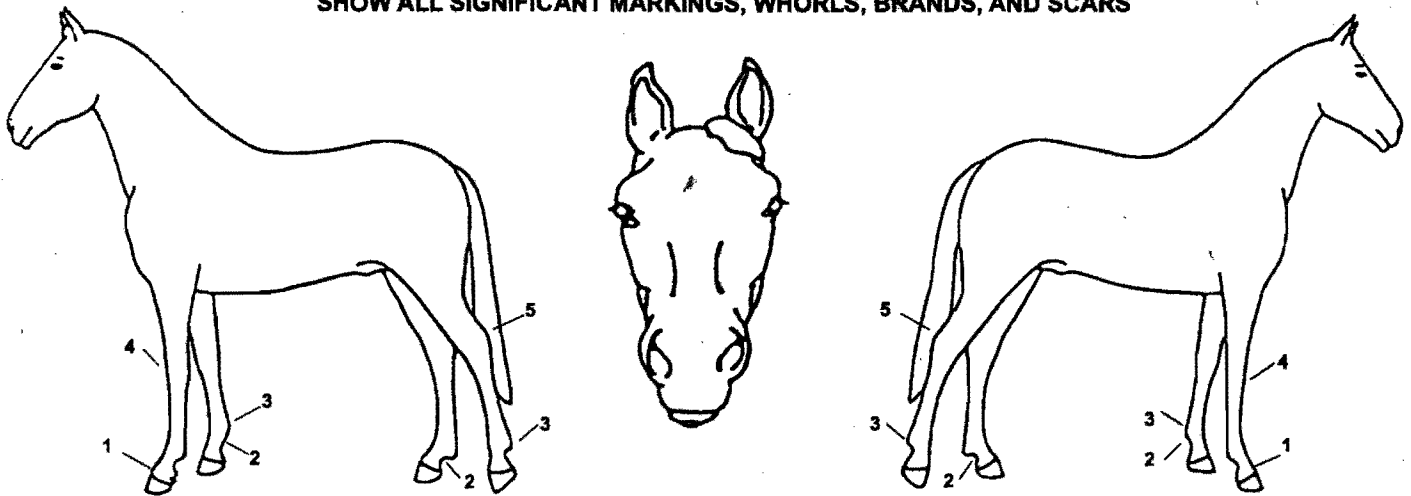
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME (b)(6)	15. SIGNATURE DATE (b)(6)
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand 	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
		981100002619006 Exp.2014-05		Over	QH		3y	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAR	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COCCIAS LAB ALBUQUERQUE, NE	32. DATE RECEIVED 8/21/11	33. DATE REPORTED OUT 8/21/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is an offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 1 year.

offense and may result in a fine of not more than \$10,000 or imprisonment for both (U.S.C. Section 1001).

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) <i>N/A</i>	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. <i>1167</i>	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) <i>DEBBIE CHAVEZ</i> <i>6 S/E LIVESTOCK AUCTION</i> <i>LOS LUNAS, NM</i>		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <i>C.Y. BRASHER DVM</i> <i>5900 Jones Place NW</i> <i>Albuquerque, NM</i>	
Tel No. _____ County _____		Tel No. _____ Zip Code <i>87120</i> County <i>Bernalillo</i>	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify (b)(6) _____ on submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL ACCREDITED VETERINARIAN <i>(b)(6)</i>	11. TYPE OR PRINT SIGNATURE NAME <i>C.Y. BRASHER DVM</i>	12. SIGNATURE DATE <i>8/21/11</i>
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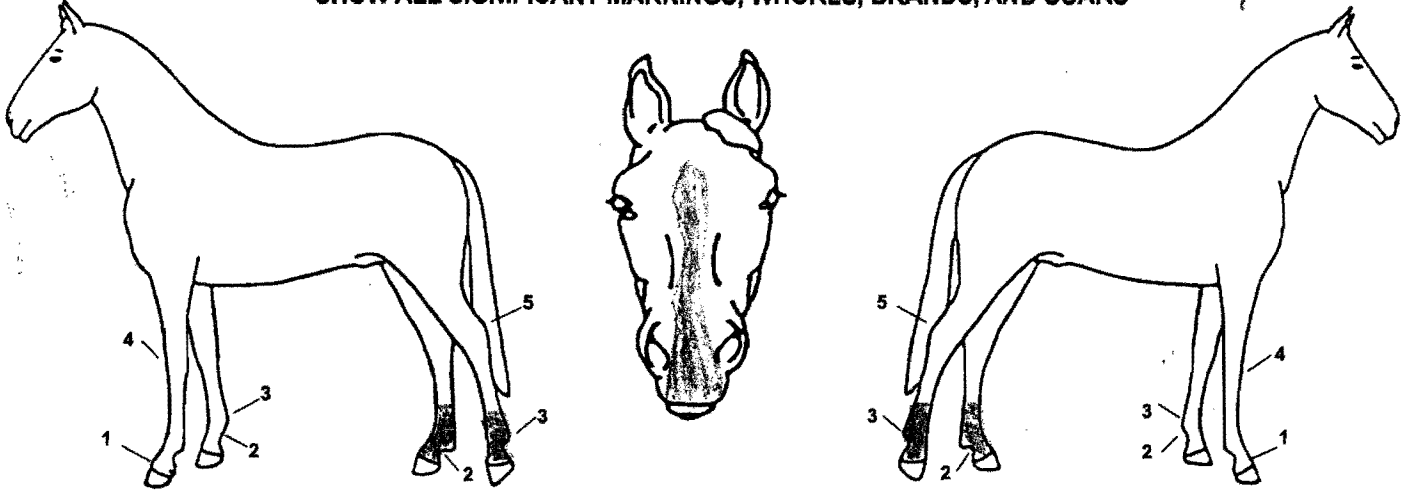
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify _____ examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT <i>(b)(6)</i>	14. TYPE OR PRINT SIGNATURE NAME <i>(b)(6)</i>	15. SIGNATURE DATE <i>(b)(6)</i>
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse <i>981100002610688</i>	20. Color <i>Black</i>	21. Breed <i>QH</i>	22. Electronic I.D. No.	23. Age or DOB <i>4y</i>	24. Sex <input checked="" type="checkbox"/> M - Male <input type="checkbox"/> F - Female <input type="checkbox"/> G - Gelding <input type="checkbox"/> N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD <i>Strip</i>	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB <i>Soch</i>	30. RIGHT HINDLIMB <i>Soch</i>

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE <i>ALBUQUERQUE COGGINS LAB</i> <i>ALBUQUERQUE, NM</i>	32. DATE RECEIVED <i>8/21/11</i>	33. DATE REPORTED OUT <i>8/21/11</i>	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF OWNER <i>(b)(6)</i>		35. REMARKS	

Falsification of this form or knowingly using a falsified form for not more than _____ offense and may result in a fine of not more than \$10,000 or Imprisonment for both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R0082173

1. ACCESSION NUMBER

ACL 16950

2. DATE BLOOD DRAWN

8/21/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRADLER DVM 5900 Jones Place NW Albuquerque, NM	
Tel No. County		Tel No. County	
Zip Code		Zip Code 87120	
County		County Bernalillo	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

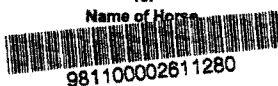
I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRADLER DVM	12. SIGNATURE DATE 8/21/11
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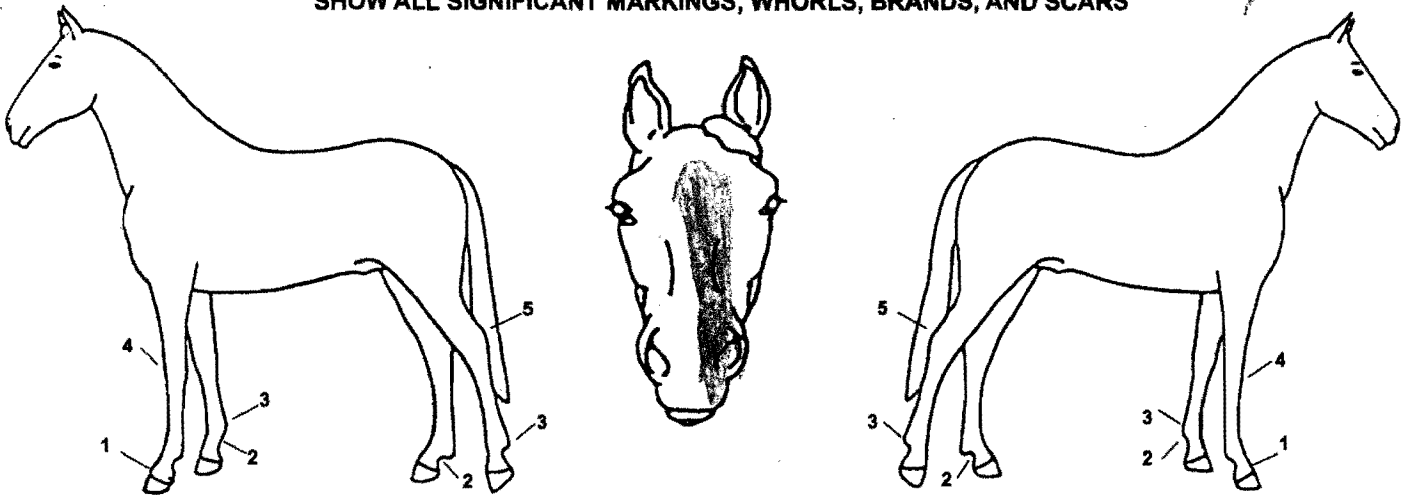
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002611280	20. Color White	21. Breed QD	22. Electronic I.D. No.	23. Age or DOB 3y	24. Sex F	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAY	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE OCCURS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/21/11	33. DATE REPORTED OUT 8/21/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form for not more than one year or both (U.S.C. Section 1001).

offense and may result in a fine of not more than \$10,000 or imprisonment for not more than one year or both (U.S.C. Section 1001).

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) <i>R/H</i>		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ 6 E/W LIVESTOCK AUCTION LOS LUNAS, NM			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5900 Jones Place NW Albuquerque, NM		
Tel No.		County	Tel No. (505) 810-4711		County Bernalillo

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>(b)(6)</i>		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM		12. SIGNATURE DATE 8/21/11	
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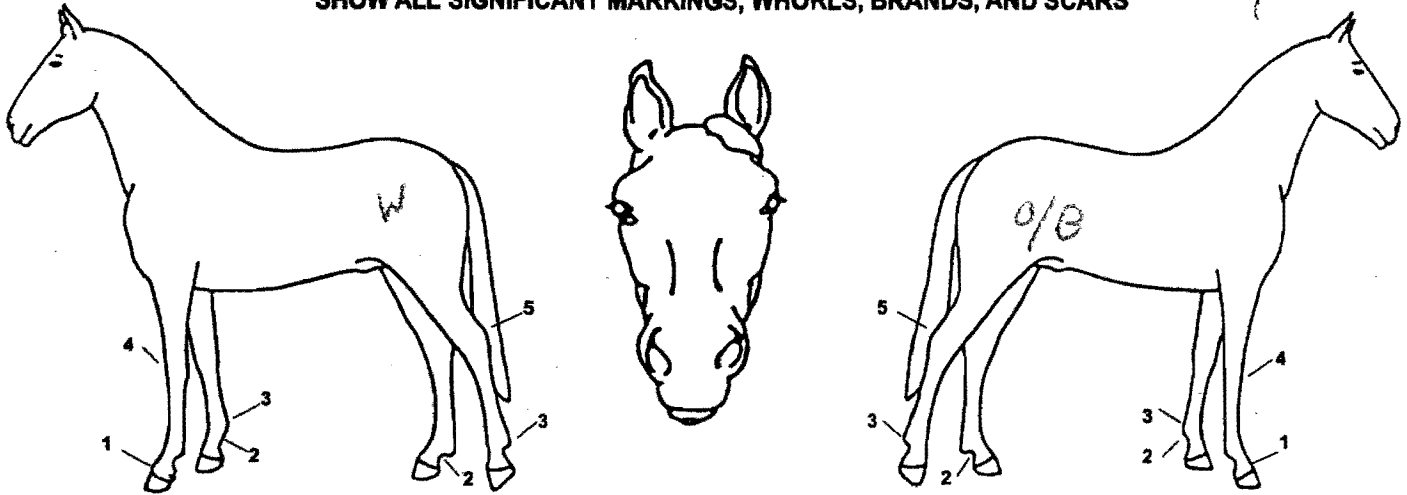
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify I have read and understood the information contained herein and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT <i>(b)(6)</i>		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE	
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002613155	20. Color Sorrel	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 5 y	24. Sex F	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD		26. OTHER MARKS AND BRANDS W/L/H O/B R/H	
27. LEFT FORELIMB		28. RIGHT FORELIMB	
29. LEFT HINDLIMB		30. RIGHT HINDLIMB	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM		32. DATE RECEIVED 8/21/11	33. DATE REPORTED OUT 8/21/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA	
36. SIGNATURE OF VETERINARIAN <i>(b)(6)</i>		35. REMARKS			

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. R 0082175	1. ACCESSION NUMBER <i>ACL 16958</i>	2. DATE BLOOD DRAWN 8/21/11
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export	7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) Zip Code Tel No. County
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1107
6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID	9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5900 Jones Place NW Albuquerque, NM Zip Code 87120 Tel No. (505) 610-4711 County Bernalillo
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W LIVESTOCK AUCTION LOS LUNAS, NM Zip Code Tel No. County	9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5900 Jones Place NW Albuquerque, NM Zip Code 87120 Tel No. (505) 610-4711 County Bernalillo

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

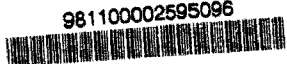
I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM	12. SIGNATURE DATE 8/21/11
--	--	-------------------------------

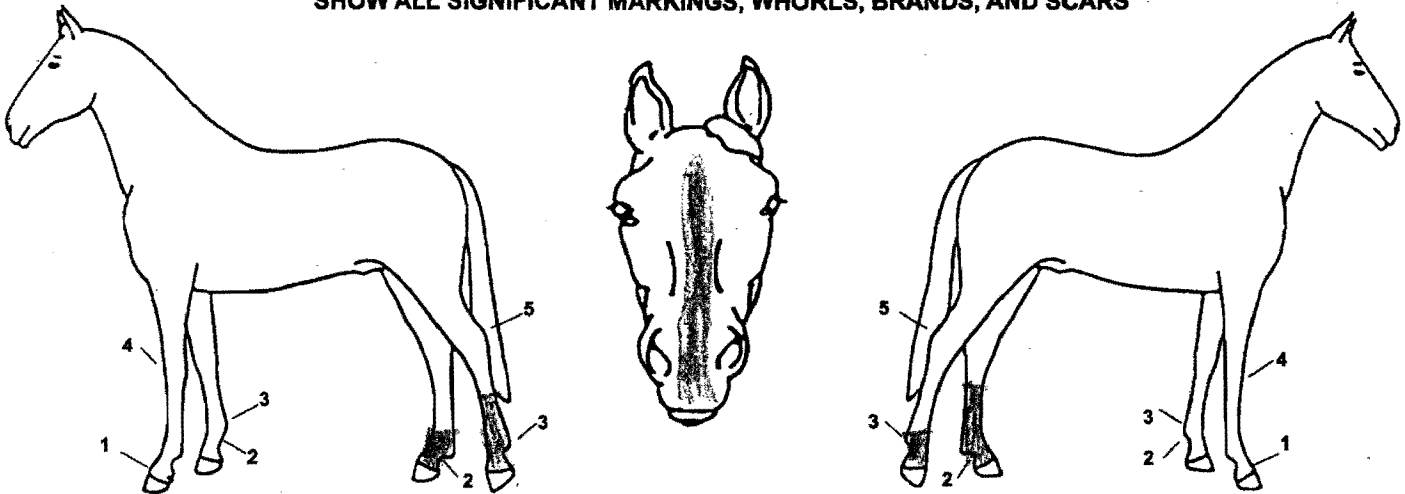
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse 981100002595096 	20. Color Sorrel	21. Breed DH	22. Electronic I.D. No.	23. Age or DOB 2y f	24. Sex F	M - Male <input checked="" type="checkbox"/> F - Female G - Gelding N - Neuter
--------------	----------------------	------------------	---	---------------------	-----------------	-------------------------	------------------------	--------------	---

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD <i>Strip</i>	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB <i>Sore</i>	30. RIGHT HINDLIMB <i>Sore</i>

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/24/11	33. DATE REPORTED OUT 8/21/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form for not more than

offense and may result in a fine of not more than \$10,000 or imprisonment both (U.S.C. Section 1001).

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICES
STATEMENT OF SERVICES

Originating Office Phone

Control Number: 3501B0564

505-761-3160

Office Id: 973501

Dennis Chavez

24 Dalies Road

Los Lunas NM 87031

Service Date(s)

Begin: 25-JUL-11

End: 25-JUL-11

Reference NR: NM-11435

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	1759735177 0250	52.00	2.00	104.00

Total Due \$ 104.00

Remarks: AND NM-11436
193 SLAUGHTER HORSES TO MEXICO

Payment Information

Nfc Id 9999999999V

Date	Amount	Payment Type	Account/Check #
25-JUL-11	\$ 52.00	Money Order	R203309445230
25-JUL-11	\$ 52.00	Money Order	R203309445229

Attention: Customers with government credit accounts - A consolidated monthly bill will be issued by the USDA, APHIS (signature accepting payment terms is on file). Upon receipt of the monthly bill, mail your payment to: USDA/APHIS, P.O. Box 979039 St. Louis, MO 63197-9000.

Notice to Payer: If payment of this Statement of Service is something other than cash or a US postal Money Order, the Statement of Service will not be considered paid in full until such tender has been cleared. If you have any questions, please contact the originating office listed above.

MONEYGRAM PAYMENT SYSTEMS, INC. DRAWER
P.O. BOX 9476
MINNEAPOLIS, MN 55480

PLEASE READ REVERSE SIDE www.moneygram.com DATE/AMOUNT

KEEP A COPY OF THIS STUB
FOR YOUR RECORDS/
MANTENGA UNA COPIA DE
ESTE RECIBO PARA SUS ARCHIVOS

RECEIPT
RECIBO

EMPLOYEE
618 (4/10) 500/5000
M 97577-S

R203309445230

DETACH HERE

MoneyGram Money Orders

VALID MONEY ORDER INCLUDES: 1. Heat sensitive, red stop sign. 2. MoneyGram image visible on the other side when held at an angle or rubbed with coin.

TO VERIFY, TOUCH THE STOP SIGN
AND WATCH IT MOVE AND REAPPEAR

PAY TO THE ORDEREE
PAYEE'S NAME
PAYEE'S ADDRESS
PAYEE'S CITY AND STATE
PAYEE'S ZIP CODE

ORDER NO.
ORDER DATE
ORDER TIME

FOR THE ORDERER'S USE ONLY
ORDERER'S NAME
ORDERER'S ADDRESS
ORDERER'S CITY AND STATE
ORDERER'S ZIP CODE

DATE/TIME OF ISSUE

AMOUNT

PAY EXACTLY

MoneyGram Money Orders

CALL 1-800-542-3590 TO VERIFY

R203309445230

MONEY ORDER NUMBER

0919005331:2033 09445230 90

MONEYGRAM PAYMENT SYSTEMS, INC. DRAWER
P.O. BOX 9476
MINNEAPOLIS, MN 55480

PLEASE READ REVERSE SIDE www.moneygram.com DATE/AMOUNT

KEEP A COPY OF THIS STUB
FOR YOUR RECORDS/
MANTENGA UNA COPIA DE
ESTE RECIBO PARA SUS ARCHIVOS

RECEIPT
RECIBO

EMPLOYEE
618 (4/10) 500/5000
M 97577-S

R203309445229

DETACH HERE

MoneyGram Money Orders

VALID MONEY ORDER INCLUDES: 1. Heat sensitive, red stop sign. 2. MoneyGram image visible on the other side when held at an angle or rubbed with coin.

TO VERIFY, TOUCH THE STOP SIGN
AND WATCH IT MOVE AND REAPPEAR

PAY TO THE ORDEREE
PAYEE'S NAME
PAYEE'S ADDRESS
PAYEE'S CITY AND STATE
PAYEE'S ZIP CODE

ORDER NO.
ORDER DATE
ORDER TIME

FOR THE ORDERER'S USE ONLY
ORDERER'S NAME
ORDERER'S ADDRESS
ORDERER'S CITY AND STATE
ORDERER'S ZIP CODE

DATE/TIME OF ISSUE

AMOUNT

PAY EXACTLY

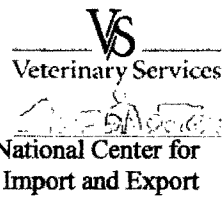
MoneyGram Money Orders

CALL 1-800-542-3590 TO VERIFY

R203309445229

MONEY ORDER NUMBER

0919005331:2033 09445229 90



Health Certificate No. NM-11435
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

(b)(6)

**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
FROM THE UNITED STATES OF AMERICA TO MEXICO
CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

Note: Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

Nota: México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.

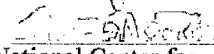
1. Name and Address of Exporter: DENNIS CHAVEZ
Nombre y Dirección del Exportador: 24 DALIES RD LOS LUNAS, NM 87031
2. Name and Address of Importer: BERTHA RUIZ PACHECO
Nombre y Dirección del Importador: COLONIA INDEPENDENCIA 2, ELISA GRIENSEN 7741 JUAREZ, CHIHUAHA, MEXICO
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
5349964	Mare	7 YEARS	5342834	Gelding	6 YEARS
5342373	Gelding	5 YEARS	5342081	Gelding	9 YEARS
5333355	Mare	8 YEARS	5357519	Mare	6 YEARS
5355289	Mare	5 YEARS	5339910	Mare	5 YEARS
5330036	Mare	7 YEARS	5329105	Mare	8 YEARS
5333380	Mare	5 YEARS	5347215	Gelding	6 YEARS
5350646	Gelding	8 YEARS	5360781	Mare	5 YEARS
5347410	Gelding	6 YEARS	5355006	Gelding	8 YEARS
2586855	Gelding	5 YEARS	5345260	Mare	6 YEARS
5348688	Gelding	7 YEARS	5327782	Mare	7 YEARS
5346957	Gelding	8 YEARS	5334115	Mare	6 YEARS
5337340	Mare	5 YEARS	5329027	Mare	6 YEARS
5345927	Gelding	7 YEARS	5333893	Mare	8 YEARS
5340119	Mare	5 YEARS	5355012	Mare	6 YEARS
5359145	Gelding	8 YEARS	5329065	Gelding	8 YEARS
5358902	Mare	5 YEARS	5329400	Gelding	6 YEARS

Mexico, Slaughter horse HC

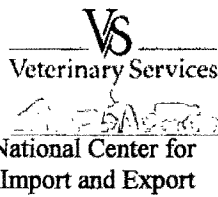


(b)(6)


 National Center for
 Import and Export

Microchip number / <i>Número de microchip</i>	Sex/ <i>Sexo</i>	Approximate age/ <i>Edad aproximada</i>	Microchip Number / <i>Número de microchip</i>	Sex / <i>Sexo</i>	Approximate age/ <i>Edad aproximada</i>
5344692	Mare	6 YEARS	5340898	Mare	7 YEARS
5338813	Mare	7 YEARS	5336261	Mare	9 YEARS
5332831	Gelding	6 YEARS	5348378	Mare	6 YEARS
5342004	Mare	7 YEARS	5334959	Mare	8 YEARS
5345234	Mare	5 YEARS	5332752	Gelding	7 YEARS
5355769	Mare	8 YEARS	5335848	Gelding	6 YEARS
5360401	Gelding	7 YEARS	5333379	Gelding	9 YEARS
5177172	Mare	5 YEARS	5344678	Gelding	7 YEARS
5344876	Gelding	6 YEARS	5342891	Mare	6 YEARS
5356152	Gelding	7 YEARS	5346581	Mare	9 YEARS
9162462	Mare	5 YEARS	5338107	Gelding	6 YEARS
5080387	Gelding	8 YEARS	5356687	Gelding	8 YEARS
5344812	Gelding	6 YEARS	5353929	Gelding	5 YEARS
5353124	Mare	5 YEARS	5341690	Mare	8 YEARS
5333061	Mare	8 YEARS	5335784	Mare	7 YEARS
9141046	Gelding	5 YEARS	5340291	Gelding	5 YEARS
5357426	Mare	8 YEARS			

Mexico, Slaughter horse HC



Health Certificate No. NM-11438
 (Valid only if the USDA Veterinary
 Appears over the Certificate Number)

(b)(6)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

Los animales son originarios de Estados Unidos.

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.

A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.

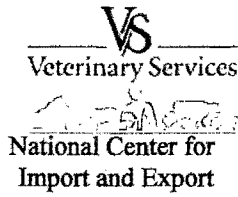
Inspection date / Fecha de inspección July 25th, 2011

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.

Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.

Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.



Health Certificate No. NM-11434 (b)(6)
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

(Delete as appropriate / *Remueva lo que no aplique*)

5. [Within 5 days prior to export, the animals were dipped in coumaphos at 400 ppm. Spraying of the product is only authorized using a motor pump with coumaphos at 400 ppm.]

(b)(6) 07/18/2011

Los animales fueron tratados dentro de los 5 días previos al embarque con un baño de inmersión con coumaphos a concentración de 400 ppm. Solamente se autoriza el baño de aspersión cuando se utilice bomba de motor y se aplique una dosis de 400 ppm de coumaphos]

(b)(6) 07/18/2011

USDA, APHIS, Veterinary Services
6200 Jefferson Street NE, Suite 117
Albuquerque, NM 87109
Thurman Reitz, DVM, Acting AVIC

CY Brasmer
Name of Accredited Veterinarian
*Nombre del Médico Veterinario
Acreditado*

Name of Endorsing Federal Veterinarian
*Nombre del Médico Veterinario
Federal que endosa.*

(b)(6) 07/25/2011
Signature of Accredited Veterinarian and Date
*Firma del Médico Veterinario Acreditado
y Fecha*

(b)(6) 07/25/2011
Signature of Endorsing Federal Veterinarian
and Date
*Firma del Médico Veterinario que endosa
y Fecha*

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) *(Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal).*

Mexico, Slaughter horse HC

**AFFIDAVIT
DECLARACIÓN JURADA**

I (print) Dennis Chavez declare that the horses included in this shipment and accompanied by the health certificate number NM-11435 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número NM-11435 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

1. *Aristolochia spp* and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.

Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.

Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.

3. The following thirosthatatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.

Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.

Date and signature of the exporter
Fecha y firma del exportador

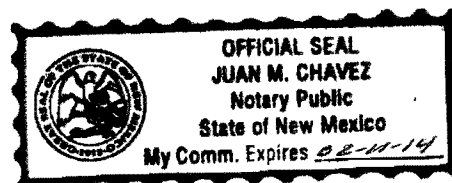
(b)(6)

07/25/2011

Date and signature of the Notary Public
Fecha y firma del Notario Público

(b)(6)

07/25/2011



**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 LOAD 1: 2:00 LOAD 2: 2:00 LOAD 3: 2:00	DATE 07/25/11	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE LOS LUNAS NEW MEXICO
VEHICLE LICENSE NO. AND DRIVER'S NAME LOAD 1: (b)(6) LOAD 2: (b)(6) LOAD 3: (b)(6)	NAME OF AUCTION/MARKET SOUTHWEST LIVESTOCK AUCTION	CONSIGNEE (RECEIVER/DESTINATION) NAME BERTHA RUIZ PACHECO
CONSIGNOR (OWNER/SHIPPER) NAME DENNIS CHAVEZ	STREET ADDRESS 24 DALIES RD	STREET ADDRESS ELISA GRIENSEN 7741 COL INDEPENDENCIA 2
CITY, STATE, ZIP CODE LOS LUNAS NM 87031	CITY, STATE, ZIP CODE JUAREZ CHIHUAHA MEXICO	AREA CODE & TELEPHONE NO. 915-252-6614
AREA CODE & TELEPHONE NO. 505-865-4600		

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

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USGE	6129						SORREL		✓					✓			5349964
	6130						SORREL		✓							✓	5342834
	6131						SORREL		✓							✓	5342373
	6132						DUN					MULE				✓	5342081
	6133						SORREL		✓					✓			5333355
	6134						BROWN	✓						✓			5357519
	6135		✓						✓					✓			5355289
	6136						DUN		✓					✓			5339910
	6137						SORREL		✓					✓			5330036
	6138						BAY		✓					✓			5329105
	6139						BROWN		✓					✓			5333380
	6140		✓						✓							✓	5349215
	6141								✓							✓	5350646
	6142		✓						✓					✓			5360781
	6143		✓						✓							✓	5347410

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

SIGNATURE _____

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

SIGNATURE OF OWNER/SHIPPER/AGENT that the information contained in this form is true and correct to the best of my knowledge _____

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____

DATE _____

TIME _____

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

(b)(6)

FORM
APPROVED
OMB NO.
0579-0160

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

(Please type or print in ink)

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	USGE 6144					✓											✓	5355006	
17	6145					✓											✓	2586855	
18	6146																	5345260	
19	6147					✓											✓	5348688	
20	6148																✓	5327782	
21	6149		✓														✓	5346957	
22	6150					✓											✓	5334115	
23	5051		✓														✓	5337340	
24	5052 ✓																✓	5329027	
25	5053																✓	5345927	
26	5054																✓	5333893	
27	5055					✓											✓	5340119	
28	5056 ✓																✓	5355012	
29	5057					✓											✓	5359145	
30	5058 ✓																✓	5329065	
31	5059 ✓																✓	5358902	
32	5060																✓	5357426	
33	5061 ✓																✓	5329400	
34	5062 ✓																✓	5344692	
35	5063																✓	5340898	
36	5064																✓	5338813	
37	5065																✓	5336261	
38	5066 ✓																✓	5332831	
39	5067																✓	5348378	
40	5068					✓											✓	5342004	
41	5069																✓	5334959	
42	5070																✓	5345224	
43	5071					✓											✓	5332752	
44	5072					✓											✓	5355769	
45	5073																✓	5335848	

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 (b)(6)

Information contained in this form is true and correct to the best of my knowledge.

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

(b)(6)
 FC
 APPROVED
 OMB NO.
 0579-0160

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

(Please type or print in Ink)

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	USGE 5074				✓				✓						✓	5360401	
17	5075		✓						✓						✓	5333379	
18	5076						BROWN		✓				✓			5177172	
19	5077						BROWN		✓						✓	5344678	
20	5078	✓							✓						✓	5344876	
21	5079	✓							✓				✓			5342891	
22	5080						BROWN		✓						✓	5356152	
23	5081			✓					✓				✓			5346581	
24	5082						BROWN		✓				✓			9162462	
25	5083				✓							✓			✓	5338107	
26	5084						BROWN		✓						✓	5080387	
27	5085						WHITE		✓						✓	5356687	
28	5086						BROWN		✓						✓	5344812	
29	5087						BROWN	✓							✓	5353929	
30	5088				✓				✓				✓			5353124	
31	5089					✓			✓				✓			5341690	
32	5090			✓					✓				✓			5333061	
33	5091				✓				✓				✓			5335784	
34	5092				✓				✓						✓	9141046	
35	5093						SCORP		✓						✓	5340291	
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 (b)(6) information contained in this form is true and correct to the best of my knowledge.)



**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
FROM THE UNITED STATES OF AMERICA TO MEXICO
CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

Note: Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

Nota: México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.

1. Name and Address of Exporter: DENNIS CHAVEZ
Nombre y Dirección del Exportador: 24 DALIES RD LOS LUNAS, NM 87031
2. Name and Address of Importer: BERTHA RUIZ PACHECO
Nombre y Dirección del Importador: COLONIA INDEPENDENCIA 2, ELISA GRIENSEN 7741 JUAREZ, CHIHUAHA, MEXICO
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / <i>Número de microchip</i>	Sex/Sexo	Approximate age/Edad <i>aproximada</i>	Microchip Number / <i>Número de microchip</i>	Sex / Sexo	Approximate age/ Edad <i>aproximada</i>
5342361	Mare	8 YEARS	5344711	Mare	5 YEARS
5342953	Mare	7 YEARS	5348038	Mare	8 YEARS
5165580	Gelding	6 YEARS	5341406	Mare	7 YEARS
5355813	Gelding	8 YEARS	5332848	Gelding	5 YEARS
5339702	Mare	8 YEARS	5342731	Gelding	8 YEARS
5342063	Mare	7 YEARS	5346684	Mare	5 YEARS
5354480	Mare	5 YEARS	5335847	Gelding	8 YEARS
5351617	Gelding	8 YEARS	5358918	Gelding	6 YEARS
5357006	Gelding	5 YEARS	5328304	Mare	4 YEARS
5354734	Gelding	8 YEARS	5358102	Gelding	8 YEARS
5358028	Gelding	6 YEARS	5354804	Gelding	5 YEARS
5343076	Gelding	4 YEARS	5349560	Mare	8 YEARS
5352959	Gelding	8 YEARS	5347509	Mare	6 YEARS
5354876	Gelding	6 YEARS	5349199	Gelding	9 YEARS
5354645	Mare	9 YEARS	5335215	Gelding	7 YEARS
5360355	Mare	6 YEARS	5354114	Mare	9 YEARS



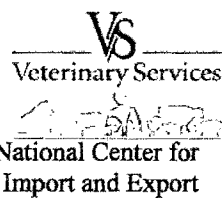
Health Certificate No. NM-11436
 (Valid only if the USDA Veterinary Service
 Appears over the Certificate Number)

(b)(6)

National Center for
 Import and Export

Microchip number / <i>Número de microchip</i>	Sex/ <i>Sexo</i>	Approximate age/ <i>Edad aproximada</i>	Microchip Number / <i>Número de microchip</i>	Sex / <i>Sexo</i>	Approximate age / <i>Edad aproximada</i>
5335239	Gelding	7 YEARS	5331250	Mare	7 YEARS
5346402	Mare	5 YEARS	5342972	Mare	5 YEARS
5340309	Gelding	6 YEARS	5358986	Gelding	8 YEARS
5344850	Mare	9 YEARS	5335578	Gelding	7 YEARS
5335434	Gelding	6 YEARS	5329780	Mare	5 YEARS
5338850	Gelding	5 YEARS	5331162	Mare	7 YEARS
5335523	Gelding	8 YEARS	5334191	Mare	8 YEARS
5331212	Mare	5 YEARS	5354013	Mare	6 YEARS
5348374	Gelding	8 YEARS	5381617	Mare	8 YEARS
5360098	Mare	7 YEARS	5335664	Gelding	5 YEARS
5335296	Gelding	5 YEARS	5333791	Mare	5 YEARS
5353914	Mare	7 YEARS	5330437	Mare	8 YEARS
5350588	Mare	6 YEARS	5340416	Mare	6 YEARS
5335511	Mare	8 YEARS	5355199	Mare	8 YEARS
5347480	Mare	6 YEARS	5331895	Mare	6 YEARS
5328864	Mare	7 YEARS	5354203	Mare	9 YEARS
5353903	Mare	6 YEARS	5360269	Mare	7 YEARS
5329772	Mare	8 YEARS	5338905	Mare	4 YEARS
5348386	Mare	6 YEARS	5351485	Mare	6 YEARS
5330150	Mare	7 YEARS	5360282	Mare	9 YEARS
5357011	Mare	5 YEARS	5333958	Mare	6 YEARS
5354603	Mare	7 YEARS	5330406	Mare	7 YEARS
5348147	Mare	5 YEARS	5356545	Mare	8 YEARS
5336115	Mare	8 YEARS	5353181	Mare	5 YEARS
5360316	Mare	5 YEARS	5351659	Mare	8 YEARS
5358297	Mare	8 YEARS	2589154	Mare	5 YEARS
5344840	Mare	5 YEARS	5350604	Mare	6 YEARS
5354068	Mare	8 YEARS	5350385	Mare	8 YEARS
5339567	Mare	6 YEARS	5356647	Mare	7 YEARS
5345753	Mare	8 YEARS	5342738	Mare	5 YEARS
5351725	Mare	5 YEARS	5332866	Mare	8 YEARS
5334356	Mare	8 YEARS	5344800	Mare	5 YEARS
5330192	Mare	6 YEARS	5352975	Mare	7 YEARS
5340000	Mare	7 YEARS	5348359	Mare	8 YEARS
5360827	Mare	7 YEARS	5345729	Mare	6 YEARS
5349115	Mare	9 YEARS	5344486	Mare	8 YEARS
5353154	Mare	6 YEARS	5339529	Mare	7 YEARS
5333308	Mare	6 YEARS	5340094	Mare	9 YEARS

Mexico, Slaughter horse HC



Health Certificate No. NM-11436
 (Valid only if the USDA Veterinary
 Appears over the Certificate Number)

(b)(6)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
5335334	Mare	6 YEARS	5353658	Mare	7 YEARS
5339632	Mare	8 YEARS	5357484	Mare	6 YEARS
5358904	Mare	7 YEARS	5357706	Mare	7 YEARS
5349928	Mare	5 YEARS	5358613	Mare	6 YEARS
5346539	Mare	6 YEARS	5352204	Mare	6 YEARS
5341259	Mare	8 YEARS	5358434	Mare	8 YEARS
5345577	Mare	6 YEARS	5351615	Mare	7 YEARS
5331427	Mare	8 YEARS	5359500	Mare	8 YEARS
5347068	Mare	7 YEARS	9126023	Gelding	6 YEARS
5333496	Gelding	5 YEARS	5334853	Mare	8 YEARS

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

Los animales son originarios de Estados Unidos.

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.

A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.

Inspection date / Fecha de inspección July 24th, 2011

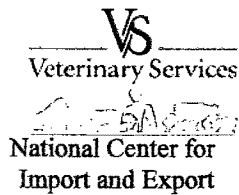
3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.

Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.

Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.

Mexico, Slaughter horse HC



Health Certificate No. NM-11436 (b)(6)
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

(Delete as appropriate /*Remueva lo que no aplique*)

5. [Within 5 days prior to export, the animals were dipped in coumaphos at 400 ppm. Spraying of the product is only authorized using a motor pump with coumaphos at 400 ppm.]

(b)(6)

07/17/2011

Los animales fueron tratados dentro de los 5 días previos al embarque con un baño de inmersión con coumaphos a concentración de 400 ppm. Solamente se autoriza el baño de aspersion cuando se utilice bomba de motor y se aplique una dosis de 400 ppm de coumaphos]

(b)(6)

07/17/2011

USDA, ~~APHIS~~, Veterinary Services
6200 Jefferson Street NE, Suite 117
Albuquerque, NM 87109

CY Brasmer

Name of Accredited Veterinarian
*Nombre del Médico Veterinario
Acreditado*

Thurman Reitz, DVM, Acting AVIC

Name of Endorsing Federal Veterinarian
*Nombre del Médico Veterinario
Federal que endosa.*

(b)(6)

07/24/2011

Signature of Accredited Veterinarian and Date
*Firma del Médico Veterinario Acreditado
y Fecha*

(b)(6)

07/25/2011

Signature of Endorsing Federal Veterinarian
and Date
*Firma del Médico Veterinario que endosa
y Fecha*

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) *(Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal).*

Mexico, Slaughter horse HC

**AFFIDAVIT
DECLARACIÓN JURADA**

I (print) Dennis Chavez declare that the horses included in this shipment and accompanied by the health certificate number NM-11436 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número NM-11436 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

1. *Aristolochia spp* and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.

Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.

Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.

3. The following thirosthatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.

Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.

Date and signature of the exporter
Fecha y firma del exportador

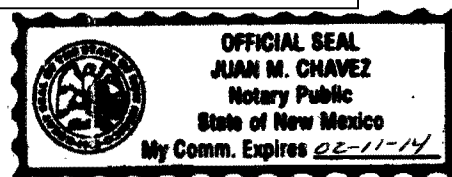
(b)(6)

07/24/2011

Date and signature of the Notary Public
Fecha y firma del Notario Público

(b)(6)

07/24/2011





ANIMAL AND PLANT HEALTH INSPECTION SERVICE
Veterinary Services
 6200 Jefferson St., NE, Suite 117
 Albuquerque, New Mexico 87109

To: Humberto Lucero		POE		City and State Santa Teresa, NM	
Office Telephone No	Fax Telephone No. 575-589-9465	Date 07/26/11			
Subject: Notification of coming shipment of 193 slaughter horses to Mexico.					
<p>Humberto,</p> <p>Included in this fax is international health certificate NM-11435 and NM-11436 from Dr. Brasmer.</p> <p>This is for 2 Shipments of 193 horses to Mexico (Affidavits only).</p> <p>Thanks,</p> <p>Stacy</p>					
From: Stacy Matson		USDA, APHIS, VS		Albuquerque, NM	
Office Telephone No. 505-761-3160	Fax Telephone No. 505-761-3176	Date 07.26.2011			
No. of Pages Transmitted: 3, including the fax coversheet.					

**AFFIDAVIT
DECLARACIÓN JURADA**

I (print) Dennis Chavez declare that the horses included in this shipment and accompanied by the health certificate number NM-11436 (b)(6) have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

Por este medio declaro que los caballos en esta embarque, acompañados por el certificado sanitario número NM-11436 (b)(6) no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

1. *Aristolochia spp* and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.

Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.

Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.

3. The following thirosthatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.

Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.

Date and signature of the exporter
Fecha y firma del exportador

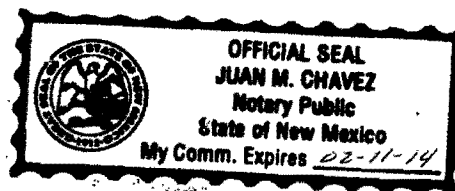
(b)(6)

07/25/2011

Date and signature of the Notary Public
Fecha y firma del Notario Público

(b)(6)

07/25/2011



**AFFIDAVIT
DECLARACIÓN JURADA**

I (print) Dennis Chavez declare that the horses
(b)(6) included in this shipment and accompanied by the health certificate number
NM-11435 have not been fed to or treated within the last one hundred
eighty (180) days prior to shipment with the following compounds, plants or
drugs.

*Por este medio declaro que los caballos en este embarque, acompañados
por el certificado sanitario número NM-11435 (b)(6) no han sido
alimentados o tratados con ninguno de los siguientes compuestos, plantas o
medicamentos durante los ciento ochenta días antes del embarque.*

1. *Aristolochia spp* and any other preparation derived of this plant,
chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone,
dimetridazole, metronidazole, nitrofurans (including furazolidone), and
ronidazole.

*Aristolochia spp y cualquier otra preparación derivada de esta planta,
cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona,
demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y
ronidazol.*

2. The following compounds were not used as growth promoters: zilpaterol,
clenbuterol, raptopamine, and anabolic steroids.

*Los siguientes compuestos no se usaron como promotores del crecimiento:
zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.*

3. The following thirosthatics were not used: thiouracil, methyluracil
phenylthiouracil and propylthiouracil.

*Que no fueron empleados los siguientes tirostáticos: tiouracilo,
metiluracilo, feniltiuracilo y propiltiuracilo*

Date and signature of the exporter
Fecha y firma del exportador

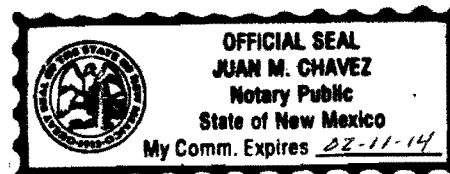
(b)(6)

07/24/2011

Date and signature of the Notary Public
Fecha y firma del Notario Público

(b)(6)

07/24/2011



**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 LOAD 1: 3:00 LOAD 3: 3:00 LOAD 2: 3:00 LOAD 4: 3:00	DATE 07/24/11	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE LOS LUNAS NEW MEXICO
VEHICLE LICENSE NO. AND DRIVER'S NAME LOAD 1: 1R4258 LOAD 3: 1R4253 LOAD 2: 1R4265 LOAD 4: 1R4250	NAME OF AUCTION/MARKET SOUTHWEST LIVESTOCK AUCTION	CONSIGNEE (RECEIVER/DESTINATION) NAME BERTHA RUIZ PACHECO
CONSIGNOR (OWNER/SHIPPER) NAME DENNIS CHAVEZ	STREET ADDRESS 24 DALLES RD	STREET ADDRESS ELISA GRIENSEN 7941 COL INDEPENDENCIA 2
CITY, STATE, ZIP CODE LOS LUNAS NM 87031	CITY, STATE, ZIP CODE JUAREZ CHIHUAHUA MEXICO	AREA CODE & TELEPHONE NO. 915-252-6614
AREA CODE & TELEPHONE NO. 505-865-4600		

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

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions		
		Bay	Grey	Blik.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld					
USGE	6001	✓																	5342361	
	6002																		5344711	
	6003																		5342953	
	6004		✓																5348038	
	6005	✓																	5165580	
	6006																		5341406	
	6007																		5355813	
	6008																		5332848	
	6009																		5339702	
	6010						✓												5342731	
	6011																		5334853	
	6012																		5342063	
	6013																		5346684	
	6014	✓																	5354480	
	6015																		5335847	

HORSES HAV HOURS IMMEDIATE REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS.	SIGNATURE _____	I HEREBY AUTHORIZE THE SIGNATURE AND THE INFORMATION IN IT AS BEING TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THE SIGNATURE OF THE SIGNER OF THIS DOCUMENT AND THE INFORMATION IN IT AS BEING FALSE OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).	CANADIAN FOOD INSPECTION AGENCY (CFIA)	
			EST. _____	DATE _____
SIGNATURE OF THE BEST OF MY KNOWLEDGE AND BELIEF	_____	on contained in this form is true and correct to	DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)	
			EST. _____	DATE _____
			TIME _____	TIME _____

According to the Paperwork Reduction Act of 1980, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO.
0579-0160

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

(Please type or print in ink)

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			
USGE	6016						SORREL		✓							✓	5351617	
	6017					✓			✓							✓	5358918	
	6018	✓							✓							✓	5357006	
	6019						SORREL		✓				✓				5328304	
	6020		✓						✓							✓	5354734	
	6021						BROWN		✓							✓	5358102	
	6022						BROWN	✓								✓	5358028	
	6023						BROWN	✓								✓	5354804	
	6024				✓				✓							✓	5343076	
	6025	✓							✓								5349560	
	6026						WHITE						✓			✓	5352959	
	6027						SORREL		✓				✓				5347509	
	6028						BROWN		✓							✓	5354876	
	6029					✓			✓							✓	5349199	
	6030	✓							✓				✓				5354645	
	6031	✓							✓							✓	5335215	
	6032						SORREL		✓				✓				5360355	
	6033						BROWN		✓				✓				5354114	
	6034						SORREL		✓							✓	5335239	
	6035			✓					✓				✓				5331250	
	6036	✓							✓				✓				5346402	
	6037						APPALOSA		✓				✓				5342972	
	6038						SORREL		✓							✓	5340309	
	6039						SORREL		✓							✓	5358986	
	6040						SORREL		✓				✓				5344850	
	6041				✓				✓							✓	5335578	
	6042						RDW		✓							✓	5335434	
	6043		✓						✓				✓				5329780	
	6044						BROWN									✓	5338850	
	6045	✓					BUCKSKIN		✓				✓				5331162	

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 OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE: _____ information contained in this form is true and correct to the best of my knowledge.)

**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	LISGE	6046					✓			✓						✓	5335523	
17		6047							BROWN							✓	5334191	
18		6048							ROAN							✓	5331212	
19		6049							PALOMINO							✓	5354013	
20		6050							BROWN							✓	5348374	
21		6051	✓													✓	5381617	
22		6052							SORREL							✓	5360098	
23		6053							BROWN							✓	5335664	
24		6054				✓										✓	5335296	
25		6055				✓										✓	5333791	
26		6056							SORREL							✓	5353914	
27		6057							BROWN							✓	5330437	
28		6058							SORREL							✓	5350588	
29		6059							BROWN							✓	5340416	
30		6060							BROWN							✓	5335511	
31		6061							SORREL							✓	5355199	
32		6062							ROAN							✓	5347480	
33		6063							SORREL							✓	5331895	
34		6064							PALOMINO							✓	5328864	
35		6065							SORREL							✓	5354203	
36		6066							BROWN							✓	5353903	
37		6067							APPALACHSA							✓	5360269	
38		6068							BROWN							✓	5329772	
39		6069							DUK							✓	5338905	
40		6070							BROWN							✓	5348386	
41		6071					✓									✓	5351485	
42		6072	✓													✓	5330150	
43		6073					✓									✓	5360282	
44		6074							BROWN							✓	5357011	
45	✓	6075	✓													✓	5333958	

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 BOTH (18 U.S.C. SECTION 1001).

SIGNATURE: _____ (b)(6) _____
 Information contained in this form is true and correct to the best of my knowledge.

**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.

7/4
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	215GE	6076					✓								✓			5354603	
17		6077					✓								✓			5330406	
18		6078					✓								✓			5348147	
19		6079	✓												✓			5352545	
20		6080	✓												✓			5336115	
21		6081	✓												✓			5353101	
22		6082							DUN						✓			5360316	
23		6083					✓								✓			5351659	
24		6084							GRULL						✓			5358297	
25		6085							SORREL						✓			2589154	
26		6086							SORREL						✓			5344840	
27		6087							BROWN						✓			5350604	
28		6088	✓												✓			5354068	
29		6089	✓												✓			5350385	
30		6090		✓											✓			5339567	
31		6091							SORREL						✓			5356647	
32		6092							BROWN						✓			5345753	
33		6093							SORREL						✓			5342738	
34		6094	✓												✓			5351725	
35		6095					✓								✓			5332866	
36		6096	✓												✓			5334356	
37		6097							SORREL						✓			5344800	
38		6098							BROWN						✓			5330192	
39		6099	✓												✓			5352975	
40		6100							DUN						✓			5340000	
41		6101							BROWN						✓			5348359	
42		6102							BROWN						✓			5360827	
43		6103					✓								✓			5345729	
44		6104					✓								✓			5349115	
45	✓	6105							DUN						✓			5344486	

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SIGNAT (b)(6) information contained in this form is true and correct to the best of my knowledge.

VS FOR (SEP 2002)

**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			
USGE	6106						BROWN		✓				✓			5353154		
	6107						DUN		✓				✓			5339529		
	6108						SORREL		✓				✓			5333308		
	6109 ✓								✓				✓			5340094		
	6110					✓			✓				✓			5335334		
	6111 ✓								✓				✓			5353658		
	6112 ✓								✓				✓			5339632		
	6113						GREY		✓				✓			5357484		
	6114 ✓								✓				✓			5358904		
	6115						BROWN		✓				✓			5357706		
	6116						BROWN		✓				✓			5349928		
	6117						BROWN		✓				✓			5358613		
	6118						BROWN		✓				✓			5346539		
	6119						BROWN		✓				✓			5352204		
	6120						BROWN		✓				✓			5341259		
	6121						SORREL		✓				✓			5358434		
	6122 ✓								✓				✓			5345577		
	6123						DUN		✓				✓			5351615		
	6124 ✓								✓				✓			5331427		
	6125 ✓								✓				✓			5359500		
	6126 ✓								✓				✓			5347068		
	6127					✓			✓					✓		9126023		
	6128						APPALOSA		✓					✓		5333496		

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(b)(6)

that the information contained in this form is true and correct to the best of my knowledge.)

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICES
STATEMENT OF SERVICES

Originating Office Phone
505-761-3160
Cy Brasmer Dvm
5900 Jones Place Nw
Albuquerque NM 87120

Control Number: 3501B0616
Office Id: 973501
Service Date(s)
Begin: 25-AUG-11
End: 25-AUG-11
Reference NR: NM-11507

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
105	1-2 Tests Basic - 1st Animal	1759735177 0250	114.00	1.00	114.00
106	1-2 Tests - Additional Animal	1759735177 0250	6.50	122.00	793.00

Total Due \$ 907.00

Remarks: 123 HORSES TO MEXICO
REDO OF IHC NM-11486

Payment Information

Nfc Id 9999999999V

Date	Amount	Payment Type	Account/Check #
25-AUG-11	\$ 907.00	Check	2653

Attention: Customers with government credit accounts - A consolidated monthly bill will be issued by the USDA, APHIS (signature accepting payment terms is on file). Upon receipt of the monthly bill, mail your payment to: USDA/APHIS, P.O. Box 979039 St. Louis, MO 63197-9000.

Notice to Payer: If payment of this Statement of Service is something other than cash or a US postal Money Order, the Statement of Service will not be considered paid in full until such tender has been cleared. If you have any questions, please contact the originating office listed above.

CHRISTOPHER Y BRASMER, DBA
C.Y. BRASMER D.V.M.
5900 JONES PL. NW
ALBUQUERQUE, NM 87120-2006

95-660/1070

2653

DATE 8/23/11

PAY TO USDO-Opbis-US \$ 907
THE ORDER OF Miss Helen and Sam DOLLARS

Bank of Albuquerque
Member FDIC

BANK OF ALBUQUERQUE
Albuquerque, New Mexico
www.bankofalbuquerque.com

MEMO

(b)(6)

(4) (6)

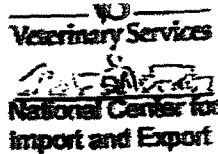
MP

PERSON TO CALL



ANIMAL AND PLANT HEALTH INSPECTION SERVICE
Veterinary Services
6200 Jefferson St., NE, Suite 117
Albuquerque, New Mexico 87109

To: Humberto Lucero		POE		City and State Santa Teresa, NM	
Office Telephone No	Fax Telephone No. 575-589-1634	Date 08/25/2011			
Subject: Notification of coming shipment of 123 horses to Mexico.					
<p>Humberto,</p> <p>Included in this fax is international health certificate NM-11507 from Dr. Brasmer.</p> <p>This is for 1 Shipment of 123 horses to Mexico.</p> <p>Thanks,</p> <p>Stacy</p>					
From: Stacy Matson		USDA, APHIS, VS		Albuquerque, NM	
Office Telephone No. 505-761-3160	Fax Telephone No. 505-761-3176	Date 08/25/2011			
No. of Pages Transmitted: 21, including the fax coversheet.					



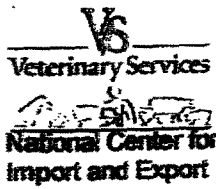
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY (REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
CERTIFICADO INTERNACIONAL ZOOSANTARIO PARA EXPORTAR CABALLOS DE ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS DE AMÉRICA A MÉXICO

For horses originating from the States without diagnosed CEM
Para caballos de estados sin casos diagnosticados de MCE

- 1. Name and Address of Exporter: Dennis Chavez, S/W Livestock Auction, 24 Dalies Rd., Los Lunas, NM 87031
2. Name and Address of Importer: Eleazar Mares Anaya, Calle Oro #3209, Col. Mariano Escobedo, Cd. Juarez Chih. 32220
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Table with 7 columns: Identification number, tattoo or microchip; Sex; Breed; Age; Color and marks; Intended purpose; State of origin. Contains 7 rows of horse export data.



Health Certificate No. NM-11507 ⁰¹
 (Valid only if the USDA Veterinary Seal
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**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY
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 Los Lunas, NM 87031
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Nombre y Dirección del Importador: Calle Oro #3209
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Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas <i>(reseña)</i>	Intended purpose Reproduction Work/ <i>Función zootécnica:</i> [Reproducción] [Trabajo]	State of origin/ <i>Estado de Origen</i>
98110000 2694446	female	quarter horse	144 months	bay star brands l/n l/hip	work	NM
98110000 2698697	female	quarter horse	36 months	bay star]	work	NM
98110000 2701397	female	quarter horse	72 months	brown star l/f l/h socks brands l/n l/hip	work	NM
98110000 2693571	female	paint	60 months	brown/white paint	work	NM
98110000 2693145	female	quarter horse	132 months	sorrel star strip 4 socks brands l/n l/hip	work	NM
98110000 2624820	female	quarter horse	72 months	bay star snip brands l/n l/hip	work	NM
98110000 2628082	female	quarter horse	60 months	sorrel strip l/f l/h r/f socks	work	NM

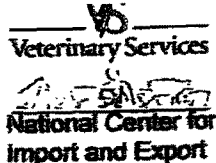


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**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE
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1. Name and Address of Exporter: Dennis Chavez
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24 Dalies Rd.
Los Lunas, NM 87031
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Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas <i>(reseña)</i>	Intended purpose Reproduction Work/ <i>Función zootécnica:</i> [Reproducción] [Trabajo]	State of origin/ <i>Estado de Origen</i>
98110000 2691887	female	quarter horse	120 months	bay strip snip l/f l/h r/h socks brands l/n l/h	work	NM
98110000 2694154	female	quarter horse	48 months	buckskin star r/h coronet	work	NM
98110000 2700817	female	quarter horse	72 months	sorrel strip l/f l/h r/f socks	work	NM
98110000 2629623	female	quarter horse	120 months	buckskin star	work	NM
98110000 2697233	gelding	quarter horse	36 months	grullo snip l/h sock	work	NM
98110000 2700079	gelding	quarter horse	48 months	gray star snip	work	NM
98110000 2696532	gelding	quarter horse	60 months	buckskin	work	NM

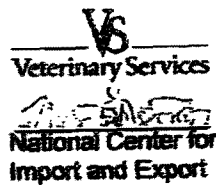


**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY
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98110000 2694549	male	quarter horse	60 months	red roan l/f r/h sock r/f coronet 3 brands	work	NM
98110000 2700091	gelding	quarter horse	48 months	brown	work	NM
98110000 2692861	gelding	quarter horse	72 months	sorrel star snip	work	NM
98110000 2693960	gelding	quarter horse	84 months	gray roan strip snip l/h r/f r/h socks	work	NM
98110000 2694788	gelding	paint	60 months	brown/white paint	work	NM
98110000 2693815	gelding	quarter horse	36 months	gray roan baldface l/f l/h r/h socks blue eyes	work	NM
98110000 2693285	gelding	quarter horse	48 months	bay star	work	NM



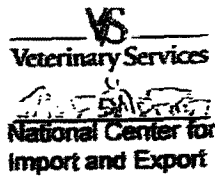
Health Certificate No. NM-11507 GA
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**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY
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 Los Lunas, NM 87031
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Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/ <i>Sexo</i>	Breed/ <i>Raza</i>	Age/ <i>Edad</i>	Color and marks/ <i>Color y marcas (reseña)</i>	Intended purpose Reproduction Work/ <i>Función zootécnica: [Reproducción] [Trabajo]</i>	State of origin/ <i>Estado de Origen</i>
98110000 2694824	gelding	quarter horse	96 months	red roan strip	work	NM
98110000 2701411	gelding	quarter horse	36 months	sorrel strip 4 socks brand r/hip	work	NM
98110000 2693279	gelding	paint	144 months	black/white paint	work	NM
98110000 2696850	gelding	paint	72 months	roan/white paint	work	NM
98110000 2700789	gelding	quarter horse	36 months	bay star	work	NM
98110000 2699962	gelding	quarter horse	24 months	bay	work	NM
98110000 2701321	gelding	quarter horse	36 months	buckskin l/h sock	work	NM



Health Certificate No. NM-11507⁶⁸
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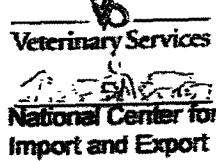
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98110000 2695499	gelding	quarter horse	60 months	sorrel strip l/h r/f r/h	socks work	NM
98110000 2698099	gelding	quarter horse	36 months	sorrel	work	NM
98110000 2695556	gelding	quarter horse	24 months	palomino strip snip	work	NM
98110000 2696739	gelding	appaloosa	36 months	roan appaloosa snip	work	NM
98110000 2697468	gelding	quarter horse	36 months	sorrel strip	work	NM
98110000 2696253	gelding	quarter horse	24 months	bay strip	work	NM
98110000 2696100	gelding	quarter horse	24 months	sorrel star	work	NM

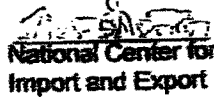


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98110000 2691957	gelding	paint	48 months	brown/white paint	work	NM
98110000 2694641	gelding	quarter horse	36 months	sorrel strip 2 hind socks	work	NM
98110000 2697510	gelding	quarter horse	36 months	bay star	work	NM
98110000 2695563	gelding	quarter horse	48 months	gray roan strip	work	NM
98110000 2699040	gelding	quarter horse	24 months	bay strip 2 hind socks	work	NM
98110000 2693625	gelding	quarter horse	132 months	dapple gray roan brands l/s l/h r/h	work	NM
98110000 2693452	gelding	quarter horse	48 months	palomino strip	work	NM



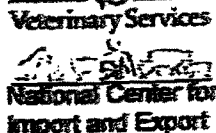
**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY
(REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF
AMERICA TO MEXICO**

**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE
ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS
DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM
Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter: *Nombre y Dirección del Exportador:*
Dennis Chavez
S/W Livestock Auction
24 Dalies Rd.
Los Lunas, NM 87031
2. Name and Address of Importer: *Nombre y Dirección del Importador:*
Eleazar Mares Anaya
Calle Oro #3209
Col. Mariano Escobedo
Cd. Juarez Chih. 32220
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas <i>(reseña)</i>	Intended purpose Reproduction Work/ <i>Función zootécnica: [Reproducción] [Trabajo]</i>	State of origin/ <i>Estado de Origen</i>
98110000 2694580	gelding	quarter horse	48 months	sorrel strip	work	NM
98110000 2691799	gelding	quarter horse	60 months	dun star strip l/h r/f sock	work	NM
98110000 2695982	gelding	paint	48 months	red/white paint	work	NM
98110000 2695600	gelding	quarter horse	48 months	dun l/h sock	work	NM
98110000 2694758	gelding	quarter horse	48 months	sorrel strip l/h sock	work	NM
98110000 2691825	gelding	quarter horse	84 months	bay strip l/f l/h r/h socks brands l/s r/hip	work	NM
98110000 2700766	gelding	quarter horse	48 months	sorrel star	work	NM



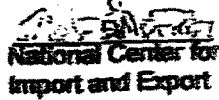
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY (REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS DE AMÉRICA A MÉXICO

For horses originating from the States without diagnosed CEM
Para caballos de estados sin casos diagnosticados de MCE

- 1. Name and Address of Exporter: Dennis Chavez, S/W Livestock Auction, 24 Dalies Rd., Los Lunas, NM 87031
2. Name and Address of Importer: Eleazar Mares Anaya, Calle Oro #3209, Col. Mariano Escobedo, Cd. Juarez Chih. 32220
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Table with 7 columns: Identification number, Sex, Breed, Age, Color and marks, Intended purpose, State of origin. Contains 8 rows of horse export data.



**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY
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**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE
ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS
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**For horses originating from the States without diagnosed CEM
Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter: Dennis Chavez
S/W Livestock Auction
Nombre y Dirección del Exportador: 24 Dalies Rd.
Los Lunas, NM 87031

2. Name and Address of Importer: Eleazar Mares Anaya
Calle Oro #3209
Nombre y Dirección del Importador: Col. Mariano Escobedo
Cd. Juarez Chih. 32220

3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Identification number, tattoo or microchip/ Número de identificación, tatuaje o microchip	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas (reseña)	Intended purpose Reproduction Work/ Función zootécnica: [Reproducción] [Trabajo]	State of origin/ Estado de Origen
98110000 2696006	male	quarter horse	36 months	gray strip l/f l/h r/h socks	work	NM
98110000 2694518	gelding	quarter horse	72 months	sorrel star	work	NM
98110000 2697868	gelding	quarter horse	36 months	bay strip	work	NM
98110000 2697081	gelding	quarter horse	24 months	sorrel strip snip	work	NM
98110000 2700913	gelding	quarter horse	36 months	gray roan strip 4 socks 2 brands l/hip	work	NM
98110000 2697552	gelding	quarter horse	48 months	sorrel strip 2 hind socks	work	NM
98110000 2701407	gelding	quarter horse	24 months	bay star snip l/h sock	work	NM

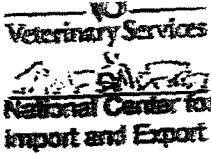


**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY
 (REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF
 AMERICA TO MEXICO**
**CERTIFICADO INTERNACIONAL ZOOSANTARIO PARA EXPORTAR CABALLOS DE
 ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS
 DE AMÉRICA A MÉXICO**

For horses originating from the States without diagnosed CEM.
 Para caballos de exterior sin casos diagnosticados de MCE

1. Name and Address of Exporter:
Nombre y Dirección del Exportador: Dennis Chavez
 S/W Livestock Auction
 24 Dalies Rd.
 Los Lunas, NM 87031
2. Name and Address of Importer:
Nombre y Dirección del Importador: Eleazar Mares Anaya
 Calle Oro #3209
 Col. Mariano Escobedo
 Cd. Juarez Chih. 32220
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/ <i>Sexo</i>	Breed/ <i>Raza</i>	Age/ <i>Edad</i>	Color and marks/ <i>Color y marcas (reseña)</i>	Intended purpose Reproduction Work/ <i>Función zootécnica: [Reproducción] [Trabajo]</i>	State of origin/ <i>Estado de Origen</i>
98110000 2691959	gelding	quarter horse	24 months	sorrel strip	work	NM
98110000 2696980	gelding	quarter horse	36 months	bay star snip	work	NM
98110000 2700764	gelding	quarter horse	36 months	bay star	work	NM
98110000 2695644	gelding	quarter horse	24 months	sorrel strip r/f sock	work	NM
98110000 2692044	gelding	quarter horse	24 months	sorrel strip	work	NM
98110000 2700066	gelding	quarter horse	24 months	sorrel strip r/h coronet	work	NM
98110000 2693631	gelding	quarter horse	24 months	bay snip 2 hind socks 2 brands l/hip	work	NM



(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY (REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS DE AMÉRICA A MÉXICO

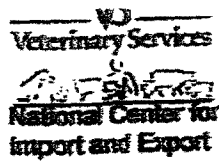
For horses originating from the States without diagnosed CEM
Para caballos de estados sin casos diagnosticados de MCE

1. Name and Address of Exporter: Dennis Chavez
S/W Livestock Auction
24 Dalies Rd.
Los Lunas, NM 87031

2. Name and Address of Importer: Eleazar Mares Anaya
Calle Oro #3209
Col. Mariano Escobedo
Cd. Juarez Chih. 32220

3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Table with 7 columns: Identification number, Sex, Breed/Raza, Age, Color and marks, Intended purpose, State of origin. Contains 8 rows of horse export data.



(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY (REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO
CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS DE AMÉRICA A MÉXICO

For horses originating from the States without diagnosed CEM
Para caballos de estados sin casos diagnosticados de MCE

- 1. Name and Address of Exporter: Dennis Chavez, S/W Livestock Auction, 24 Dalles Rd., Los Lunas, NM 87031
2. Name and Address of Importer: Eleazar Mares Anaya, Calle Oro #3209, Col. Mariano Escobedo, Cd. Juarez Chih. 32220

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Table with 7 columns: Identification number, tattoo or microchip; Sex/Sexo; Breed/Raza; Age/Edad; Color and marks/Color y marcas; Intended purpose/Reproduction/Work/Función zootécnica; State of origin/Estado de Origen. Contains 8 rows of horse data.



**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY
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**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE
ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS
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Para caballos de estados sin casos diagnosticados de MCE

1. Name and Address of Exporter:
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S/W Livestock Auction
24 Dalies Rd.
Los Lunas, NM 87031
2. Name and Address of Importer:
Nombre y Dirección del Importador: Eleazar Mares Anaya
Calle Oro #3209
Col. Mariano Escobedo
Cd. Juarez Chih. 32220
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas <i>(reseña)</i>	Intended purpose Reproduction Work/ <i>Función zootécnica: [Reproducción] [Trabajo]</i>	State of origin/ <i>Estado de Origen</i>
98110000 2699975	female	paint	36 months	black/white paint 2 brands	1/hip work	NM
98110000 2698261	female	paint	60 months	palomino roan paint 2 brands	1/hip work	NM
98110000 2701036	gelding	paint	24 months	red roan paint 2 brands	1/hip work	NM
98110000 2692907	female	quarter horse	24 months	bay baldface 4 socks brand 1/hip	work	NM
98110000 2698923	gelding	paint	48 months	black/white brand 1/hip	work	NM
98110000 2697118	female	quarter horse	36 months	dun	work	NM
98110000 2597212	female	quarter horse	60 months	dun star r/h sock l/h coronet	work	NM



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 ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS
 DE AMÉRICA A MÉXICO**

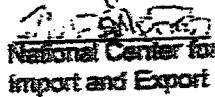
For horses originating from the States without diagnosed CEM
Para caballos de estados sin casos diagnosticados de MCE

1. Name and Address of Exporter: **Dennis Chavez**
Nombre y Dirección del Exportador: S/W Livestock Auction
 24 Dalies Rd.
 Los Lunas, NM 87031

2. Name and Address of Importer: **Eleazar Mares Anaya**
Nombre y Dirección del Importador: Calle Oro #3209
 Col. Mariano Escobedo
 Cd. Juarez Chih. 32220

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas <i>(rescña)</i>	Intended purpose Reproduction Work/ <i>Función zoolécnica:</i> [Reproducción] [Trabajo]	State of origin/ <i>Estado de Origen</i>
98110000 2598157	female	quarter horse	60 months	dun star snip	work	NM
98110000 2592194	gelding	arab	60 months	grey roan star brand r/neck	work	NM
98110000 2595150	female	quarter horse	72 months	sorrel star snip 2 brands l/hip	work	NM
98110000 2596173	female	quarter horse	36 months	sorrel strip 2 hind socks brand l/hip	work	NM
98110000 2595690	female	paint	36 months	sorrel paint blue eye brand l/hip	work	NM
98110000 2603699	gelding	quarter horse	48 months	palomino star snip	work	NM
98110000 2596759	gelding	paint	36 months	gray/white paint blue eye	work	NM



**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY
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**CERTIFICADO INTERNACIONAL ZOOSANTARIO PARA EXPORTAR CABALLOS DE
ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS
DE AMÉRICA A MÉXICO**

For horses originating from the States without diagnosed CEM
Para caballos de estados sin casos diagnosticados de MCE

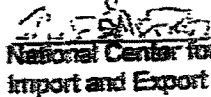
1. Name and Address of Exporter:
Nombre y Dirección del Exportador: Dennis Chavez
S/W Livestock Auction
24 Dalies Rd.
Los Lunas, NM 87031
2. Name and Address of Importer:
Nombre y Dirección del Importador: Eleazar Mares Anaya
Calle Oro #3209
Col. Mariano Escobedo
Cd. Juarez Chih. 32220
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas <i>(reseña)</i>	Intended purpose Reproduction Work/ <i>Función zootécnica: [Reproducción] [Trabajo]</i>	State of origin/ <i>Estado de Origen</i>
98110000 2596291	female	quarter horse	60 months	sorrel star snip l/h sock	work	NM
98110000 2595185	female	quarter horse	60 months	palomino strip	work	NM
98110000 2591778	female	quarter horse	48 months	dun star strip snip l/f coronet r/h sock	work	NM
98110000 2596975	female	quarter horse	24 months	sorrel strip 2 hind socks l/f coronet	work	NM
98110000 2607485	female	quarter horse	24 months	sorrel strip l/h r/f socks 2 brands l/hip	work	NM
98110000 2602307	female	quarter horse	24 months	sorrel strip 2hind r/f socks 2 brands l/hip	work	NM
98110000 2613110	female	quarter horse	36 months	dun strip 2 hind socks	work	NM



Veterinary Services

(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)



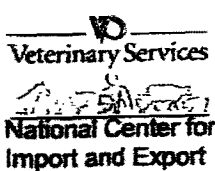
INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY (REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS DE AMÉRICA A MÉXICO

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2. Name and Address of Importer: Eleazar Mares Anaya, Calle Oro #3209, Col. Mariano Escobedo, Cd. Juarez Chih. 32220
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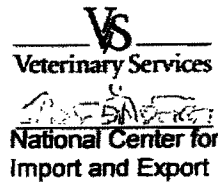
Health Certificate No. 11111007
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY
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 AMERICA TO MEXICO**
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE
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 DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM
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1. Name and Address of Exporter:
Nombre y Dirección del Exportador: Dennis Chavez
 S/W Livestock Auction
 24 Dalies Rd.
 Los Lunas, NM 87031
2. Name and Address of Importer:
Nombre y Dirección del Importador: Eleazar Mares Anaya
 Calle Oro #3209
 Col. Mariano Escobedo
 Cd. Juarez, Chih. 32220
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age / <i>Edad</i>	Color and marks/ <i>Color y marcas (reseña)</i>	Intended purpose Reproduction Work/ <i>Función zootécnica: [Reproducción] [Trabajo]</i>	State of origin/ <i>Estado de Origen</i>
98110000 2610688	female	quarter horse	48 months	palomino strip 2 hind socks	work	NM
98110000 2611280	female	quarter horse	36 months	palomino strip	work	NM
98110000 2613155	female	quarter horse	60 months	sorrel brands 1/hip r/hip	work	NM
98110000 2595096	female	quarter horse	24 months	sorrel strip 2 hind socks	work	NM



Health Certificate No. NM-11507 ^{Col}
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States
Los animales son originarios de los Estados Unidos.
2. The animals are individually identified indicating: color, sex, breed, age, marks or tattoo or microchip.
Identificación individual de los animales, señalando color, sexo, raza, edad y marcas (reseña), además de tatuaje o microchip.
3. The animals remained in the United States during the 60 days prior to export.
Los animales permanecieron en los Estados Unidos durante 60 días previos a la exportación.
4. The animals were inspected at the farm of origin and were found free of reportable diseases; the animals have not been exposed to reportable diseases during the 60 days prior to export.
Los animales fueron inspeccionados en el lugar de origen y encontrados libres de enfermedades de notificación obligatoria y no fueron expuestos a ellas durante los 60 días previos a la exportación.
5. The animals are free of ectoparasites or were treated against ectoparasites. (Indicate the date and name of the product).
Que se encuentran libres de ectoparásitos o que recibieron un tratamiento, indicando fecha y el producto utilizado.
The animals were treated with Co-ral (coumaphos) fly and tick spray on 8/24/11.

6. At the farm origin and in adjacent farms, there have been no cases of dourine, Venezuelan equine encephalitis, vesicular stomatitis, epizootic lymphangitis, ulcerative lymphangitis, glanders, piroplasmiasis, and surra during 60 days prior to export.
Que durante los 60 días previos a la exportación, en las instalaciones de origen como en las instalaciones vecinas no se han presentado casos de: Durina, Encefalitis equina venezolana, Estomatitis vesicular, Linfangitis epizootica, Linfangitis ulcerativa, Muermo, Piroplasmiasis equina y surra.
7. Within 60 days prior to export, the animals were tested with negative results, for the following diseases. The laboratory samples were taken under the supervision of a USDA accredited veterinarian.
Que los animales fueron sometidos a las siguientes pruebas, con resultados negativos, dentro de los 60 días previos a la fecha de exportación. Las muestras fueron colectadas bajo supervisión de un Médico Veterinario Acreditado por el USDA.
Equine infectious anemia: AGID test (Coggins' test) or ELISA. Indicate the name of test, the name of the official laboratory and the date when the samples were obtained).



Health Certificate No. NM-11507
 (Valid only if the USDA Veterinary Seal
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*Anemia infecciosa equina: agar gel inmunodifusión (AGID o prueba de Coggins) o ELISA.
 Señale el nombre del laboratorio oficial y la fecha de la obtención de la muestra*
Albuquerque Coggins Lab (08/20/11, 08/21/11) ELISA

Note: Horses in this shipment were not positive to testing for CEM in the USDA APHIS control-surveillance program.

Nota: Los caballos en este embarque no obtuvieron pruebas positivas a MCE en el control-vigilancia que mantiene Estados Unidos.

8. Horses have **not** been on premises infected with CEM and are **not** epidemiologically linked to infected premises or animals diagnosed with CEM, during the 12 months prior to export. *Que durante los 12 meses previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales afectados.*

9. The animals are transported in containers and/or vehicles that were cleaned and disinfected prior to embarkation. During transportation the horses were not in contact with other animals. *Que los vehículos y/o contenedores utilizados para el transporte de los animales se sometieron a limpieza y desinfección antes del embarque y los animales a exportar no estuvieron en contacto con otros animales durante el traslado.*

Inspection date / *Fecha de inspección* 08/21/2011
 USDA, APHIS, Veterinary Services
 6200 Jefferson Street NE, Suite 117
 Albuquerque, NM 87109

C.Y. Brasmer, DVM
 Name of Accredited Veterinarian
*Nombre del Médico Veterinario
 Acreditado*

Name of Endorsing Federal Veterinarian
Nombre del Médico Veterinario Federal que endosa.
 Gary Hart, DVM, Acting AVIC

Signature of (b)(6) 8/25/11
 Veterinarian (Date)
*Firma del Médico Veterinario Acreditado
 (Fecha)*

(b)(6) 08/25/2011
 Date Endorsed and Signature of
 Endorsing Federal Veterinarian
Fecha de endoso y firma del Médico Veterinario que endosa.

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) *(Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal).*

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICES
STATEMENT OF SERVICES

Originating Office Phone
505-761-3160
Dennis Chavez
24 Dalies Road
Los Lunas NM 87031

Control Number: 3501B0574

Office Id: 973501

Service Date(s)
Begin: 28-JUL-11
End: 28-JUL-11

Reference NR: NM-11447

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	1759735177 0250	52.00	1.00	52.00

Total Due \$ 52.00

Remarks: 75 SLAUGHTER HORSES TO MEXICO

Payment Information

Nfc Id 9999999999V

Date	Amount	Payment Type	Account/Check #
28-JUL-11	\$ 52.00	Money Order	R203309445570

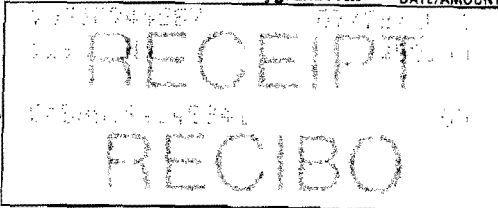
Attention: Customers with government credit accounts - A consolidated monthly bill will be issued by the USDA, APHIS (signature accepting payment terms is on file). Upon receipt of the monthly bill, mail your payment to: USDA/APHIS, P.O. Box 979039 St. Louis, MO 63197-9000.

Notice to Payer: If payment of this Statement of Service is something other than cash or a US postal Money Order, the Statement of Service will not be considered paid in full until such tender has been cleared. If you have any questions, please contact the originating office listed above.

MONEYGRAM PAYMENT SYSTEMS, INC. DRAWER
P.O. BOX 9476
MINNEAPOLIS, MN 55480

PLEASE READ REVERSE SIDE www.moneygram.com DATE/AMOUNT

MoneyGram
Money Orders

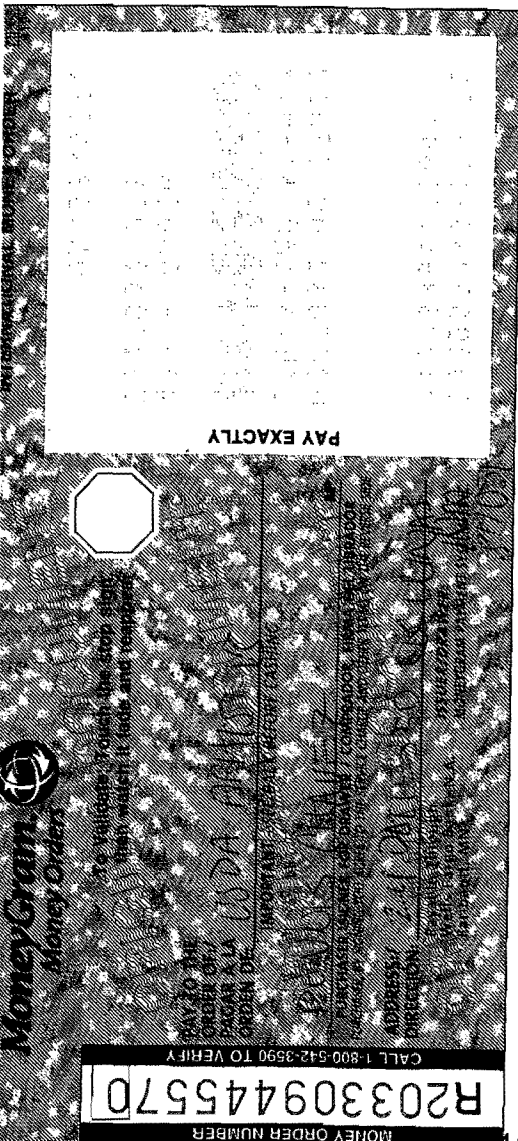


KEEP A COPY OF THIS STUB
FOR YOUR RECORDS/
MANTENGA UNA COPIA DE
ESTE RECIBO PARA SUS ARCHIVOS

R203309445570

EMPLOYEE
618 (4/10) 500/5000
M 97577-S

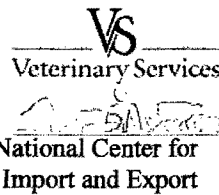
▼ DETACH HERE ▼



PAY EXACTLY

06 #102554760 EE02#EE5006760#

R203309445570
MONEY ORDER NUMBER
CALL 1-800-542-3590 TO VERIFY



Health Certificate No. NM-11447 *TH*
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
 FROM THE UNITED STATES OF AMERICA TO MEXICO
 CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

Note: Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

Nota: México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.

1. Name and Address of Exporter: DENNIS CHAVEZ
 Nombre y Dirección del Exportador: 24 DALIES RD LOS LUNAS, NM 87031
2. Name and Address of Importer: BERTHA RUIZ PACHECO
 Nombre y Dirección del Importador: COLONIA INDEPENDENCIA 2, ELISA GRIENSEN 7741
 JUAREZ, CHIHUAHA, MEXICO
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
5328585	Gelding	8 YEARS	5332298	Gelding	6 YEARS
5338540	Gelding	6 YEARS	5332086	Mare	7 YEARS
5341867	Mare	7 YEARS	5334776	Mare	5 YEARS
5350718	Gelding	9 YEARS	5358754	Gelding	8 YEARS
5352837	Mare	6 YEARS	5337307	Mare	6 YEARS
5349387	Gelding	7 YEARS	5358796	Gelding	8 YEARS
5346853	Mare	6 YEARS	5329151	Mare	7 YEARS
5344758	Gelding	8 YEARS	5357971	Gelding	8 YEARS
5331546	Gelding	6 YEARS	5337419	Mare	5 YEARS
5355865	Gelding	9 YEARS	5334342	Gelding	7 YEARS
5341476	Mare	5 YEARS	5348931	Mare	6 YEARS
5330970	Gelding	5 YEARS	5344428	Gelding	6 YEARS
5346842	Mare	6 YEARS	5356309	Mare	7 YEARS
5332135	Gelding	9 YEARS	5342804	Gelding	8 YEARS
5359871	Mare	7 YEARS	5342846	Mare	5 YEARS
5334297	Mare	8 YEARS	5328066	Mare	7 YEARS
5336148	Mare	5 YEARS	5350316	Mare	8 YEARS
5328313	Gelding	7 YEARS	5345909	Mare	7 YEARS

Mexico, Slaughter horse HC



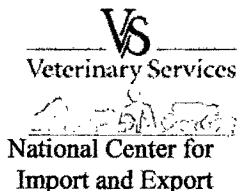
VS
Veterinary Services

Health Certificate No. NM-11447 *TAN*
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

USA
National Center for
Import and Export

Microchip number / <i>Número de microchip</i>	Sex/ <i>Sexo</i>	Approximate age/ <i>Edad aproximada</i>	Microchip Number / <i>Número de microchip</i>	Sex / <i>Sexo</i>	Approximate age/ <i>Edad aproximada</i>
5353314	Mare	5 YEARS	5328453	Mare	8 YEARS
5333148	Gelding	7 YEARS	5360225	Mare	7 YEARS
5329945	Mare	6 YEARS	5350204	Mare	6 YEARS
445202715	Gelding	8 YEARS	5351757	Mare	7 YEARS
5351308	Gelding	7 YEARS	5351718	Gelding	8 YEARS
5358977	Mare	5 YEARS	5360459	Mare	6 YEARS
5339294	Mare	8 YEARS	5337618	Mare	6 YEARS
5348248	Mare	6 YEARS	5352393	Mare	7 YEARS
5344130	Gelding	8 YEARS	5345989	Gelding	8 YEARS
5334825	Mare	5 YEARS	5340985	Mare	7 YEARS
5359181	Mare	8 YEARS	5340241	Gelding	6 YEARS
5359569	Gelding	5 YEARS	529203	Mare	8 YEARS
5339966	Gelding	8 YEARS	5353300	Mare	7 YEARS
5330112	Mare	5 YEARS	5341400	Gelding	8 YEARS
5344195	Mare	6 YEARS	5358525	Gelding	6 YEARS
5356369	Mare	5 YEARS	5330219	Gelding	7 YEARS
5347925	Gelding	8 YEARS	5340636	Gelding	8 YEARS
5360428	Mare	5 YEARS	5348419	Mare	6 YEARS
5356898	Gelding	8 YEARS	5340366	Gelding	8 YEARS
5355964	Mare	6 YEARS			

Mexico, Slaughter horse HC



Health Certificate No. NM-11447 ^{AL}
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada

CERTIFICATION STATEMENTS / CERTIFICACIONES

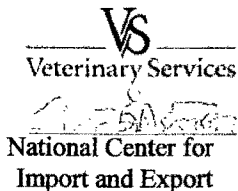
1. Horses originate from the United States.
Los animales son originarios de Estados Unidos.

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.
A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.
Inspection date / *Fecha de inspección* July 28th, 2011

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.
Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.
Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.

Mexico, Slaughter horse HC



Health Certificate No. NM-11447 TAVL
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

(Delete as appropriate /Remueva lo que no aplique)

5. [Within 5 days prior to export, the animals were dipped in coumaphos at 400 ppm. Spraying of the product is only authorized using a motor pump with coumaphos at 400 ppm.]

(b)(6) 07/21/2011

Los animales fueron tratados dentro de los 5 días previos al embarque con un baño de inmersión con coumaphos a concentración de 400 ppm. Solamente se autoriza el baño de aspersión cuando se utilice bomba de motor y se aplique una dosis de 400 ppm de coumaphos]

(b)(6) 07/21/2011

USDA, (b)(6) S, Veterinary Services
6200 Jefferson Street NE, Suite 117
Albuquerque, NM 87109
Thurman Reitz, DVM, ACting AVIC

CY Brasmer

Name of Accredited Veterinarian
*Nombre del Médico Veterinario
Acreditado*

Name of Endorsing Federal Veterinarian
*Nombre del Médico Veterinario
Federal que endosa.*

(b)(6) 07/28/2011

Signature of Accredited Veterinarian and Date
*Firma del Médico Veterinario Acreditado
y Fecha*

(b)(6) 07/28/2011
Signature of Endorsing Federal Veterinarian
and Date
*Firma del Médico Veterinario que endosa
y Fecha*

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) *(Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal).*

Mexico, Slaughter horse HC

**AFFIDAVIT
DECLARACIÓN JURADA**

I (print) Dennis Chavez declare that the horses included in this shipment and accompanied by the health certificate number NM-11447 (b)(6) have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número NM-11447 (b)(6) no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

1. *Aristolochia spp* and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.

Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.

Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.

3. The following thirosthatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.

Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.

Date and signature of the exporter
Fecha y firma del exportador

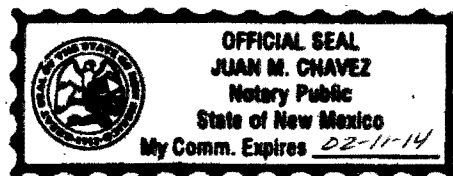
(b)(6)

07/28/2011

Date and signature of the Notary Public
Fecha y firma del Notario Público

(b)(6)

07/28/2011



**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.

TIME HORSES LOADED ON CONVEYANCE LOAD 1: 11:00 AM LOAD 2: 11:15 AM	DATE 07/28/11	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE LOS ALAMOS NEW MEXICO
VEHICLE LICENSE NO. AND DRIVER'S NAME LOAD 1: (b)(6) LOAD 2: (b)(6)	NAME OF AUCTION/MARKET SOUTHWEST LIVESTOCK AUCTION	CONSIGNEE (RECEIVER/DESTINATION) NAME BERTHA RUIZ PACHECO
CONSIGNOR (OWNER/SHIPPER) DENNIS CHAVEZ	STREET ADDRESS 24 DALIES RD	STREET ADDRESS ELISA GRIENSEN 7741 COL INDEPENDENCIA 2
CITY, STATE, ZIP CODE LOS ALAMOS NM 87031	CITY, STATE, ZIP CODE JUAREZ CHIHUAHA MEXICO	AREA CODE & TELEPHONE NO. 915-252-6614
AREA CODE & TELEPHONE NO. 505-865-4600		

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions		
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
1	USGE	5351																		5328585
2		5352				✓														5332298
3		5353																		5338540
4		5354																		5332086
5		5355																		5341867
6		5356																		5334776
7		5357		✓																5350718
8		5358																		5358754
9		5359																		5352837
10		5360																		5337307
11		5361	✓																	5349387
12		5362					✓													5358796
13		5363				✓														5346853
14		5364				✓														5329151
15		5365																		5344758

HORSES HAVE REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY PRIOR TO LOADING.

SIGNATURE _____ (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____
DATE _____
TIME _____

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____
DATE _____
TIME _____

SIGNATURE OF THE OWNER/SHIPPER _____ (b)(6)
The information contained in this form is true and correct to the best of my knowledge.

**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	USGE 5366				✓											✓			5357971
17	5367 ✓																✓		5331546
18	5368																	✓	5337419
19	5369 ✓																		5355865
20	5370																		5334342
21	5371				✓													✓	5341476
22	5372					✓												✓	5348931
23	5373																		5330970
24	5374																		5344428
25	5375 ✓																		5246842
26	5376 ✓																		5356309
27	5377																		5332135
28	5378																		5342804
29	5379																		5359871
30	5380																		5342846
31	5381																		5334297
32	5382																		5328066
33	5383																		5336148
34	5384 ✓																		5350316
35	5385 ✓																		5328313
36	5386 ✓																		5345909
37	5387 ✓																		5353314
38	5388																		5328453
39	5389																		5333148
40	5390 ✓																		5360225
41	5391 ✓																		5329945
42	5392 ✓																		5350204
43	5393																		445202715
44	5394																		5351757
45	✓ 5395				✓														5351308

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 (b)(6) Information contained in this form is true and correct to the best of my knowledge.

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FORM APPROVED
OMB NO.
0579-0160

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

(Please type or print in ink)

No.	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	USGE	5396		✓													✓		5351718
17		5397																✓	5358977
18		5398																✓	5360459
19		5399				✓												✓	5339294
20		5400																✓	5337618
21		5401																✓	5348248
22		5402	✓															✓	5352393
23		5403																	✓
24		5404	✓																✓
25		5405	✓																✓
26		5406	✓																✓
27		5407				✓													✓
28		5408	✓																✓
29		5409																	✓
30		5410																	✓
31		5411																	✓
32		5412																	✓
33		5413																	✓
34		5414																	✓
35		5415				✓													✓
36		5416	✓																✓
37		5417				✓													✓
38		5418			✓														✓
39		5419																	✓
40		5420																	✓
41		5421			✓														✓
42		5422																	✓
43		5423																	✓
44		5424																	✓
45		5425	✓																✓

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SIGNATURE: _____ (b)(6) _____
 I certify that the information contained in this form is true and correct to the best of my knowledge.

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICES
STATEMENT OF SERVICES

Originating Office Phone
505-761-3160
Cy Brasmer Dvm
5900 Jones Place Nw
Albuquerque NM 87120

Control Number: 3501B0625
Office Id: 973501
Service Date(s)
Begin: 02-SEP-11
End: 02-SEP-11
Reference NR: NM-11512

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
105	1-2 Tests Basic - 1st Animal	1759735177 0250	114.00	1.00	114.00
106	1-2 Tests - Additional Animal	1759735177 0250	6.50	124.00	806.00

Total Due \$ 920.00

Remarks: 125 HORSES TO MEXICO

Payment Information

Nfc Id 9999999999V

Date	Amount	Payment Type	Account/Check #
02-SEP-11	\$ 920.00	Check	2658

Attention: Customers with government credit accounts - A consolidated monthly bill will be issued by the USDA, APHIS (signature accepting payment terms is on file). Upon receipt of the monthly bill, mail your payment to: USDA/APHIS, P.O. Box 979039 St. Louis, MO 63197-9000.

Notice to Payer: If payment of this Statement of Service is something other than cash or a US postal Money Order, the Statement of Service will not be considered paid in full until such tender has been cleared. If you have any questions, please contact the originating office listed above.

CHRISTOPHER Y BRASMER, DBA
C.Y. BRASMER D.V.M.
5900 JONES PL. NW
ALBUQUERQUE, NM 87120-2006

95-660/1070

2658

DATE 9/2/11

PAY TO USDA - OPHIS - VS \$ 920
THE ORDER OF
Nine Hundred and Twenty & xx/100 DOLLARS

 **BANK OF ALBUQUERQUE**
Albuquerque, New Mexico
www.bankofalbuquerque.com

MEMO (b)(4)

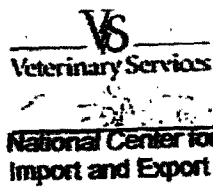
(b)(6)

SPECIALTY BLUE



ANIMAL AND PLANT HEALTH INSPECTION SERVICE
Veterinary Services
6200 Jefferson St., NE, Suite 117
Albuquerque, New Mexico 87109

To: Humberto Lucero		POE		City and State Santa Teresa, NM	
Office Telephone No		Fax Telephone No. 575-589-1634		Date 09/02/2011	
Subject: Notification of coming shipment of 125 horses to Mexico.					
<p>Humberto,</p> <p>Included in this fax is international health certificate NM-11512 from Dr. Brasmer.</p> <p>This is for 1 Shipment of 125 horses to Mexico.</p> <p>Thanks,</p> <p>Stacy</p>					
From: Stacy Matson		USDA, APHIS, VS		Albuquerque, NM	
Office Telephone No. 505-761-3160		Fax Telephone No. 505-761-3176		Date 09/02/2011	
No. of Pages Transmitted: 21, including the fax coversheet.					



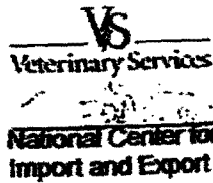
Health Certificate No. NM-11512
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY
 (REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF
 AMERICA TO MEXICO**
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE
 ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS
 DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM
 Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter: Dennis Chavez
 Nombre y Dirección del Exportador: 24 Dalies Rd.
 Los Lunas, NM 87031
2. Name and Address of Importer: Eleazar Mares Anaya
 Nombre y Dirección del Importador: Calle Oro #3209
 Col. Mariano Escobedo
 Cd. Juarez, Chih. 32220
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Identification number, tattoo or microchip/ Número de identificación, tatuaje o microchip	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas (reseña)	Intended purpose Reproduction Work/ Función zootécnica: [Reproducción] [Trabajo]	State of origin/ Estado de Origen
98110000 2590613	gelding	quarter horse	48 months	sorrel snip 4 socks	work	NM
98110000 2612023	female	quarter horse	24 months	sorrel star	work	NM
98110000 2604122	female	quarter horse	60 months	bay star l/h sock	work	NM
98110000 2607374	female	paint	84 months	black/white paint	work	NM
98110000 2598014	male	quarter horse	48 months	red roan star snip	work	NM
98110000 2594517	female	quarter horse	24 months	sorrel strip snip	work	NM
98110000 2600993	female	quarter horse	48 months	white blue eyes	work	NM



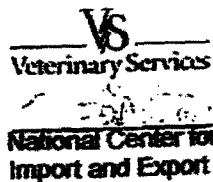
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**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY
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 Cd. Juarez, Chih. 32220
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Identification number, tattoo or microchip/ Número de identificación, tatuaje o microchip	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas (reseña)	Intended purpose Reproduction Work/ Función zootécnica: [Reproducción] [Trabajo]	State of origin/ Estado de Origen
98110000 2596980	female	quarter horse	48 months	buckskin strip	work	NM
98110000 2597528	male	quarter horse	36 months	bay strip	work	NM
98110000 2600922	female	quarter horse	24 months	bay strip	work	NM
98110000 2591933	male	paint	36 months	brown/white paint	work	NM
98110000 2601696	gelding	quarter horse	24 months	bay strip	work	NM
98110000 2606260	male	quarter horse	60 months	bay star	work	NM
98110000 2606405	female	paint	24 months	roan/white paint	work	NM



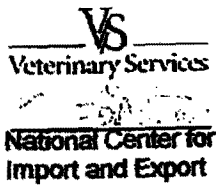
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 Los Lunas, NM 87031
2. Name and Address of Importer: Eleazar Mares Anaya
 Nombre y Dirección del Importador: Calle Oro #3209
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 Cd. Juarez, Chih. 32220
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98110000 2614873	female	quarter horse	36 months	gray strip l/f l/h r/f	socks work	NM
98110000 2614119	female	quarter horse	24 months	bay star snip	work	NM
98110000 2614573	male	appaloosa	72 months	red roan strip	work	NM
98110000 2612488	male	quarter horse	24 months	gray strip	work	NM
98110000 2617448	male	quarter horse	60 months	bay l/h sock	work	NM
98110000 2590895	male	quarter horse	48 months	sorrel strip 4 socks brand l/hip	work	NM
98110000 2598298	gelding	quarter horse	36 months	sorrel strip 2 hind socks l/h r/h brands	work	NM



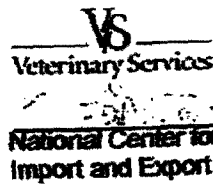
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98110000 2602048	gelding	paint	24 months	red/white paint	work	NM
98110000 2596031	gelding	quarter horse	36 months	sorrel strip	work	NM
98110000 2607230	male	quarter horse	36 months	sorrel strip 4 socks	work	NM
98110000 2603043	female	quarter horse	36 months	buckskin l/h sock	work	NM
98110000 2606799	gelding	quarter horse	48 months	sorrel star 2 front socks r/h coronet	work	NM
98110000 2605884	female	quarter horse	24 months	sorrel star strip r/h sock	work	NM
98110000 2606739	female	quarter horse	24 months	palomino strip r/h sock	work	NM



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98110000 2606677	male	quarter horse	60 months	palomino strip 1/f sock	snip work	NM
98110000 2601716	male	appaloosa	60 months	sorrel star blanket rump	strip work	NM
98110000 2608035	male	quarter horse	36 months	sorrel roan 1/f 1/h socks	strip work	NM
98110000 2608887	female	quarter horse	36 months	sorrel strip 1/f 1/h r/h socks 1/s 1/h hrsns	strip work	NM
98110000 2594043	gelding	paint	96 months	black/white paint	work	NM
98110000 2604045	female	quarter horse	48 months	sorrel strip 1/f 1/h r/h socks	strip work	NM
98110000 2600273	female	quarter horse	48 months	bay 1/h sock brand 1/s	work	NM



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 Veterinary Services
 National Center for
 Import and Export

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98110000 2593855	gelding	quarter horse	36 months	sorrel star 2 hind socks	work	NM
98110000 2594926	gelding	appaloosa	84 months	roan appaloosa brand l/s	strip work	NM
98110000 2600303	gelding	quarter horse	24 months	bay star l/f r/f r/h socks	work	NM
98110000 2594512	gelding	quarter horse	24 months	sorrel strip snip	work	NM
98110000 2594082	male	quarter horse	60 months	black star 2 front coronets brand l/hip	work	NM
98110000 2608842	female	quarter horse	36 months	sorrel strip 2 hind socks	work	NM
98110000 2593004	male	quarter horse	36 months	black l/h sock	work	NM



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98110000 2605032	male	quarter horse	60 months	bay 4 socks	work	NM
98110000 2596199	male	quarter horse	36 months	bay 2 hind socks	work	NM
98110000 2597921	female	quarter horse	36 months	grulla strip r/f r/h sock brand 1/hip	work	NM
98110000 2595399	female	quarter horse	24 months	bay star 2 hind socks	work	NM
98110000 2610026	female	quarter horse	24 months	gray roan strip 1/h r/f r/h socks	work	NM
98110000 2596641	male	quarter horse	84 months	sorrel strip 1/h r/f r/h socks	work	NM
98110000 2608892	gelding	quarter horse	120 months	buckskin 1/s 1/h brands	work	NM



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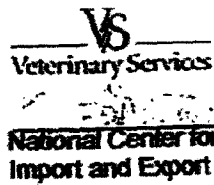
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98110000 2597329	female	quarter horse	24 months	palomino star 2 hind socks	work	NM
98110000 2604684	gelding	quarter horse	120 months	dun strip 1/f sock	work	NM
98110000 2598123	male	quarter horse	36 months	sorrel baldface 4 socks blue eyes	work	NM
98110000 2599253	female	paint	24 months	bay paint	work	NM
98110000 2608522	gelding	quarter horse	120 months	brown	work	NM
98110000 2600796	male	quarter horse	84 months	sorrel strip 2 hind socks	work	NM
98110000 2602938	female	quarter horse	24 months	sorrel star	work	NM



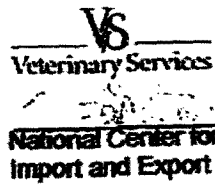
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98110000 2594297	gelding	appaloosa	72 months	palomino bald face 4 socks	work	NM
98110000 2590923	male	quarter horse	84 months	bay	work	NM
98110000 2601840	male	quarter horse	60 months	sorrel star r/h sock	work	NM
98110000 2596616	female	quarter horse	48 months	bay strip l/h sock	work	NM
98110000 2608968	gelding	quarter horse	48 months	red roan r/h sock	work	NM
98110000 2592590	male	paint	36 months	brown/white paint	work	NM
98110000 2612763	gelding	paint	48 months	brown/white paint	work	NM



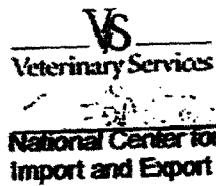
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98110000 2593316	female	paint	60 months	gray paint	work	NM
98110000 2613759	gelding	quarter horse	36 months	bay strip r/h sock	work	NM
98110000 2593885	gelding	quarter horse	60 months	dun strip brand r/s	work	NM
98110000 2614198	gelding	quarter horse	36 months	buckskin star snip	work	NM
98110000 2600034	male	quarter horse	48 months	sorrel strip 2 hind socks brand l/hip	work	NM
98110000 2596443	female	quarter horse	24 months	gray roan	work	NM
98110000 2601970	gelding	paint	48 months	black/white paint	work	NM



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98110000 2604072	gelding	quarter horse	84 months	dun star snip 1/f 1/h socks brand 1/hip 1/s	work	NM
98110000 2607381	male	quarter horse	36 months	blue roan star snip 2 hind socks	work	NM
98110000 2596531	female	quarter horse	24 months	sorrel strip 1/f r/h socks	work	NM
98110000 2700867	gelding	quarter horse	72 months	black	work	NM
98110000 2700860	female	quarter horse	36 months	bay blue eyes 2 hind socks	work	NM
98110000 2695100	gelding	quarter horse	36 months	bay star 2 front socks	work	NM
98110000 2699826	male	quarter horse	36 months	sorrel	work	NM



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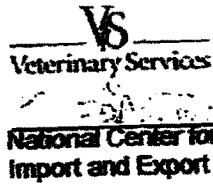
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98110000 2698780	gelding	quarter horse	60 months	bay	work	NM
98110000 2699432	gelding	quarter horse	24 months	sorrel star snip 2 hind socks	work	NM
98110000 2694944	male	quarter horse	72 months	palomino star 2 hind socks	work	NM
98110000 2696894	gelding	quarter horse	24 months	sorrel star r/f coronet	work	NM
98110000 2699751	female	quarter horse	24 months	dun star snip 1/h sock	work	NM
98110000 2700557	female	quarter horse	24 months	palomino strip 4 socks	work	NM
98110000 2697789	gelding	quarter horse	24 months	bay strip	work	NM



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98110000 2701761	gelding	quarter horse	24 months	sorrel roan half 4 socks	work	NM
98110000 2701314	gelding	quarter horse	48 months	brown star brand l/s	work	NM
98110000 2700249	female	quarter horse	60 months	bay	work	NM
98110000 2696600	male	quarter horse	180 months	sorrel strip 4 socks	work	NM
98110000 2699140	female	quarter horse	24 months	black star brand l/hip	work	NM
98110000 2701389	female	quarter horse	24 months	sorrel star strip brand r/shoulder	work	NM
98110000 2701316	male	quarter horse	48 months	bay star brans l/hip	work	NM



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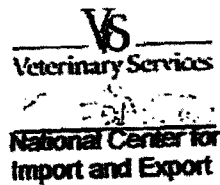
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98110000 2700848	male	quarter horse	48 months	black	work	NM
98110000 2697937	female	paint	84 months	brown/white paint brand brands 1/h r/e	r/hip work	NM
98110000 2699938	gelding	quarter horse	48 months	black	work	NM
98110000 2699838	female	quarter horse	48 months	buckskin star brand 1/hip	work	NM
98110000 2701701	female	quarter horse	24 months	bay star snip 2 brands 1/h sock	work	NM
98110000 2696060	gelding	quarter horse	72 months	sorrel strip 1/f 1/h r/f	socks work	NM
98110000 2700588	female	quarter horse	168 months	black star 1/h sock	work	NM



Health Certificate No. NM-11512
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 Appears over the Certificate Number)

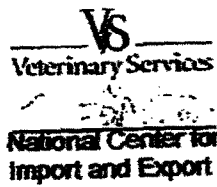
(b)(6)

**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY
 (REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF
 AMERICA TO MEXICO**
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE
 ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS
 DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM
 Para caballos de estados sin casos diagnosticados de MCE**

- 1. Name and Address of Exporter:** Dennis Chavez
Nombre y Dirección del Exportador: 24 Dalies Rd.
 Los Lunas, NM 87031
- 2. Name and Address of Importer:** Eleazar Mares Anaya
Nombre y Dirección del Importador: Calle Oro #3209
 Col. Mariano Escobedo
 Cd. Juarez, Chih. 32220
- 3. Identification of the animals to be exported / Identificación de los animales a ser exportados.**

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas (reseña)	Intended purpose Reproduction Work/ <i>Función zootécnica:</i> [Reproducción] [Trabajo]	State of origin/ <i>Estado de Origen</i>
98110000 2698487	female	quarter horse	48 months	bay star	work	NM
98110000 2699215	gelding	quarter horse	36 months	bay star snip brand r/hip	work	NM
98110000 2695417	male	quarter horse	48 months	bay r/h sock	work	NM
98110000 2698493	female	quarter horse	60 months	red roan star	work	NM
98110000 2692589	gelding	quarter horse	24 months	sorrel star 2 hind coronets	work	NM
98110000 2630611	female	quarter horse	60 months	bay r/h coronet	work	NM
98110000 2622886	female	quarter horse	24 months	sorrel star 1/h sock	work	NM



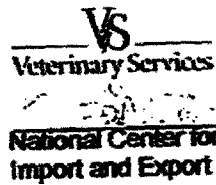
Health Certificate No. NM-11512 (b)(6)
 (Valid only if the USDA Veterinary Seal
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**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY
 (REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF
 AMERICA TO MEXICO**
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE
 ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS
 DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM
 Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter: Dennis Chavez
 Nombre y Dirección del Exportador: 24 Dalies Rd.
 Los Lunas, NM 87031
2. Name and Address of Importer: Eleazar Mares Anaya
 Nombre y Dirección del Importador: Calle Oro #3209
 Col. Mariano Escobedo
 Cd. Juarez, Chih. 32220
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Identification number, tattoo or microchip/ Número de identificación, tatuaje o microchip	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas (reseña)	Intended purpose Reproduction Work/ Función zootécnica: [Reproducción] [Trabajo]	State of origin/ Estado de Origen
98110000 2630566	gelding	quarter horse	48 months	sorrel strip	work	NM
98110000 2621395	gelding	quarter horse	72 months	sorrel strip l/h r/f r/h	socks work	NM
98110000 2623159	gelding	quarter horse	24 months	sorrel star	work	NM
98110000 2696991	male	paint	48 months	bay paint	work	NM
98110000 2700733	male	quarter horse	84 months	red roan star 4 socks	work	NM
98110000 2696544	gelding	quarter horse	48 months	red roan star 2 hind socks brand l/hip	snip work	NM
98110000 2699626	male	quarter horse	48 months	blue roan star l/h sock brand l/hip	snip work	NM



Health Certificate No. NM-11512
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(b)
(6)

**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY
 (REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF
 AMERICA TO MEXICO**
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE
 ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS
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**For horses originating from the States without diagnosed CEM
 Para caballos de estados sin casos diagnosticados de MCE**

- 1. Name and Address of Exporter:** Dennis Chavez
Nombre y Dirección del Exportador: 24 Dalies Rd.
 Los Lunas, NM 87031
- 2. Name and Address of Importer:** Eleazar Mares Anaya
Nombre y Dirección del Importador: Calle Oro #3209
 Col. Mariano Escobedo
 Cd. Juarez, Chih. 32220
- 3. Identification of the animals to be exported / Identificación de los animales a ser exportados.**

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/ <i>Sexo</i>	Breed/ <i>Raza</i>	Age/ <i>Edad</i>	Color and marks/ <i>Color y marcas (reseña)</i>	Intended purpose Reproduction Work/ <i>Función zootécnica: [Reproducción] [Trabajo]</i>	State of origin/ <i>Estado de Origen</i>
98110000 2699015	gelding	quarter horse	24 months	bay star 1/f coronet brand 1/hip	r/f sock work	NM
98110000 2694151	female	quarter horse	84 months	bay star 2 hind socks brand 1/hip	work	NM
98110000 2697832	female	quarter horse	24 months	brown	work	NM
98110000 2700058	gelding	quarter horse	24 months	gray roan strip 2 hind socks brand 1/hip	r/f coronet work	NM
98110000 2701385	female	quarter horse	24 months	dun strip 4 socks	work	NM
98110000 2698847	gelding	quarter horse	24 months	sorrel strip 1/f coronet r/f sock	snip work	NM
98110000 2622511	female	quarter horse	24 months	red roan strip	work	NM



Health Certificate No. NM-11512
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(b)(6)

**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY
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**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE
 ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS
 DE AMÉRICA A MÉXICO**

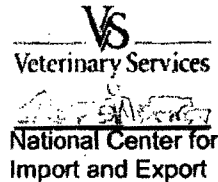
**For horses originating from the States without diagnosed CEM
 Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter: Dennis Chavez
 24 Dalies Rd.
Nombre y Dirección del Exportador: Los Lunas, NM 87031

2. Name and Address of Importer: Eleazar Mares Anaya
 Calle Oro #3209
Nombre y Dirección del Importador: Col. Mariano Escobedo
 Cd. Juarez, Chih. 32220

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/ <i>Sexo</i>	Breed/ <i>Raza</i>	Age/ <i>Edad</i>	Color and marks/ <i>Color y marcas (reseña)</i>	Intended purpose Reproduction Work/ <i>Función zootécnica:</i> [Reproducción] [Trabajo]	State of origin/ <i>Estado de Origen</i>
98110000 2699330	gelding	quarter horse	60 months	sorrel strip l/f r/h socks brand l/hip	work	NM
98110000 2627029	female	quarter horse	24 months	dun strip l/f r/h coronet	work	NM
98110000 2626608	gelding	quarter horse	48 months	bay star	work	NM
98110000 2698702	male	appaloosa	120 months	roan appaloosa snip r/h coronet	work	NM
98110000 2625102	gelding	quarter horse	24 months	sorell strip l/h sock r/h	coronet work	NM



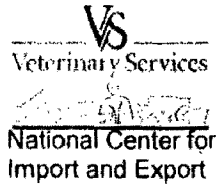
Health Certificate No. NM-11512
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

(b)(6)

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. **Horses originate from the United States**
Los animales son originarios de los Estados Unidos.
2. **The animals are individually identified indicating: color, sex, breed, age, marks or tattoo or microchip.**
Identificación individual de los animales, señalando color, sexo, raza, edad y marcas (reseña), además de tatuaje o microchip.
3. **The animals remained in the United States during the 60 days prior to export.**
Los animales permanecieron en los Estados Unidos durante 60 días previos a la exportación.
4. **The animals were inspected at the farm of origin and were found free of reportable diseases; the animals have not been exposed to reportable diseases during the 60 days prior to export.**
Los animales fueron inspeccionados en el lugar de origen y encontrados libres de enfermedades de notificación obligatoria y no fueron expuestos a ellas durante los 60 días previos a la exportación.
5. **The animals are free of ectoparasites or were treated against ectoparasites. (Indicate the date and name of the product).**
Que se encuentran libres de ectoparásitos o que recibieron un tratamiento, indicando fecha y el producto utilizado.
The animals are free of ecto parasites.

6. **At the farm origin and in adjacent farms, there have been no cases of dourine, Venezuelan equine encephalitis, vesicular stomatitis, epizootic lymphangitis, ulcerative lymphangitis, glanders, piroplasmosis, and surra during 60 days prior to export.**
Que durante los 60 días previos a la exportación, en las instalaciones de origen como en las instalaciones vecinas no se han presentado casos de: Durina, Encefalitis equina venezolana, Estomatitis vesicular, Linfangitis epizootica, Linfangitis ulcerativa, Muermo, Piroplasmosis equina y surra.
7. **Within 60 days prior to export, the animals were tested with negative results, for the following diseases. The laboratory samples were taken under the supervision of a USDA accredited veterinarian.**
Que los animales fueron sometidos a las siguientes pruebas, con resultados negativos, dentro de los 60 días previos a la fecha de exportación. Las muestras fueron colectadas bajo supervisión de un Médico Veterinario Acreditado por el USDA.
Equine infectious anemia: AGID test (Coggins' test) or ELISA. Indicate the name of test, the name of the official laboratory and the date when the samples were obtained).



Health Certificate No. NM-11512
 (Valid only if the USDA Veterinary Seal
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(b)(6)

*Anemia infecciosa equina: agar gel inmunodifusión (AGID o prueba de Coggins) o ELISA.
 Señale el nombre del laboratorio oficial y la fecha de la obtención de la muestra*
Albuquerque Coggins Lab (8/30/11, 9/1/11) ELISA

Note: Horses in this shipment were not positive to testing for CEM in the USDA APHIS control-surveillance program.

Nota: Los caballos en este embarque no obtuvieron pruebas positivas a MCE en el control-vigilancia que mantiene Estados Unidos.

8. Horses have **not** been on premises infected with CEM and are **not** epidemiologically linked to infected premises or animals diagnosed with CEM, during the 12 months prior to export.
Que durante los 12 meses previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales afectados.
9. The animals are transported in containers and/or vehicles that were cleaned and disinfected prior to embarkation. During transportation the horses were not in contact with other animals.
Que los vehículos y/o contenedores utilizados para el transporte de los animales se sometieron a limpieza y desinfección antes del embarque y los animales a exportar no estuvieron en contacto con otros animales durante el traslado.

Inspection date / Fecha de inspección 8/30/11

C.Y. Brasmer, DVM
 Name of Accredited Veterinarian
*Nombre del Médico Veterinario
 Acreditado*

USDA, APHIS, Veterinary Services
 6200 Jefferson Street NE, Suite 117
 Albuquerque, NM 87109

Name of Endorsing Federal Veterinarian
Nombre del Médico Veterinario Federal que endosa.

Signature of (b)(6) 9/2/11
 Veterinarian (Date)
*Firma del Médico Veterinario Acreditado
 (Fecha)*

(b)(6) DVM, AVIC
09/02/2011
 Date Endorsed and Signature of Endorsing Federal Veterinarian
Fecha de endoso y firma del Médico Veterinario que endosa.

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) *(Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal).*

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. R 0082176	1. ACCESSION NUMBER ACL. 16980	2. DATE BLOOD DRAWN 8/30/11
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export	7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167
6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CRAVEZ C S/W LIVESTOCK AUCTION LOS LUNAS, NM Zip Code Tel No. County	9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM 5900 Jones Place NW Albuquerque, NM Zip Code 87120 Tel No. (505) 610-4711 County Bernalillo

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

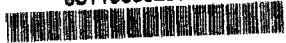
I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM	12. SIGNATURE DATE 8/30/11
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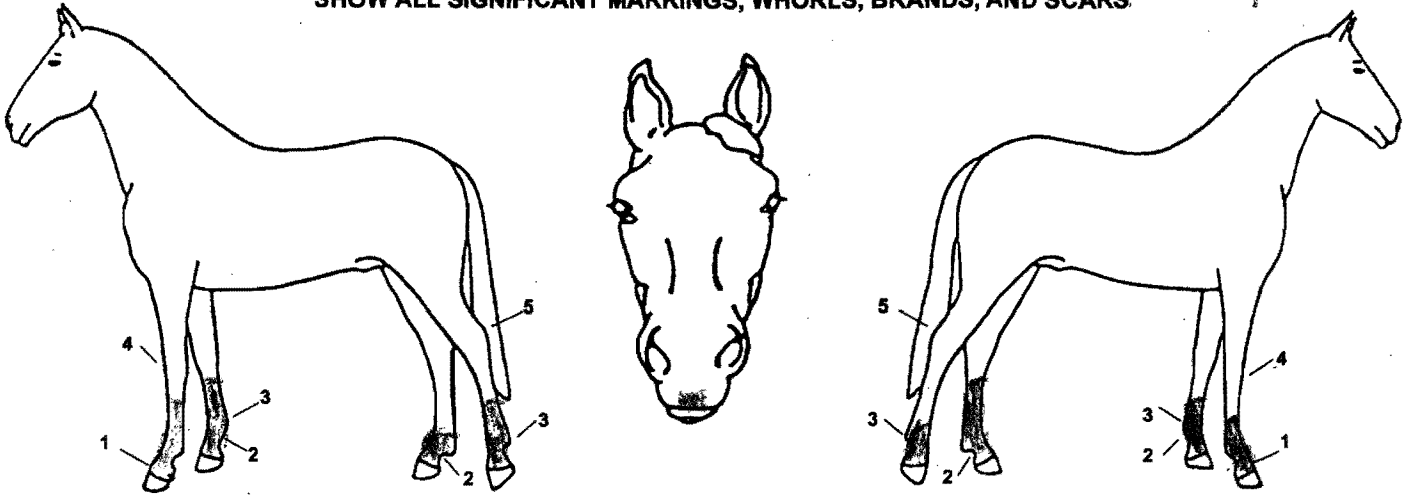
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Identification No. 981100002590613 	20. Color Sorrel	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 4y	24. Sex 6	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS.



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Snip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB Sock	28. RIGHT FORELIMB Sock
29. LEFT HINDLIMB Sock	30. RIGHT HINDLIMB Sock

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is an offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R0082177

1. ACCESSION NUMBER

AGI. 16981

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) B/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM 5900 JAMES PLACE NW ALBUQUERQUE, NM	
Tel No. County		Tel No. 505/610-4711 County Bernalillo	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FE (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM	12. SIGNATURE DATE 8/30/11
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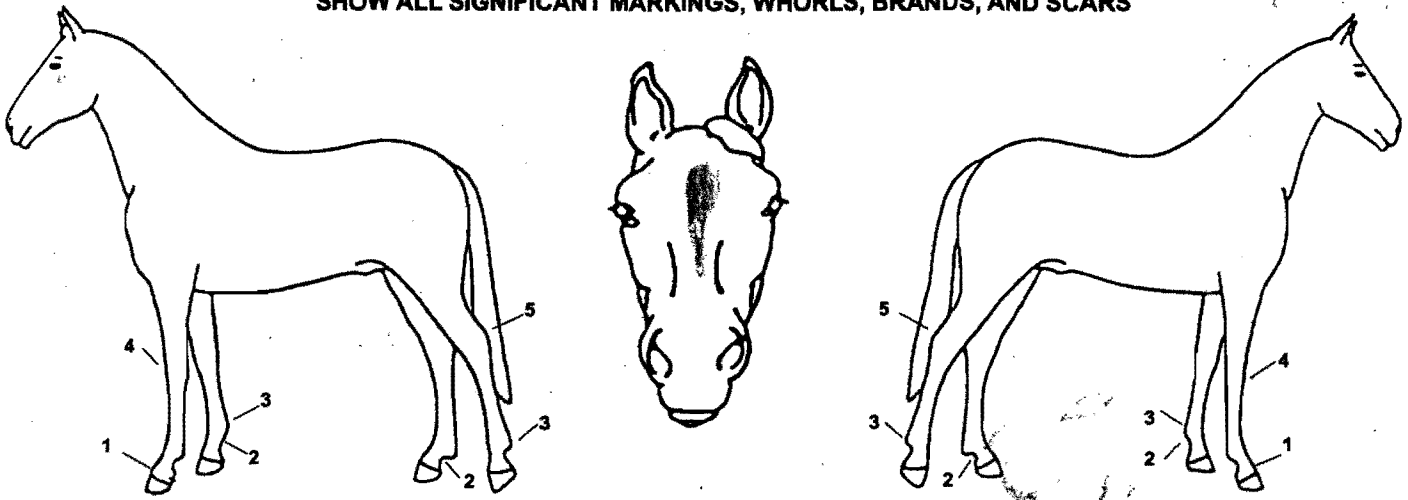
CERTIFICATION OF OWNER OR OWNER'S AGENT

have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. 981100002612023	20. Color Sorrel	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 2y	24. Sex F - Female	M - Male G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAR	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified for not more

ffense and may result in a fine of not more than \$10,000 or imprisonment both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. R0082178	1. ACCESSION NUMBER AQL. 16982	2. DATE BLOOD DRAWN 8/30/11
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM	
Tel No. County		Tel No. County	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM	12. SIGNATURE DATE 8/30/11
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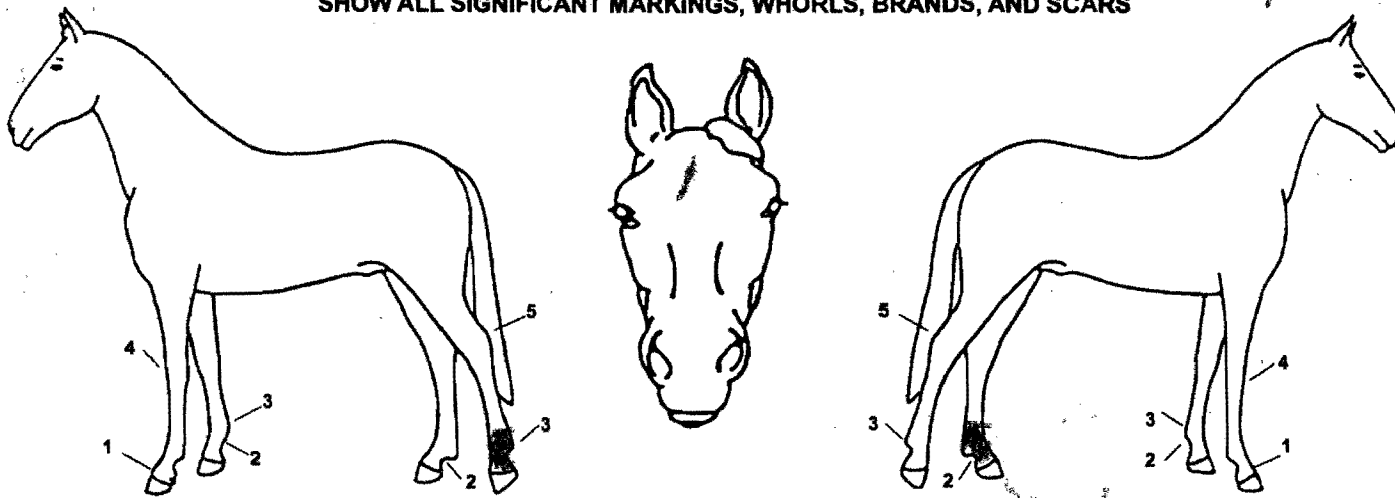
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse 981100002604122 	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
				BAY	QH		5y F		

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAR	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Sock	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGNATE LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is an offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST**
(VS Memorandum 555.16)

SERIAL NO.

R 0082179

1. ACCESSION NUMBER

ACL 16983

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) <i>N/A</i>	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. <i>1167</i>	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) <i>DENNIS COAVEZ c/o S/W LIVESTOCK AUCTION LOS LUNAS, NM</i>		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <i>C.Y. BRASLER DVM 5900 Jones Place NW Albuquerque, NM</i>	
Tel No. County		Tel No. <i>(505) 610-4711</i> County <i>Bernalillo</i>	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify that the specimens submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>(b)(6)</i>	11. TYPE OR PRINT SIGNATURE NAME <i>C.Y. BRASLER DVM</i>	12. SIGNATURE DATE <i>8/30/11</i>
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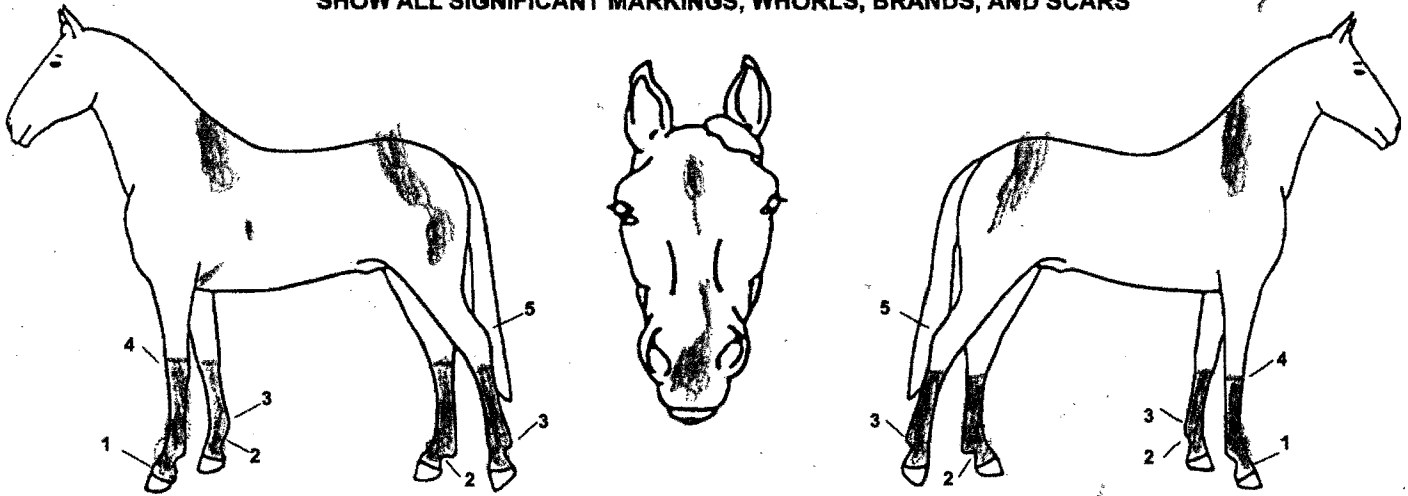
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  <i>981100002607374</i>	20. Color <i>Black white</i>	21. Breed <i>Paint</i>	22. Electronic I.D. No.	23. Age or DOB <i>7y</i>	24. Sex <i>F</i>	M - Male <input checked="" type="checkbox"/> F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB <i>Point</i>	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE <i>ALBUQUERQUE COGGIAS LAB ALBUQUERQUE, NM</i>	32. DATE RECEIVED <i>8/30/11</i>	33. DATE REPORTED OUT <i>8/30/11</i>	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF <i>(b)(6)</i>	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. R 0082180	1. ACCESSION NUMBER <i>ACL 16984</i>	2. DATE BLOOD DRAWN 8/30/11
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W LIVESTOCK AUCTION LOS LUBAS, NM Zip Code Tel No. County		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5900 Jones Place NW Albuquerque, NM Zip Code 87120 Tel No. (505)610-4711 County Bernalillo	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify that the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM	12. SIGNATURE DATE 8/30/11
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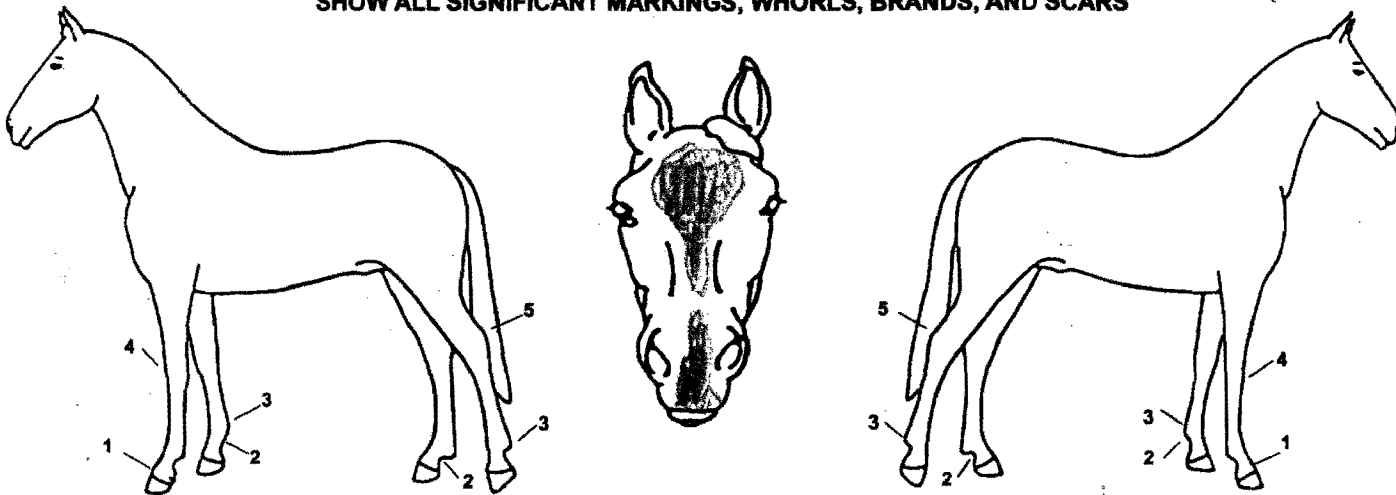
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse 981100002598014 	20. Color Red Brown	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 4yr	24. Sex M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAR SNIP	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is an offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0082181

1. ACCESSION NUMBER

ACL 16985

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) <i>N/A</i>		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. <i>1167</i>	6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code
8. NAME AND ADDRESS OF OWNER (Please print or type) <i>DENNIS CHAVEZ</i> <i>@ S/A LIVESTOCK AUCTION</i> <i>LOS LUNAS, NM</i>			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <i>C.Y. BRASNER DVM</i> <i>5900 JONES PLACE NW</i> <i>ALBUQUERQUE, NM</i>		
Tel No.		County	Tel No. <i>(505) 610-4711</i>		County <i>Bernalillo</i>

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify that the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>(b)(6)</i>		11. TYPE OR PRINT SIGNATURE NAME <i>C.Y. BRASNER DVM</i>		12. SIGNATURE DATE <i>8/30/11</i>	
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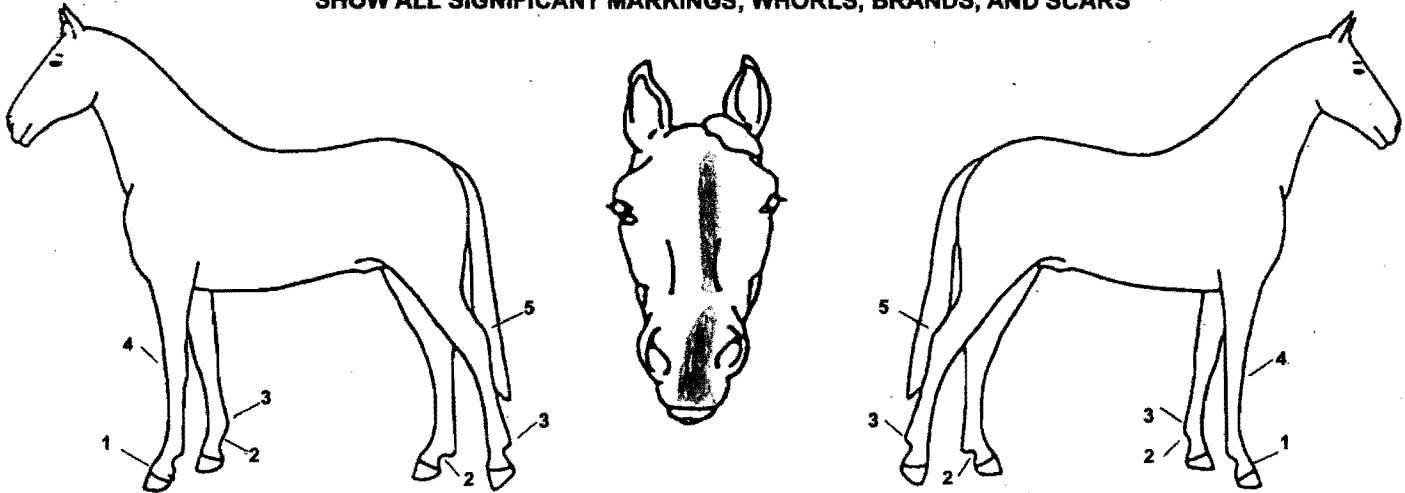
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT			14. TYPE OR PRINT SIGNATURE NAME			15. SIGNATURE DATE		
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002594517	20. Color <i>Sorrel</i>	21. Breed <i>QH</i>	22. Electronic I.D. No.	23. Age or DOB <i>2 yf</i>	24. Sex <i>F</i>	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD <i>Strip, snip</i>		26. OTHER MARKS AND BRANDS	
27. LEFT FORELIMB		28. RIGHT FORELIMB	
29. LEFT HINDLIMB		30. RIGHT HINDLIMB	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE <i>ALBUQUERQUE COUGLES LAB</i> <i>ALBUQUERQUE, NM</i>		32. DATE RECEIVED <i>8/30/11</i>	33. DATE REPORTED OUT <i>8/30/11</i>	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA	
38. SIGNATURE <i>(b)(6)</i>		35. REMARKS			

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. R 0082182	1. ACCESSION NUMBER <i>ACL. 16986</i>	2. DATE BLOOD DRAWN <i>8/30/11</i>
	Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.		

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) <i>N/A</i>	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DERNIS CRAVEZ W S/W LIVESTOCK AUCTION LOS LUNAS, NM Zip Code		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5900 Jones Place NW Albuquerque, NM Zip Code 87120	
Tel No. County		Tel No. (505)816-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that the specimens submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>(b)(6)</i>	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM	12. SIGNATURE DATE 8/30/11
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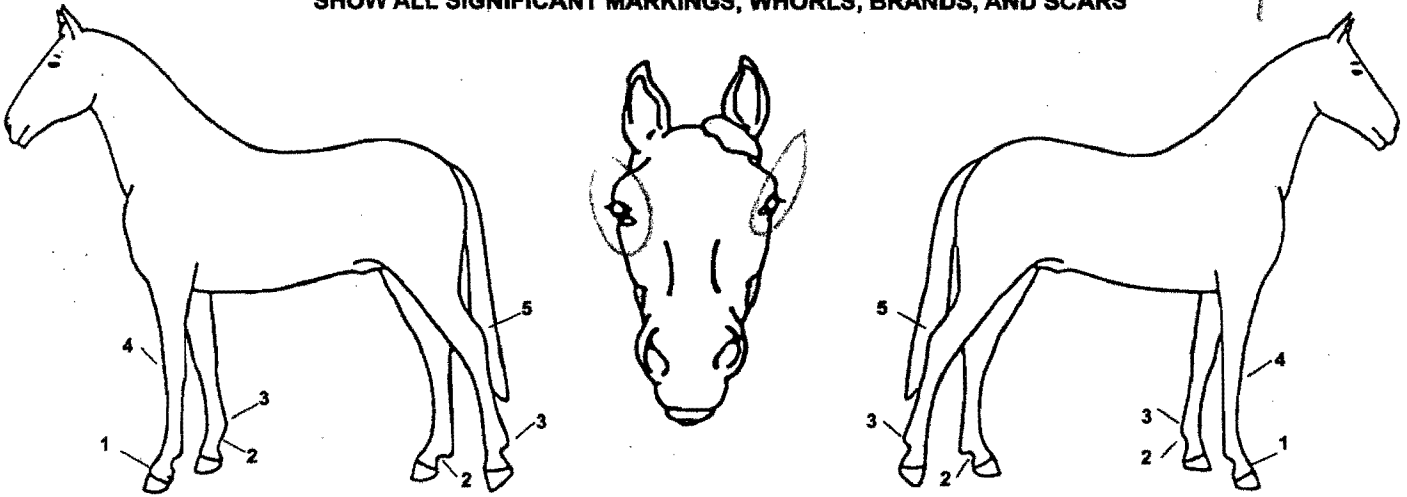
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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18. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	<input type="checkbox"/> M - Male <input checked="" type="checkbox"/> F - Female <input type="checkbox"/> G - Gelding <input type="checkbox"/> N - Neuter
			981100002600993	<i>white</i>	QH		4y	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS <i>Blue Eyes</i>
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF	(b)(6)		35. REMARKS

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. R0082183	1. ACCESSION NUMBER A.C.L. 16987	2. DATE BLOOD DRAWN 8/30/11
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1107	6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASNER DVM 5900 Jones Place NW Albuquerque, NM	
Tel No. County		Tel No. County	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASNER DVM	12. SIGNATURE DATE 8/30/11
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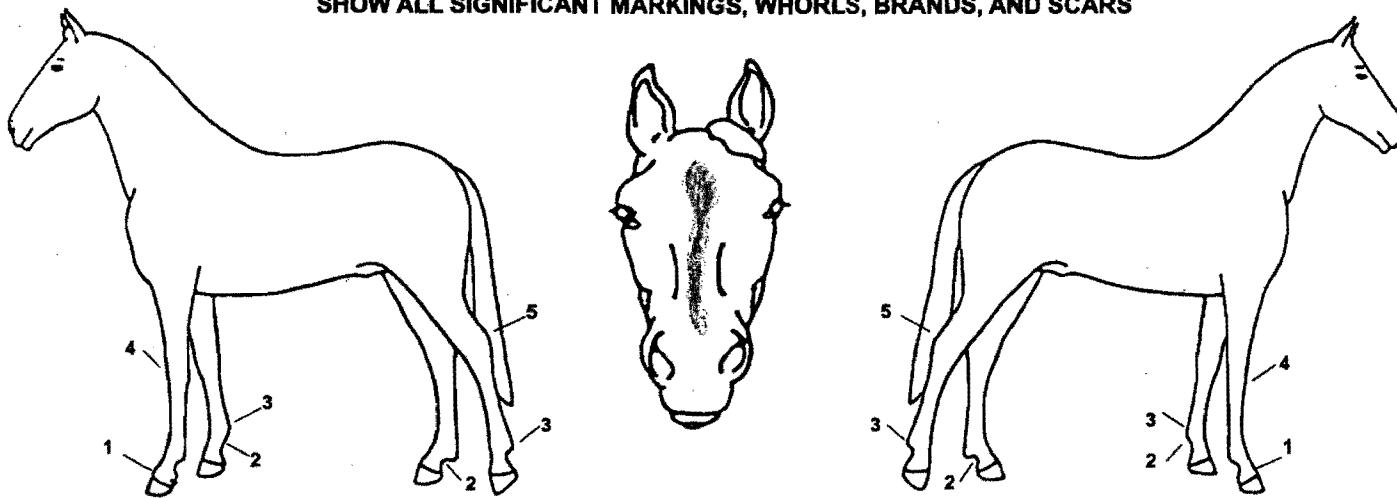
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse 981100002586980 	20. Color Dark skin	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB HYF	24. Sex <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Gelding <input type="checkbox"/> Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGNAS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. R 0082184	1. ACCESSION NUMBER ACQ. 16988	2. DATE BLOOD DRAWN 8/30/11
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export	7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167
6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County

8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W LIVESTOCK AUCTION LOS LUNAS, NM Zip Code	9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASNER DVM 5900 Jones Place NW Albuquerque, NM Zip Code 87120 Tel No. (505)610-4711 County Bernalillo
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CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

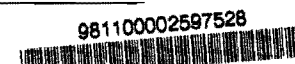
I certify that the information submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERATED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASNER DVM	12. SIGNATURE DATE 8/30/11
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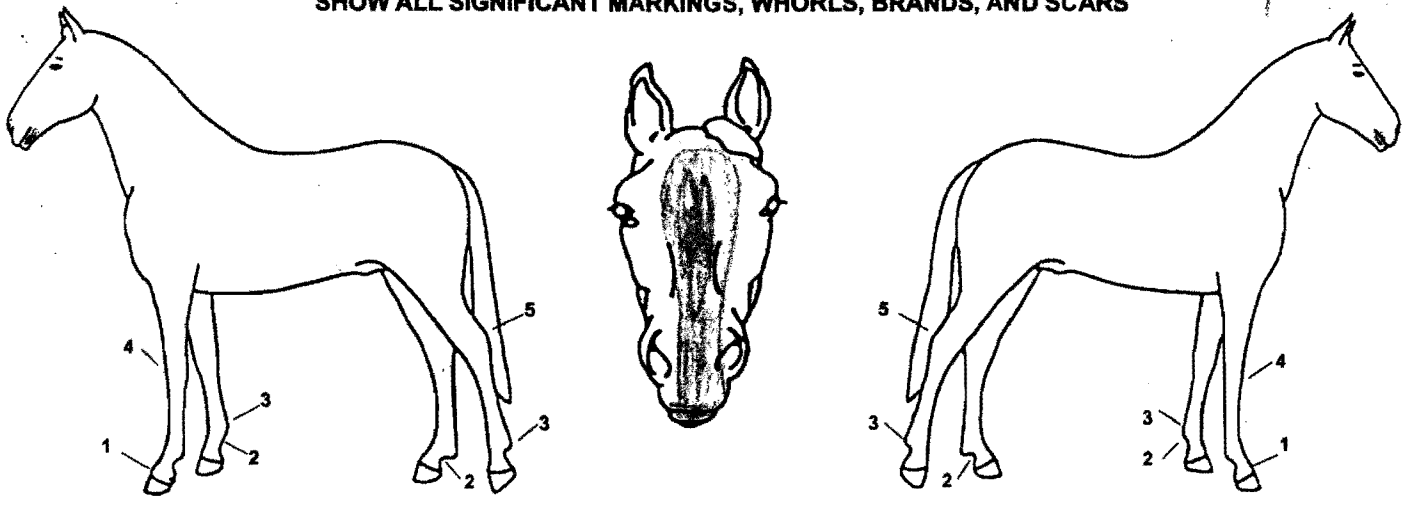
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
			981100002597528 	Bay	QH		3y M	M	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGERS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/31/11	33. DATE REPORTED OUT 8/31/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)			35. REMARKS

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0082186

1. ACCESSION NUMBER

ACL-16990

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export				7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)			
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID			
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ 6 S/W LIVESTOCK AUCTION LOS LUNAS, NM Tel No. _____ County _____				9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASKER DVM 5900 Jones Place NW ALBUQUERQUE, NM Tel No. (505)610-4711 County Bernalillo			

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

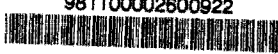
I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASKER DVM	12. SIGNATURE DATE 8/30/11
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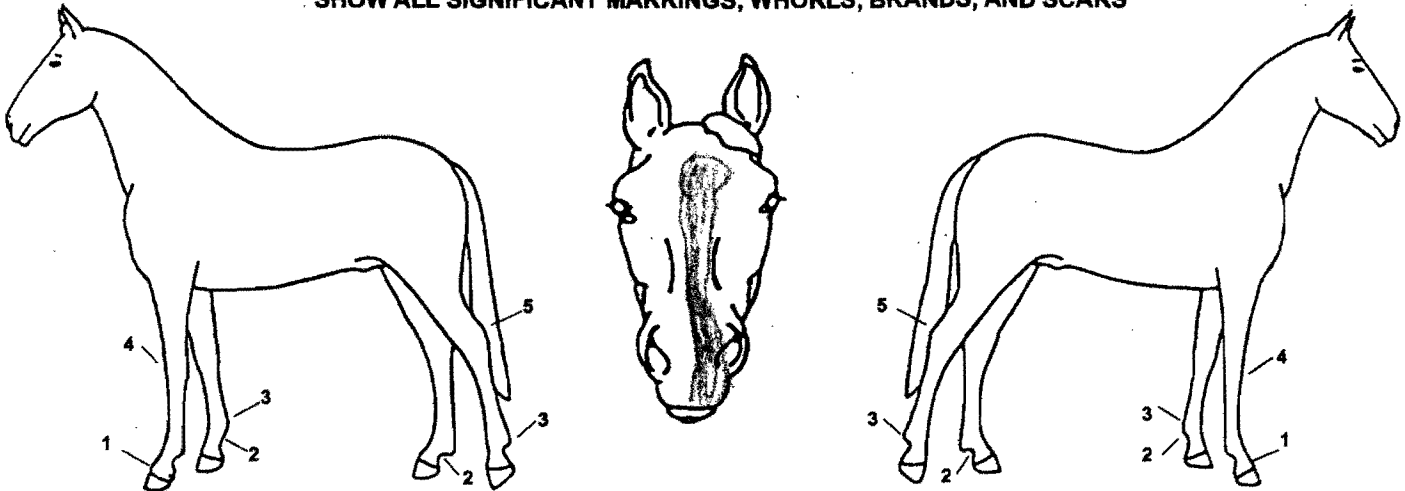
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse 981100002600922 	20. Color Bay	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 2y	24. Sex F	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form for not more than 30 days is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 1 year, or both (U.S.C. Section 1001).

offense and may result in a fine of not more than \$10,000 or imprisonment both (U.S.C. Section 1001).

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)**

SERIAL NO.

R 0082185

1. ACCESSION NUMBER

ACL 16989

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code Tel No. County	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CRAVEL c/o S/W LIVESTOCK AUCTION LOS LUNAS, NM Zip Code		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHEAR DVM 5900 Jones Place NW Albuquerque, NE Zip Code 87120	
Tel No. County		Tel No. (505) 610-4711 County Bernalillo	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify that the information submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHEAR DVM		12. SIGNATURE DATE 8/30/11	
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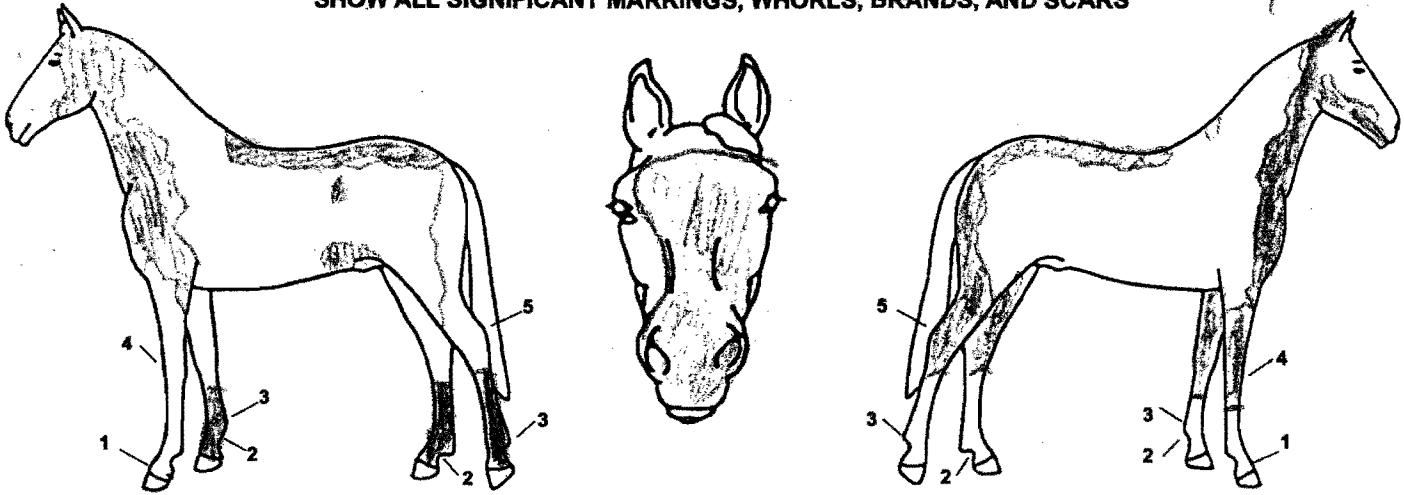
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE	
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16. Tube No.	17. Official Tag No.	18. Tattoo/Br 	19. Name of Horse 981100002591933	20. Color Bay white	21. Breed Paint	22. Electronic I.D. No.	23. Age or DOB 3 y	24. Sex M	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD		26. OTHER MARKS AND BRANDS	
27. LEFT FORELIMB <i>Point</i>		28. RIGHT FORELIMB	
29. LEFT HINDLIMB		30. RIGHT HINDLIMB	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NE		32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)		35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0082187

1. ACCESSION NUMBER

AGL 16991

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CRAVELL c/o S/W LIVESTOCK AUCTION LOS LUNAS, NM Tel No. _____ County _____		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5900 JONES PLACE NE ALBUQUERQUE, NM Tel No. (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify (b)(6) submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM	12. SIGNATURE DATE 8/30/11
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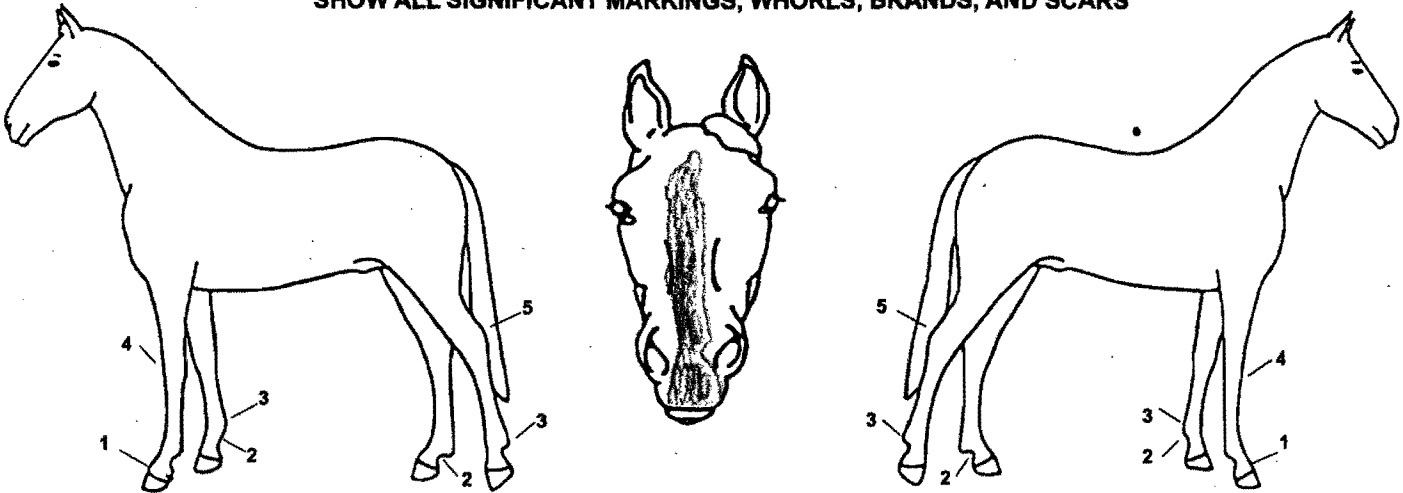
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify I examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse 981100002601696 	20. Color Bay	21. Breed Q/N	22. Electronic I.D. No.	23. Age or DOB 2y6	24. Sex G - Gelding	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. R 0082188	1. ACCESSION NUMBER <i>ACL.16992</i>	2. DATE BLOOD DRAWN 8/30/11
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code County Tel No.
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM Zip Code Tel No. County			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRADLER DVM 5900 Jones Place NW Albuquerque, NM Zip Code 87120 Tel No. (505)610-4711 County Bernalillo		

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that the information submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRADLER DVM	12. SIGNATURE DATE 8/30/11
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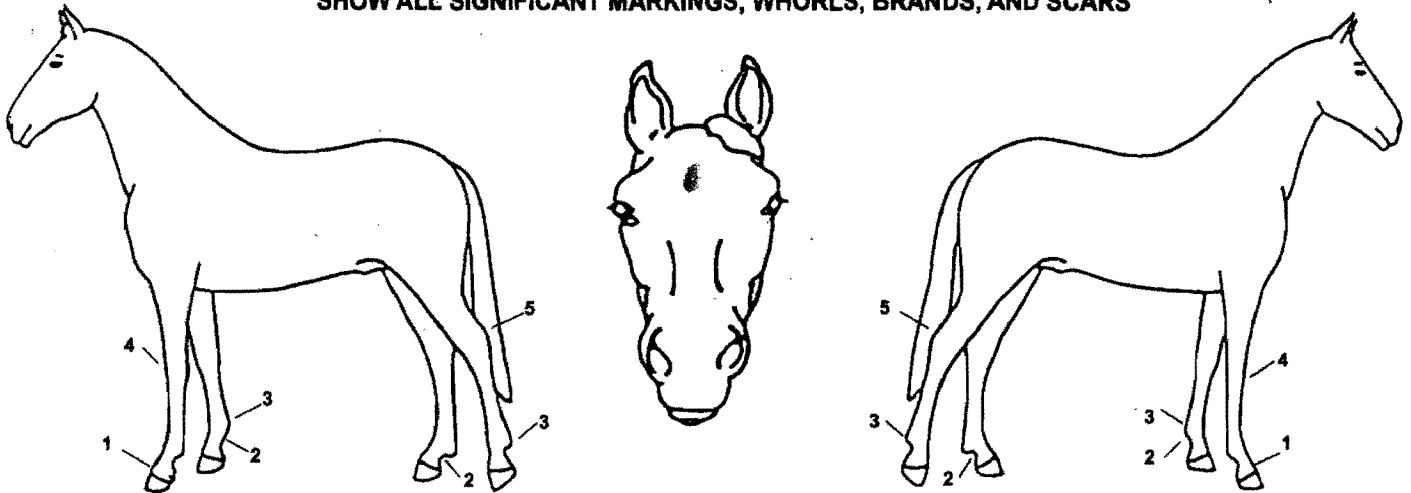
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand 981100002606260 Exp.2014-05	19. Name of Horse Bay QN	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB 5y	24. Sex M	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAIN	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGIANS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form for not more than

ten days and may result in a fine of not more than \$10,000 or imprisonment both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0082189

1. ACCESSION NUMBER

AGL. 16993

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code
8. NAME AND ADDRESS OF OWNER (Please print or type) DEANIS CHAVEZ c/ S/W LIVESTOCK AUCTION LOS LUNAS, NM			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5900 JONES PLACE SW ALBUQUERQUE, NM		
Tel No.		County	Tel No. (505)610-4711		County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM	12. SIGNATURE DATE 8/30/11
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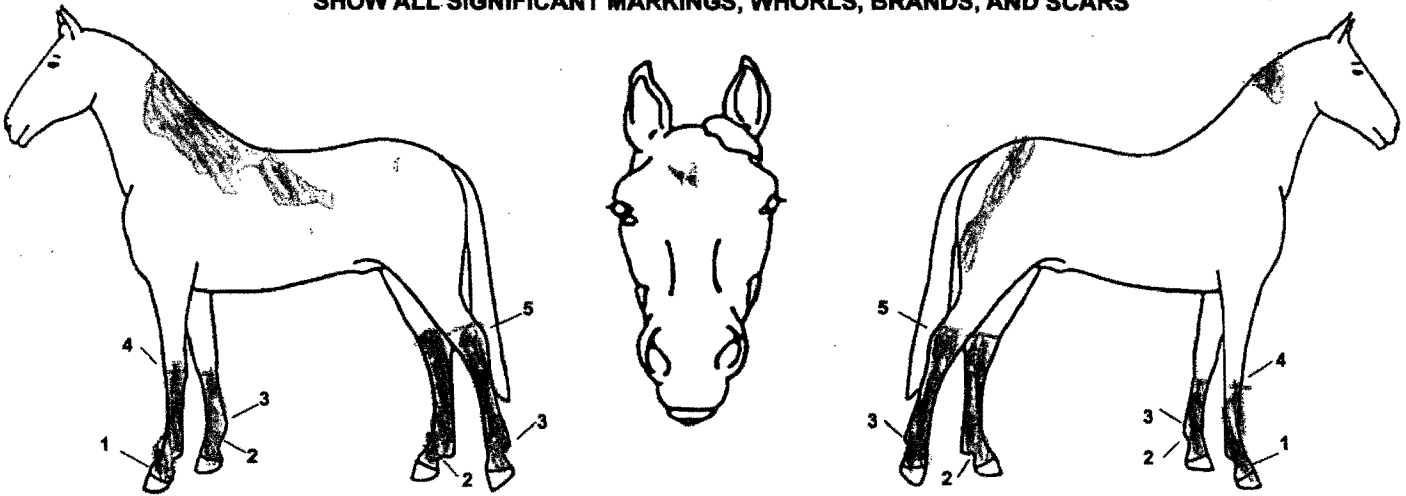
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT GENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002606405 Exp.2014-05	20. Color Bran white	21. Breed Paint	22. Electronic I.D. No.	23. Age or DOB 2y	24. Sex F	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

Point

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE, COCONINO CO AZ ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0082190

1. ACCESSION NUMBER

ACL. 16984

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DEANIS CHAVEZ 6 S/W LIVESTOCK AUCTION LOS LUNAS, NM Tel No. County		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5900 Jones Place NW Albuquerque, NM Tel No. (505)610-4711 County Bernalillo	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify that the information submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM	12. SIGNATURE DATE 8/30/11
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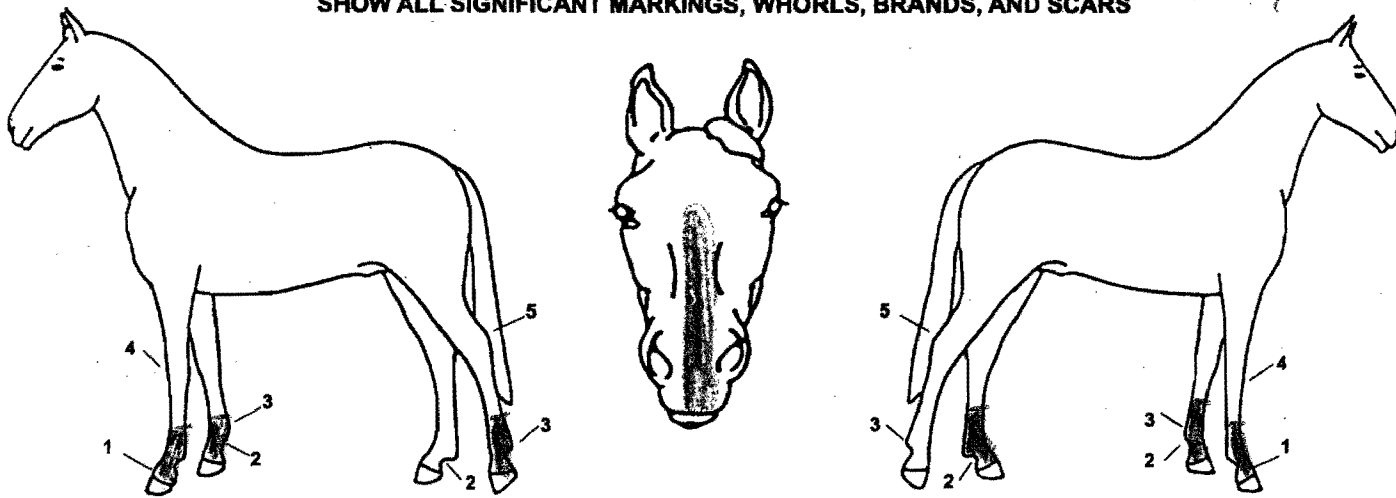
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse 981100002614873 	20. Color grey	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 3 Y F	24. Sex <input checked="" type="checkbox"/> M - Male <input checked="" type="checkbox"/> F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB Such	28. RIGHT FORELIMB Such
29. LEFT HINDLIMB Such	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGNITIVE LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF FEDERAL OFFICIAL (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form for not more than

one year and may result in a fine of not more than \$10,000 or imprisonment both (U.S.C. Section 1001).

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST**
(VS Memorandum 555.16)

SERIAL NO.

R 0082191

1. ACCESSION NUMBER

ACL 16995

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A Zip Code Tel No. County	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID		8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM Zip Code Tel No. County	
9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM 5900 Jones Place NW Albuquerque, NM Zip Code 87120 Tel No. (505)610-4711 County Bernalillo			

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify that the blood sample submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM		12. SIGNATURE DATE 8/30/11	
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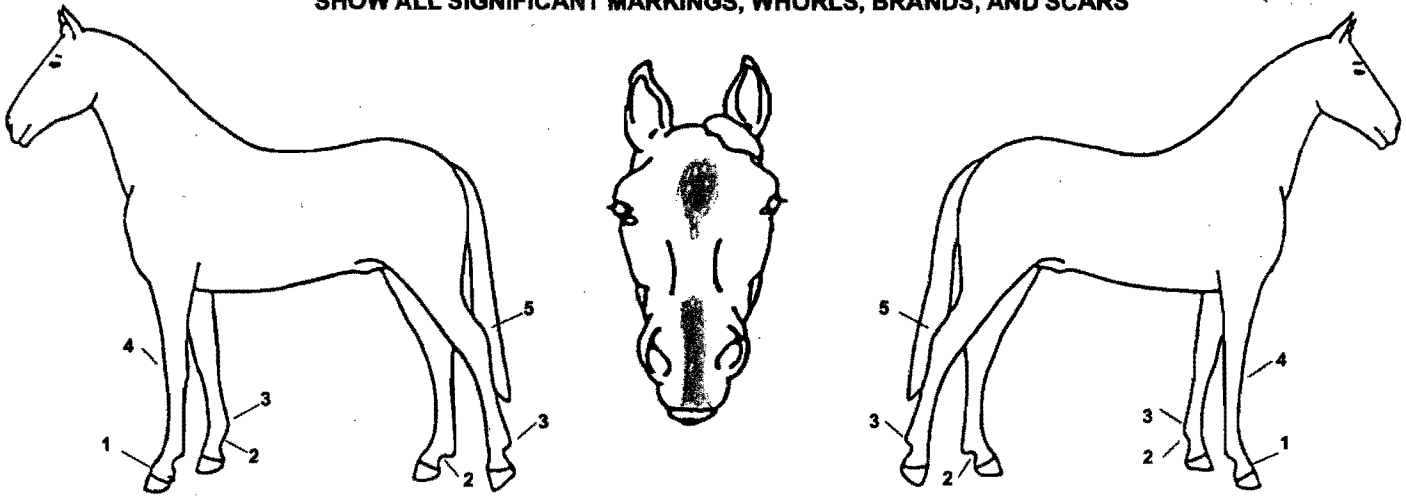
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE	
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse 981100002614119 	20. Color Bay	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 2y F	24. Sex F	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STON Grip		26. OTHER MARKS AND BRANDS	
27. LEFT FORELIMB		28. RIGHT FORELIMB	
29. LEFT HINDLIMB		30. RIGHT HINDLIMB	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.		32. DATE RECEIVED 8/30/11		33. DATE REPORTED OUT 8/30/11		34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA	
36. SIGNATURE OF TESTER (b)(6)		35. REMARKS					

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 1 year, or both (U.S.C. Section 1001).

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 1 year, or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **R 0082192**
1. ACCESSION NUMBER *ACL. 16996*
2. DATE BLOOD DRAWN *8/30/11*

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) <i>N/A</i>	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. <i>1167</i>	6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) <i>DENNIS CHAVEZ</i> <i>@ S/W LIVESTOCK AUCTION</i> <i>LOS LUNAS, NM</i>		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <i>C.Y. BRASNER DVM</i> <i>5906 Jones Place NE</i> <i>Albuquerque, NM</i>	
Tel No. _____ County _____		Tel No. <i>(505) 610-4711</i> County <i>Bernalillo</i>	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that the blood sample submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>(b)(6)</i>	11. TYPE OR PRINT SIGNATURE NAME <i>C.Y. BRASNER DVM</i>	12. SIGNATURE DATE <i>8/30/11</i>
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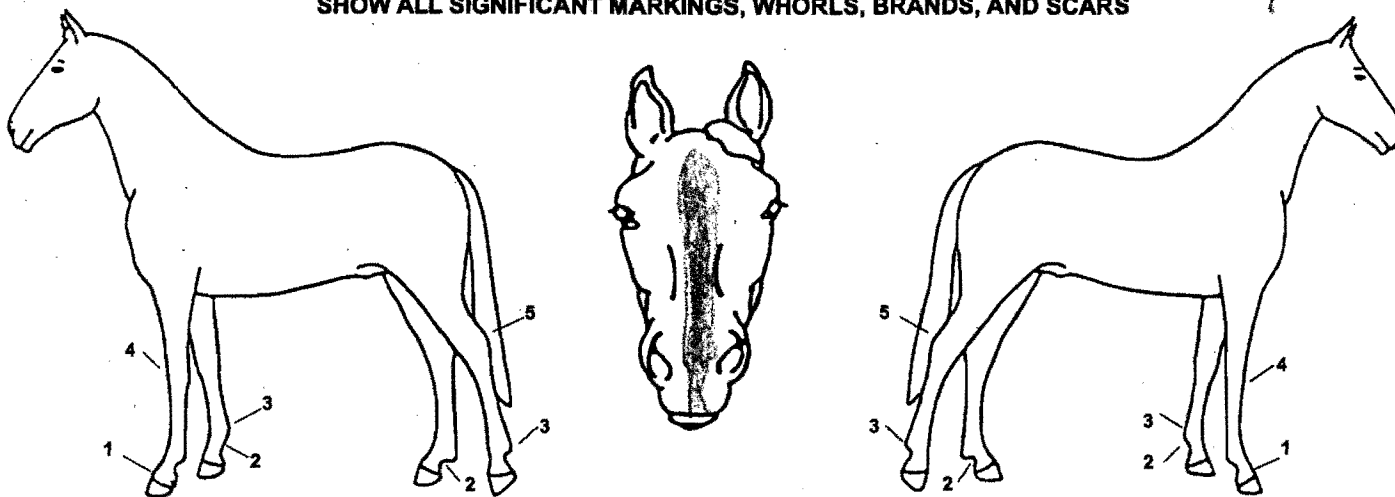
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT <i>(b)(6)</i>	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo <i>981100002614573</i>	19. _____	20. Color <i>Red Brown</i>	21. Breed <i>Andalusian</i>	22. Electronic I.D. No.	23. Age or DOB <i>6y M</i>	24. Sex <input checked="" type="checkbox"/> M - Male <input type="checkbox"/> F - Female <input type="checkbox"/> G - Gelding <input type="checkbox"/> N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD <i>Strip</i>	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE <i>ALBUQUERQUE COGNATE LAB</i> <i>ALBUQUERQUE, NM</i>	32. DATE RECEIVED <i>8/30/11</i>	33. DATE REPORTED OUT <i>8/30/11</i>	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF TESTER <i>(b)(6)</i>		35. REMARKS	

Falsification of this form or knowingly using a falsified form is prohibited and may result in a fine of not more than \$10,000 or imprisonment for not more than 1 year.

Falsification of this form or knowingly using a falsified form is prohibited and may result in a fine of not more than \$10,000 or imprisonment for not more than 1 year.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0082193

1. ACCESSION NUMBER

ACL 16997

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING

- Market
- Change of Ownership
- Retest
- Export
- Show
- First Test

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

B/E

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

1167

6. TEST TYPE

- ELISA
- AGID

Zip Code

Tel No.

County

8. NAME AND ADDRESS OF OWNER (Please print or type)

DENNIS CHAVEZ

6 B/E LIVESTOCK AUCTION

LOS LUNES, NM

Zip Code

Tel No.

County

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

C.Y. BRASHER DVM

5900 Jones Place NW

Albuquerque, NM

Zip Code

87120

Tel No.

(505) 610-4711

County

Bernalillo

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that the information submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

(b)(6)

11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASHER DVM

12. SIGNATURE DATE

8/30/11

CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT

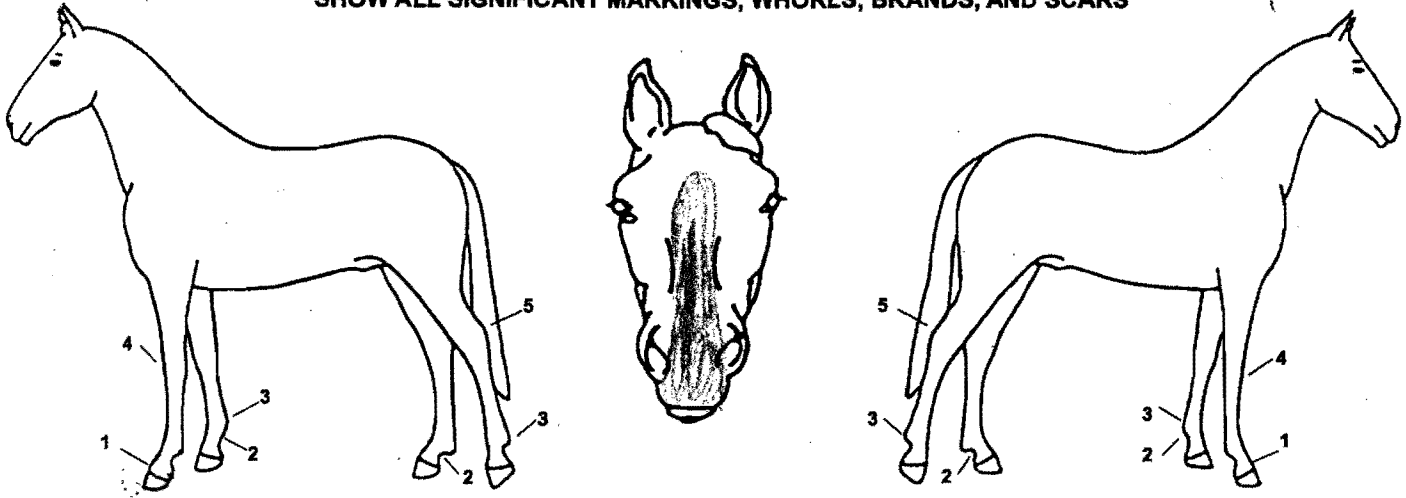
(b)(6)

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse 981100002612488 	20. Color Grey	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 2y M	24. Sex M	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STMP	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGNATE LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF TESTER (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. R 0082194	1. ACCESSION NUMBER <i>ACL 16998</i>	2. DATE BLOOD DRAWN <i>8/30/11</i>
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEL c/o L/M LIVESTOCK AUCTION LOS LUNAS, NM Zip Code Tel No. County		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASNER DVM 5500 Jones Place NW ALBUQUERQUE, NM Zip Code 87120 Tel No. (505)810-4711 County Bernalillo	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify that the information submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASNER DVM	12. SIGNATURE DATE 8/30/11
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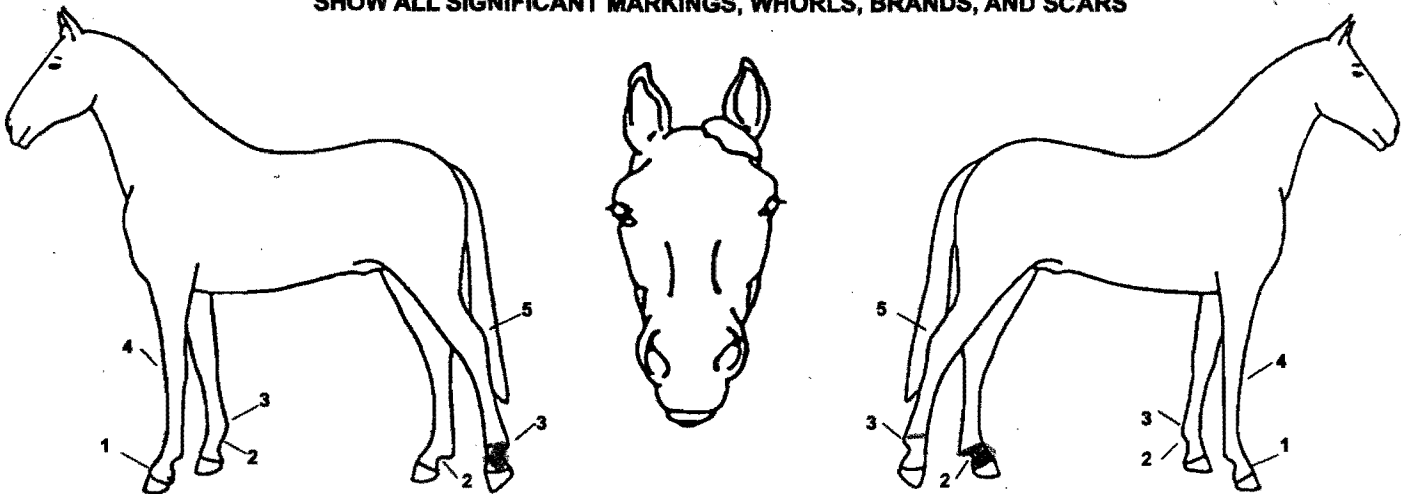
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse 981100002617448 	20. Color Bay	21. Breed QW	22. Electronic I.D. No.	23. Age or DOB 5 y M	24. Sex <input checked="" type="checkbox"/> M - Male <input type="checkbox"/> F - Female <input type="checkbox"/> G - Gelding <input type="checkbox"/> N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fatlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB <i>Good</i>	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGNATE LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE C (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. R 0082195	1. ACCESSION NUMBER ACL-16999	2. DATE BLOOD DRAWN 8/30/11
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DEANIS CHAVEZ c/o S/W LIVESTOCK AUCTION LOS LUNAS, NM Zip Code Tel No. County			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM Zip Code 87120 Tel No. (505)610-4711 County Bernalillo		

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify that the information submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM	12. SIGNATURE DATE 8/30/11
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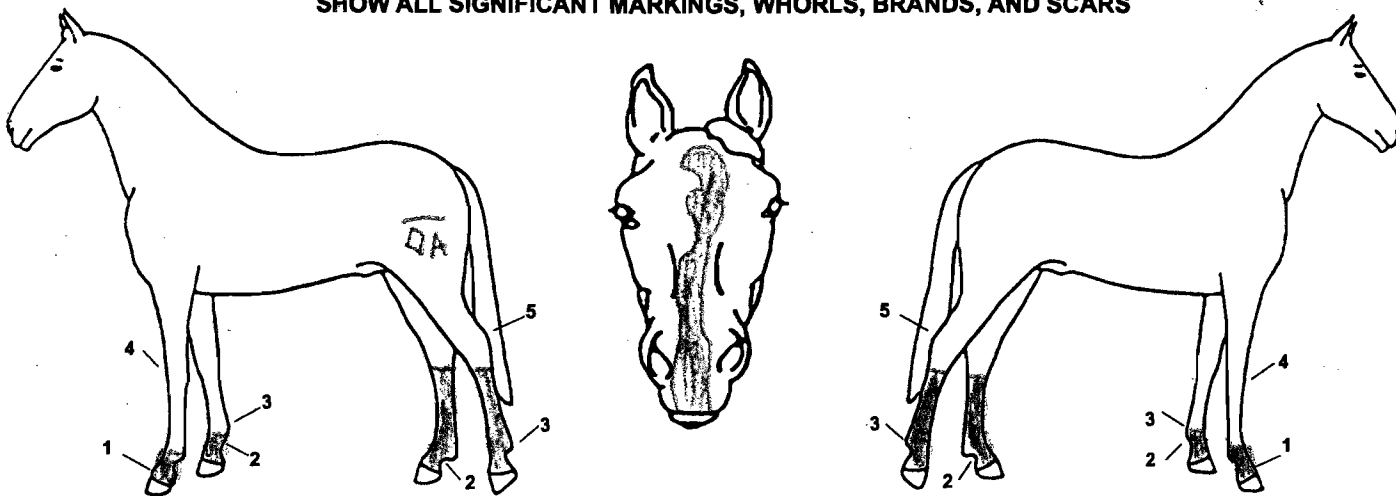
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
		981100002590895 		Solid	QN		4y	M	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip	26. OTHER MARKS AND BRANDS DA L/H
27. LEFT FORELIMB Sock	28. RIGHT FORELIMB Sock
29. LEFT HINDLIMB Sock	30. RIGHT HINDLIMB Sock

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGLERS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/31/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF OWNER (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST**
(VS Memorandum 555.16)

SERIAL NO.

R 0082197

1. ACCESSION NUMBER

ACL 17000

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING

- Market Change of Ownership Retest Export

- Show First Test

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

N/A

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

1167

6. TEST TYPE

- ELISA
 AGID

Zip Code

Tel No.

County

8. NAME AND ADDRESS OF OWNER (Please print or type)

DEANIS BEVELL

6 S/W LIVESTOCK AUCTION

LOS LUNAS, NM

Zip Code

Tel No.

County

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

C.Y. BRASHER DVM

5900 Jones Place NW

Albuquerque, NM

Zip Code

87120

Tel No.

(505)616-4711

County

Bernalillo

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

(b)(6)

11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASHER DVM

12. SIGNATURE DATE

8/30/11


CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

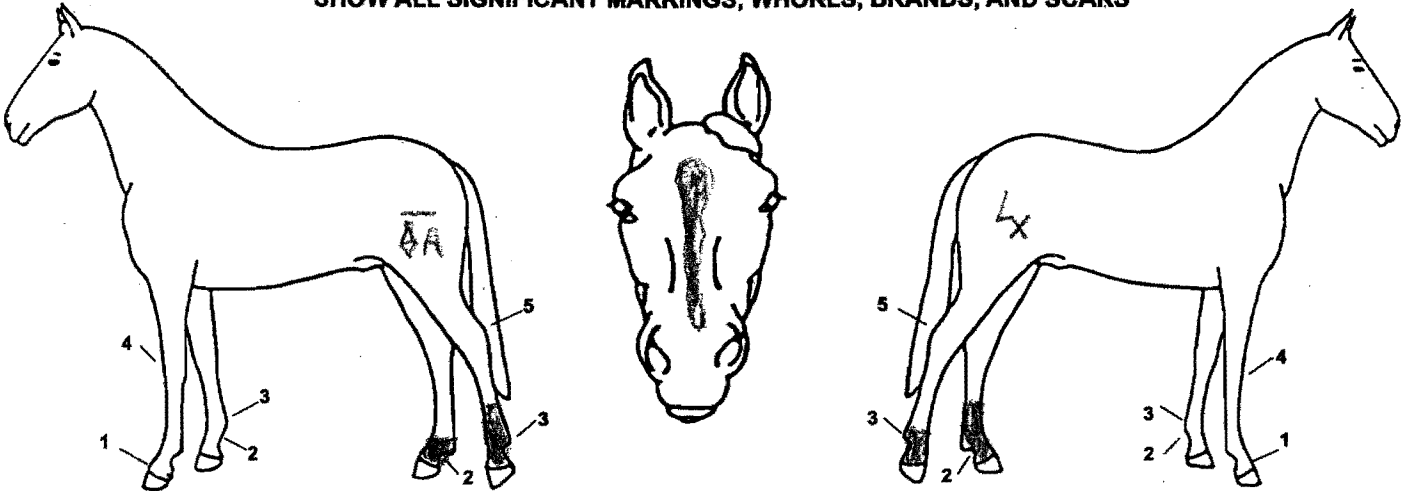
13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse 981100002598298 	20. Color Sorrel	21. Breed QB	22. Electronic I.D. No.	23. Age or DOB 3y 6	24. Sex G - Gelding	M - Male F - Female N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip	26. OTHER MARKS AND BRANDS DA 4N 5 RIN
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Sore	30. RIGHT HINDLIMB Sore

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LTD ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0082198

1. ACCESSION NUMBER

ACU. 17001

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DEARIS CRAVEZ c/o S/W LIVESTOCK AUCTION LOS LUNAS, NM Tel No. County		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASNER DVM 5900 Jones Place NW Albuquerque, NM Tel No. (505) 610-4711 County Bernalillo	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERATED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASNER DVM	12. SIGNATURE DATE 8/30/11
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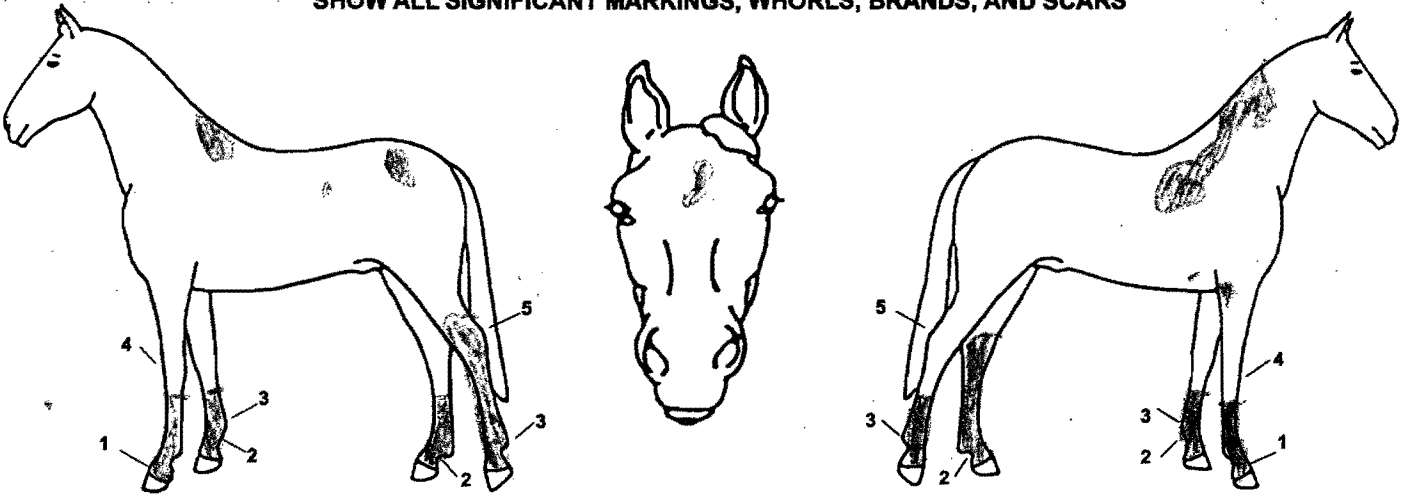
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo	19. Identification No. 981100002602048 	20. Color Red white	21. Breed Paint	22. Electronic I.D. No.	23. Age or DOB 2y 6	24. Sex G - Gelding	M - Male F - Female N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

Paint

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGLINE LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF TESTER (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a crime and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **R 0082199**
1. ACCESSION NUMBER **ACL-17002**
2. DATE BLOOD DRAWN **8/30/11**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W LIVESTOCK AUCTION 100 DURAS, NM Zip Code Tel No. County		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5900 Jones Place NW Albuquerque, NM Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM	12. SIGNATURE DATE 8/30/11
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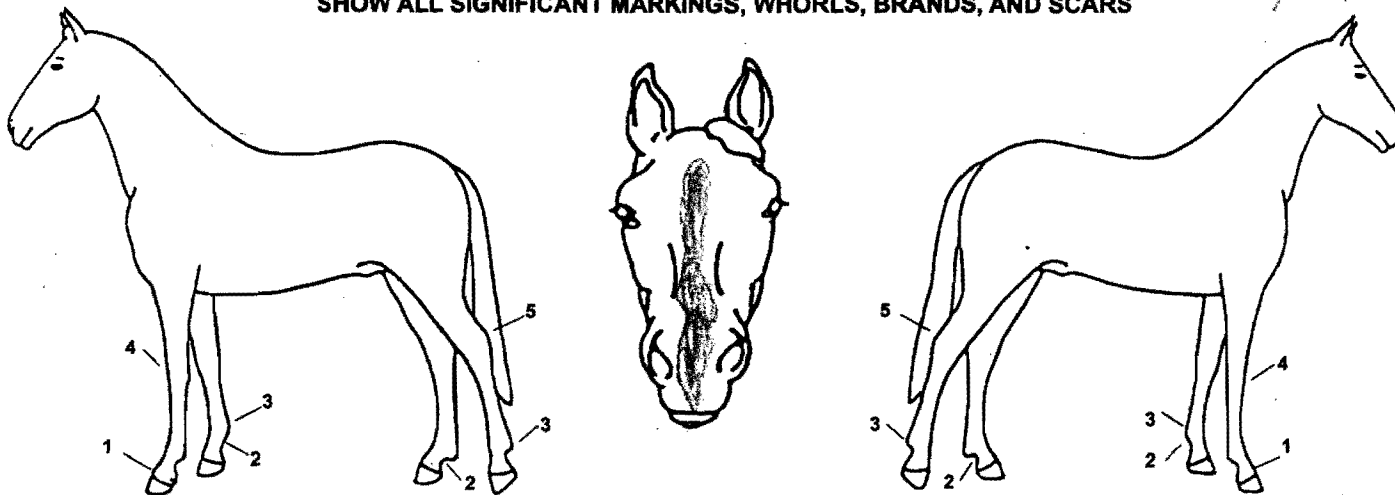
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Identification Number 981100002596031	20. Color sorrel	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 3y6	24. Sex G - Gelding	M - Male F - Female N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE LOGGERS LLC ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a crime and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. R 0082200	1. ACCESSION NUMBER <i>AGL 17003</i>	2. DATE BLOOD DRAWN 8/30/11
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test	7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) n/a
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167
6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUGAS, NM	9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. KRASNER DVM 5900 Jones Place NW Albuquerque, NM
Zip Code Tel No. County	Zip Code County 87120 Bernalillo

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


(b)(6) men submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. KRASNER DVM	12. SIGNATURE DATE 8/30/11
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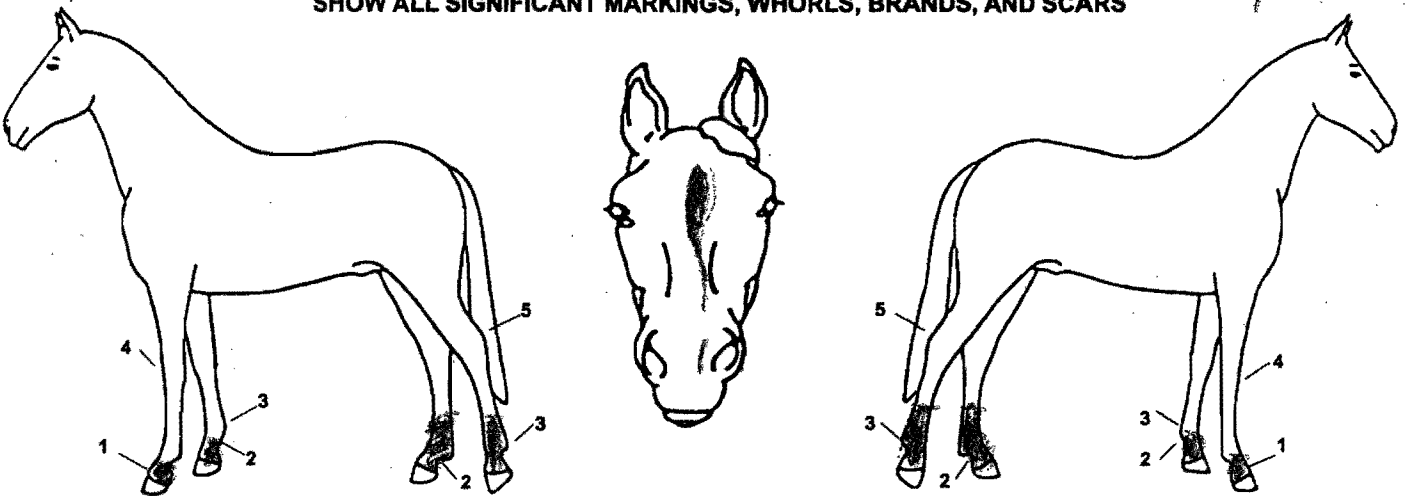
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse 981100002607230 	20. Color Sorrel	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 3y	24. Sex M	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB Soch	28. RIGHT FORELIMB Soch
29. LEFT HINDLIMB Soch	30. RIGHT HINDLIMB Soch

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF TESTER (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a crime and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0086175

1. ACCESSION NUMBER

ACL. 17004

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ 6 S/W LIVESTOCK AUCTION LOS LURAS, NM Zip Code		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASNER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM Zip Code 87120	
Tel No. County		Tel No. (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASNER DVM.	12. SIGNATURE DATE 8/30/11
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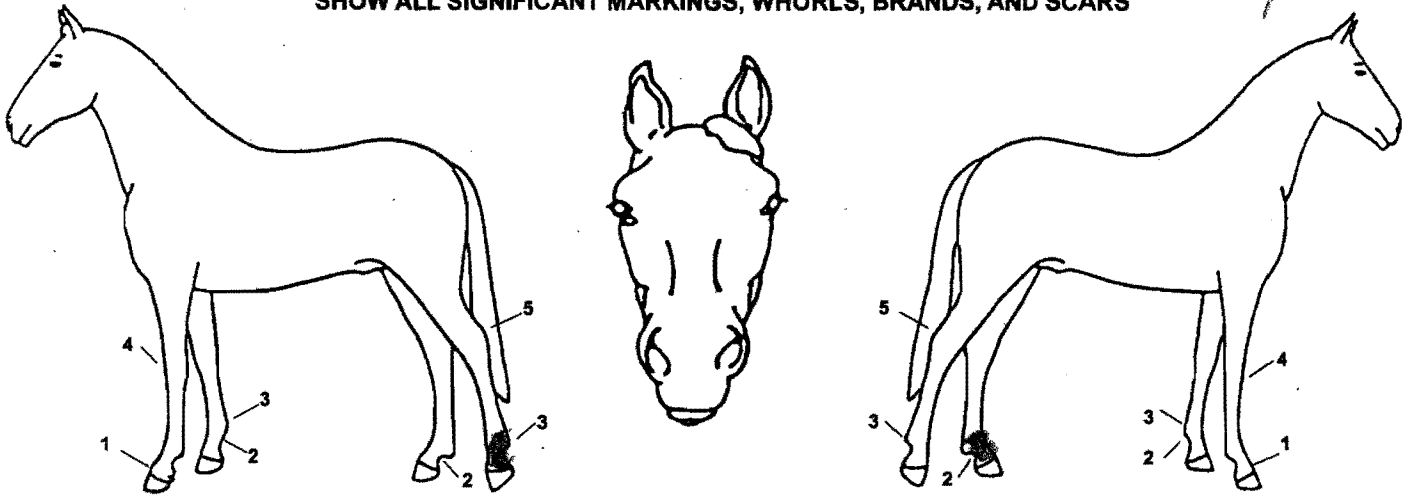
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
--	---	---------------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	<input checked="" type="checkbox"/> M - Male <input type="checkbox"/> F - Female <input type="checkbox"/> G - Gelding <input type="checkbox"/> N - Neuter
		981100002603043			QH		3/11		

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB [Signature]	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **R 0082451**
1. ACCESSION NUMBER **ACL. 17006**
2. DATE BLOOD DRAWN **8/30/11**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASNER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM	
Tel No. _____ County _____		Tel No. (505) 610-4711 Zip Code 87120 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I have submitted with this Form with drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASNER DVM.	12. SIGNATURE DATE 8/30/11
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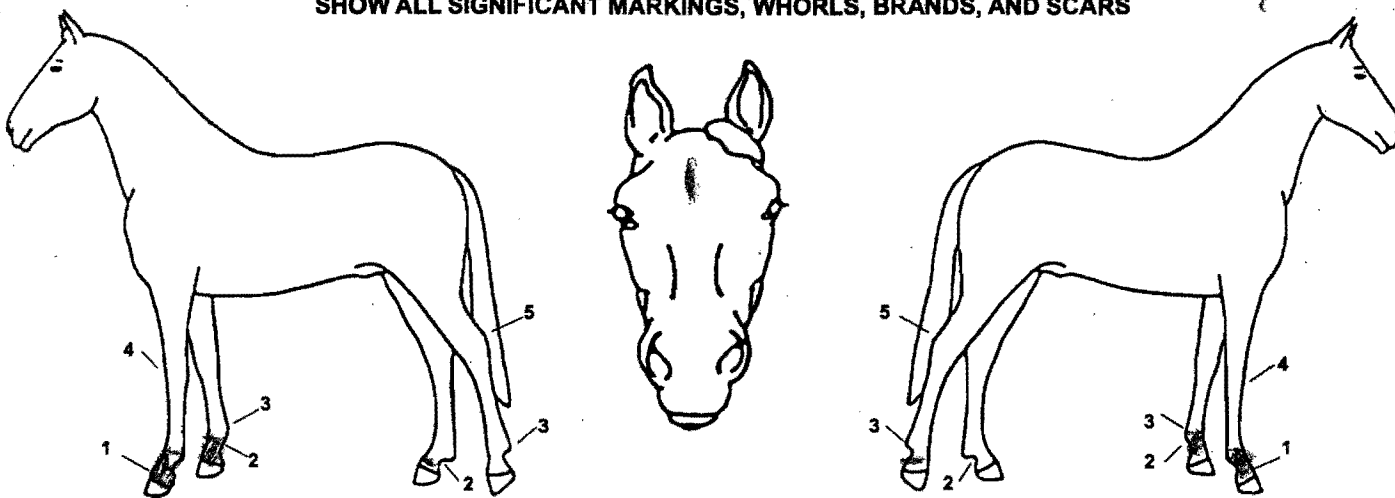
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse 981100002606799 	20. Color Solid OH	21. Breed	22. Electronic I.D. No.	23. Age or DOB 4y 6	24. Sex <input checked="" type="checkbox"/> M - Male <input type="checkbox"/> F - Female <input type="checkbox"/> G - Gelding <input type="checkbox"/> N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Star	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB Sock	28. RIGHT FORELIMB Sock
29. LEFT HINDLIMB	30. RIGHT HINDLIMB Coronet

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a crime and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0082452

1. ACCESSION NUMBER

AGL-17008

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING

- Show First Test
 Market Change of Ownership Retest Export

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

N/A

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

1167

6. TEST TYPE

- ELISA
 AGID

Zip Code

Tel No.

County

8. NAME AND ADDRESS OF OWNER (Please print or type)

DENNIS CHAVEZ
c/o S/W LIVESTOCK AUCTION
LOS LUNAS, NM

Zip Code

Tel No.

County

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

C.Y. FRASER DVM
5900 JONES PLACE NW
ALBUQUERQUE, NM
(505) 616-4711

Zip Code 87120

Tel No.

County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

(b)(6)

11. TYPE OR PRINT SIGNATURE NAME

C.Y. FRASER DVM.

12. SIGNATURE DATE

8/30/11

CERTIFICATION OF OWNER OR OWNER'S AGENT

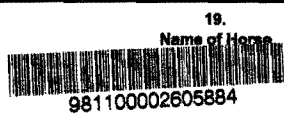
I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.
17. Official Tag No.
18. Tattoo/Brand



19. Name of Horse

981100002605884

20. Color

SOB

21. Breed

QH

22. Electronic I.D. No.

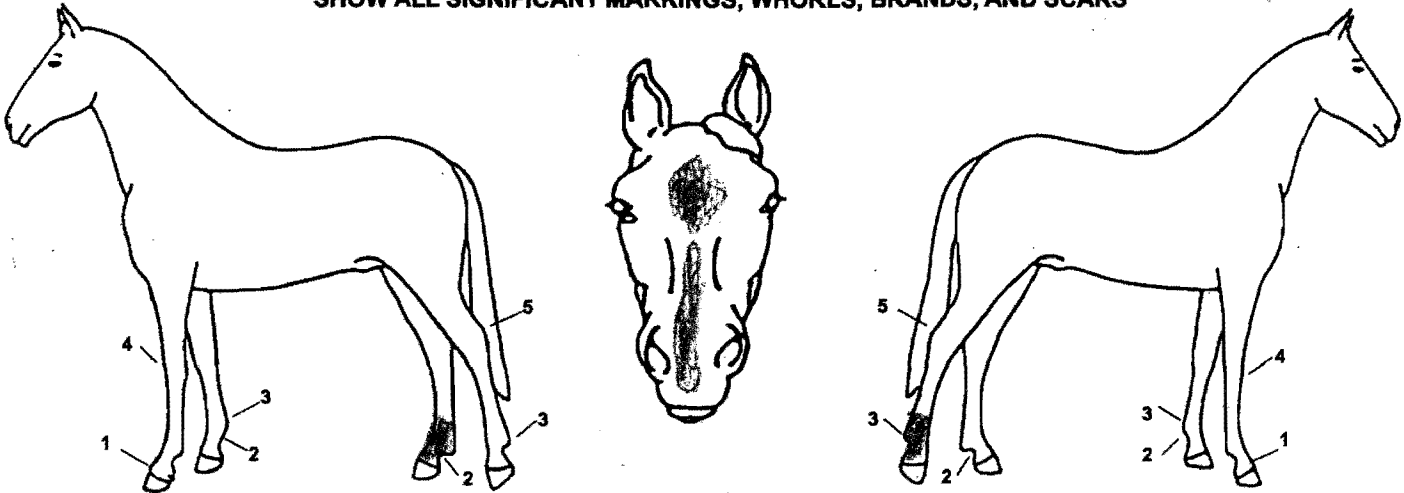
23. Age or DOB

2/1 F

24. Sex

- M - Male
 F - Female
 G - Gelding
 N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD *STOR STAP*

26. OTHER MARKS AND BRANDS

27. LEFT FORELIMB

28. RIGHT FORELIMB

29. LEFT HINDLIMB

30. RIGHT HINDLIMB *STOR*

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE
ALBUQUERQUE COGGERS LAB
ALBUQUERQUE, NM

32. DATE RECEIVED
8/30/11

33. DATE REPORTED OUT
8/30/11

34. TEST RESULTS
 Negative Positive AGID ELISA

36. SIGNATURE OF TESTER
(b)(6)

35. REMARKS

Falsification of this form or knowingly using a falsified form is a crime and may result in a fine of not more than \$10,000 or Imprisonment for not more than 5 years or both (U.S.C. Section 1001).

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST**
(VS Memorandum 555.16)

SERIAL NO. **R0082453**
1. ACCESSION NUMBER *ACL 17007*
2. DATE BLOOD DRAWN **8/30/11**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export		<input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) <i>N/A</i>	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		6. TEST TYPE	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CUAVEZ c/o S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASKER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM		10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>(b)(6)</i>	
Tel No. _____ County _____		Tel No. (505) 610-4711 County BERNALILLO		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASKER DVM.	
Zip Code _____		Zip Code 87120		12. SIGNATURE DATE 8/30/11	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>(b)(6)</i>		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASKER DVM.		12. SIGNATURE DATE 8/30/11	
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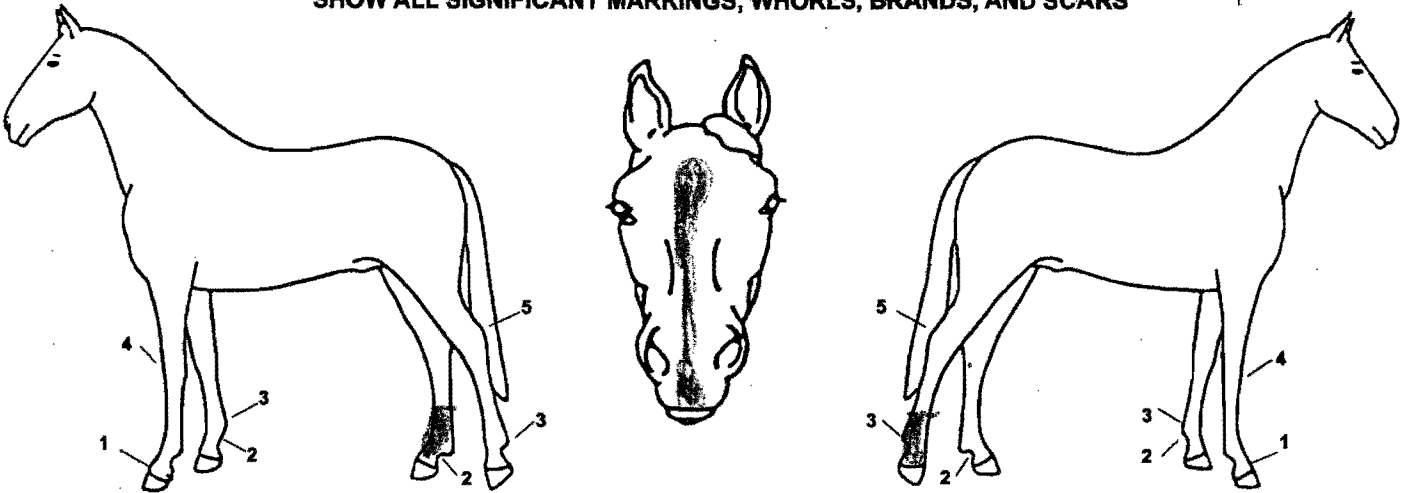
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE	
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex M - Male F - Female G - Gelding N - Neuter
			981100002606739	<i>Red and</i>	<i>QH</i>		<i>2y</i>	<i>F</i>

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD <i>Strip</i>	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB <i>Scrub</i>

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN <i>(b)(6)</i>		35. REMARKS	

Falsification of this form or knowingly using a falsified form for not more than _____ offense and may result in a fine of not more than \$10,000 or imprisonment both (U.S.C. Section 1001).

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST**
(VS Memorandum 555.16)

SERIAL NO. **R 0082454** 1. ACCESSION NUMBER **AGI. 17009** 2. DATE BLOOD DRAWN **8/30/11**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CRAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) G.Y. BRASLER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM (505)610-4711	
Tel No. County		Zip Code County	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>(b)(6)</i>	11. TYPE OR PRINT SIGNATURE NAME G.Y. BRASLER DVM.	12. SIGNATURE DATE 8/30/11
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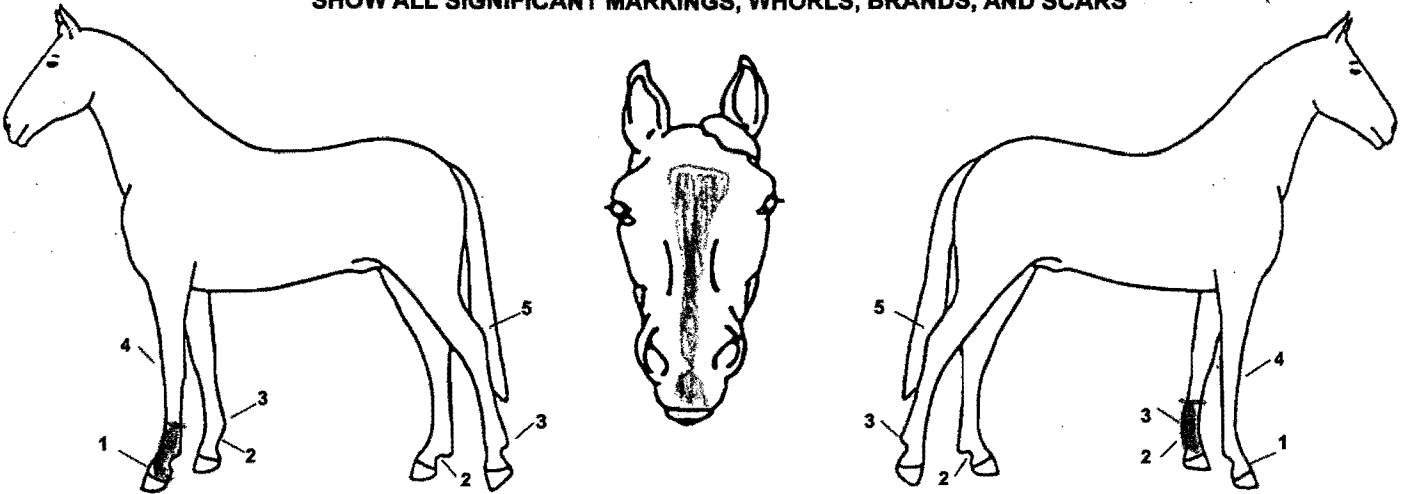
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19.  981100002806677	20. Color	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 5yM	24. Sex <input checked="" type="checkbox"/> M - Male <input type="checkbox"/> F - Female <input type="checkbox"/> G - Gelding <input type="checkbox"/> N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip Grip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB Sore	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R0082455

1. ACCESSION NUMBER

ACL 17610

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) <i>N/A</i>	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. <i>1167</i>	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) <i>DENNIS CHAVEZ 6 S/W LIVESTOCK AUCTION LOS LORAS, NM</i>		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <i>C.Y. BRASHER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM</i>	
Tel No. County		Tel No. (505)816-4711 County <i>BERNALILLO</i>	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME <i>C.Y. BRASHER DVM.</i>	12. SIGNATURE DATE <i>8/30/11</i>
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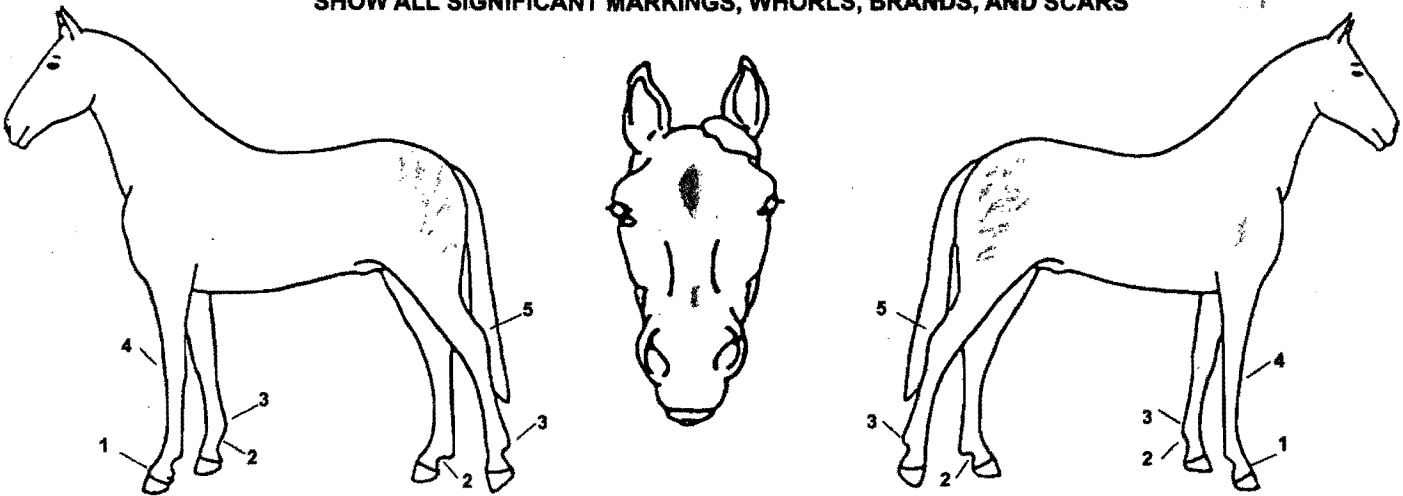
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse <i>981100002601716</i> 	20. Color <i>White</i>	21. Breed <i>App</i>	22. Electronic I.D. No.	23. Age or DOB <i>5yM</i>	24. Sex <input checked="" type="checkbox"/> M - Male <input type="checkbox"/> F - Female <input type="checkbox"/> G - Gelding <input type="checkbox"/> N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD <i>Star Strip</i>	26. OTHER MARKS AND BRANDS <i>Blow Mark</i>
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE <i>ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM</i>	32. DATE RECEIVED <i>8/30/11</i>	33. DATE REPORTED OUT <i>8/30/11</i>	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **R 0082456**
1. ACCESSION NUMBER **ACL 17011**
2. DATE BLOOD DRAWN **8/30/11**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		Zip Code	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMEK DVM 5900 JONES PLACE NW ALBUQUERQUE, NM	
Tel No. County		Tel No. County	
Zip Code		Zip Code 87120	
Tel No. County		Tel No. (505)610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMEK DVM.	12. SIGNATURE DATE 8/30/11
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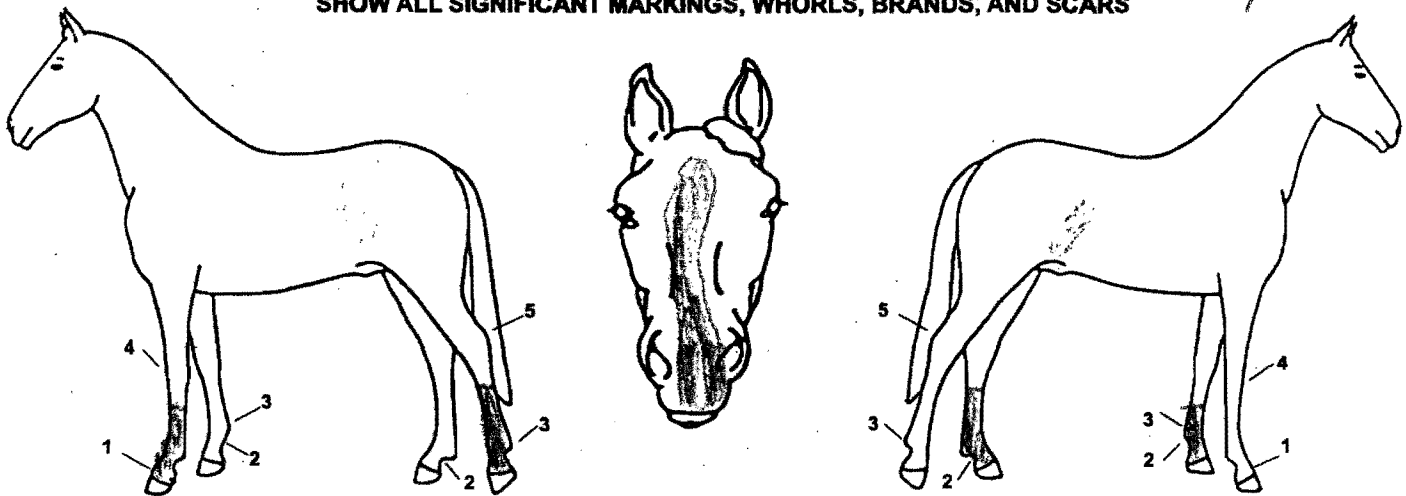
CERTIFICATION OF OWNER OR OWNER'S AGENT

have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse 981100002608035 	20. Color Solid Roan	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 3y M	24. Sex <input checked="" type="checkbox"/> M - Male <input type="checkbox"/> F - Female <input type="checkbox"/> G - Gelding <input type="checkbox"/> N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB Good	28. RIGHT FORELIMB
29. LEFT HINDLIMB Good	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. R 0082458	1. ACCESSION NUMBER <i>ACL. 17012</i>	2. DATE BLOOD DRAWN 8/30/11
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM Zip Code		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM Zip Code 87120	
Tel No. County		Tel No. (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

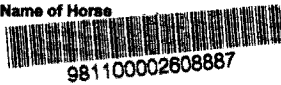
I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM.	12. SIGNATURE DATE 8/30/11
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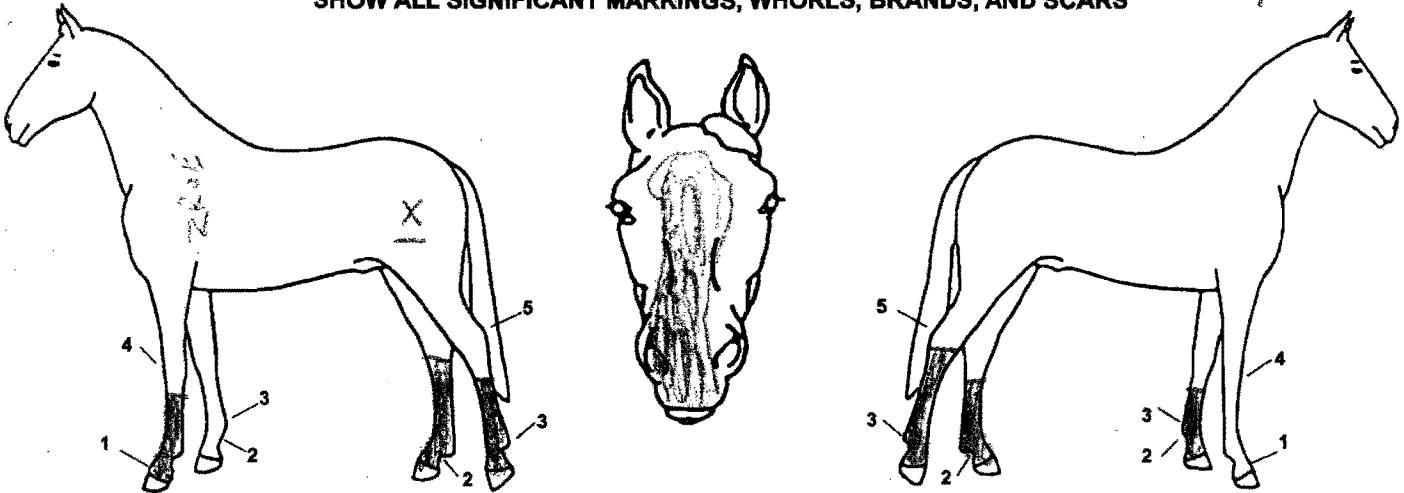
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002608887	20. Color Sorrel	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 3y	24. Sex F	25. M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD <i>strip</i>	26. OTHER MARKS AND BRANDS <i>2208 X 4/H</i>
27. LEFT FORELIMB <i>sock</i>	28. RIGHT FORELIMB
29. LEFT HINDLIMB <i>sock</i>	30. RIGHT HINDLIMB <i>sock</i>

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/31/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **R 0082459**
1. ACCESSION NUMBER *ACL 17013*
2. DATE BLOOD DRAWN *8/30/11*

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) <i>N/A</i>	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. <i>1167</i>	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) <i>DERNIS CHAVEZ</i> <i>@ S/W LIVESTOCK AUCTION</i> <i>LOS LUNAS, NM</i>		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <i>C.Y. BRASHER DVM</i> <i>5900 JONES PLACE NW</i> <i>ALBUQUERQUE, NM</i>	
Tel No. _____ County _____		Tel No. _____ County <i>BERNALILLO</i>	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I, (b)(6) certify that the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>(b)(6)</i>	11. TYPE OR PRINT SIGNATURE NAME <i>C.Y. BRASHER DVM.</i>	12. SIGNATURE DATE <i>8/30/11</i>
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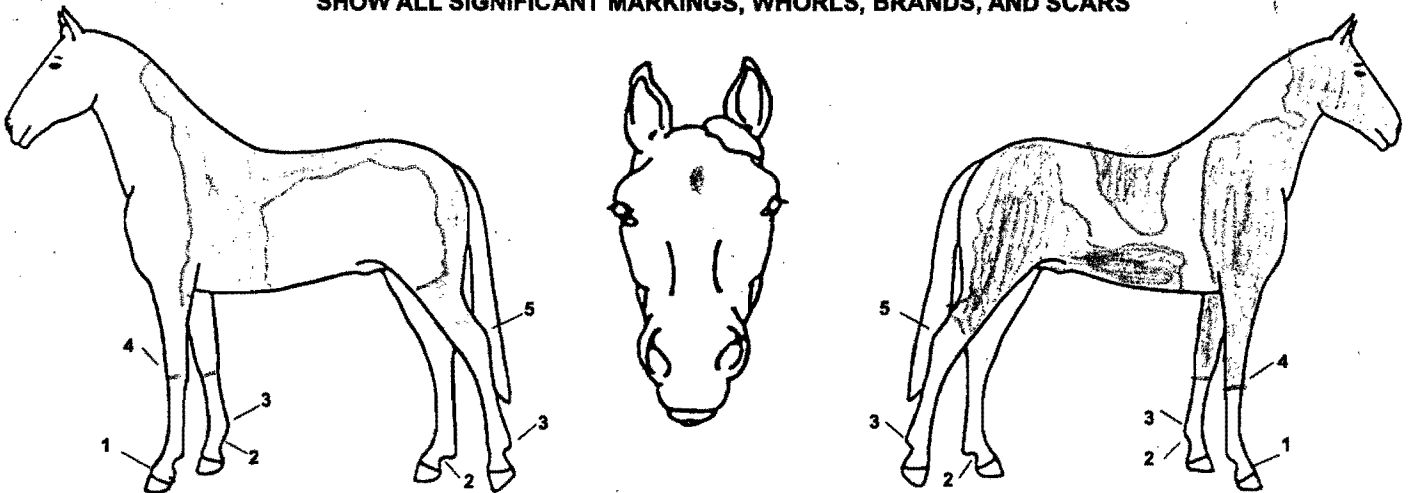
CERTIFICATION OF OWNER OR OWNER'S AGENT

I, (b)(6) have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT <i>(b)(6)</i>	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Bra	19. Barcode <i>981100002594043 Exp.2014-05</i>	20. Color <i>Black with white paint</i>	21. Breed	22. Electronic I.D. No.	23. Age or DOB <i>8y 6</i>	24. Sex <i>G - Gelding</i>	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD <i>Point</i>	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE <i>ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM</i>	32. DATE RECEIVED <i>8/30/11</i>	33. DATE REPORTED OUT <i>8/30/11</i>	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE <i>(b)(6)</i>	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **R0082460**
1. ACCESSION NUMBER *ACL 17014*
2. DATE BLOOD DRAWN *8/30/11*

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) <i>N/A</i>	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. <i>1167</i>	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) <i>DERNIS CHAVEZ</i> <i>@ S/W LIVESTOCK AUCTION</i> <i>LOS LUNAS, NM</i>		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <i>C.Y. BRASMER DVM</i> <i>5500 JONES PLACE NW</i> <i>ALBUQUERQUE, NM</i>	
Tel No. _____ County _____		Tel No. <i>505)610-4711</i> Zip Code <i>87120</i> County <i>BERNALILLO</i>	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>(b)(6)</i>	11. TYPE OR PRINT SIGNATURE NAME <i>C.Y. BRASMER DVM.</i>	12. SIGNATURE DATE <i>8/30/11</i>
---	--	--------------------------------------

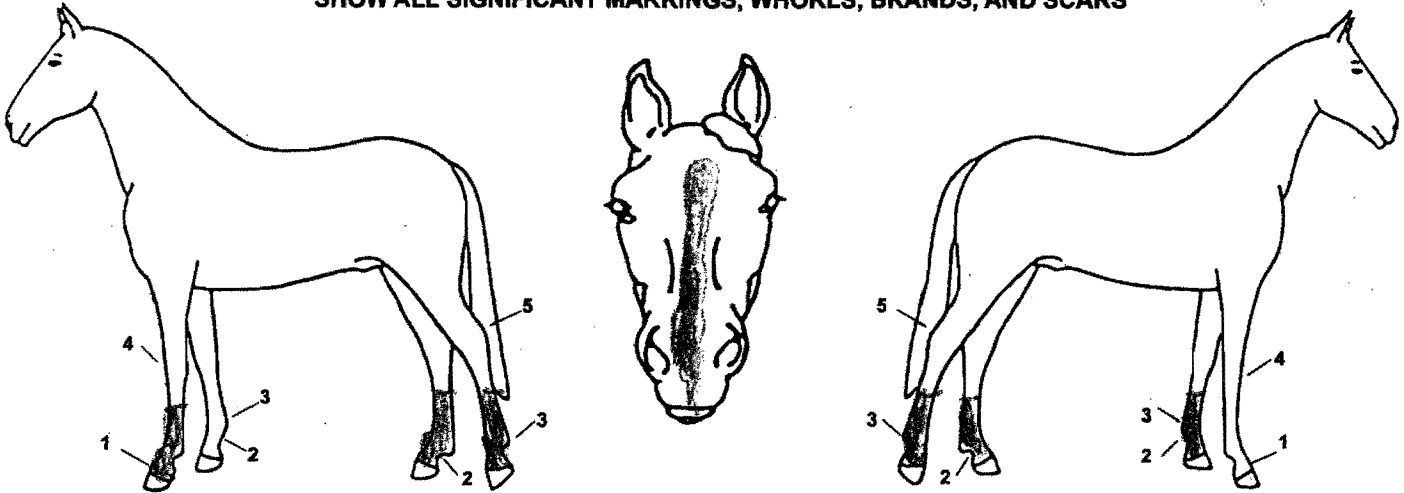
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify I examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand  <i>981100002604045</i>	20. Color <i>Sorrel</i>	21. Breed <i>QH</i>	22. Electronic I.D. No.	23. Age or DOB <i>4/4</i>	24. Sex <i>F</i>	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD <i>Strip</i>	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB <i>Soch</i>	28. RIGHT FORELIMB
29. LEFT HINDLIMB <i>Soch</i>	30. RIGHT HINDLIMB <i>Soch</i>

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE <i>ALBUQUERQUE COGGINS LAB</i> <i>ALBUQUERQUE, NM</i>	32. DATE RECEIVED <i>8/30/11</i>	33. DATE REPORTED OUT <i>8/30/11</i>	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN <i>(b)(6)</i>		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R0082461

1. ACCESSION NUMBER

ADJ. 17015

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) E/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code
8. NAME AND ADDRESS OF OWNER (Please print or type) DENISE CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM		
Tel No.		County	Tel No. (505) 610-4711		County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify that the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM.		12. SIGNATURE DATE 8/30/11	
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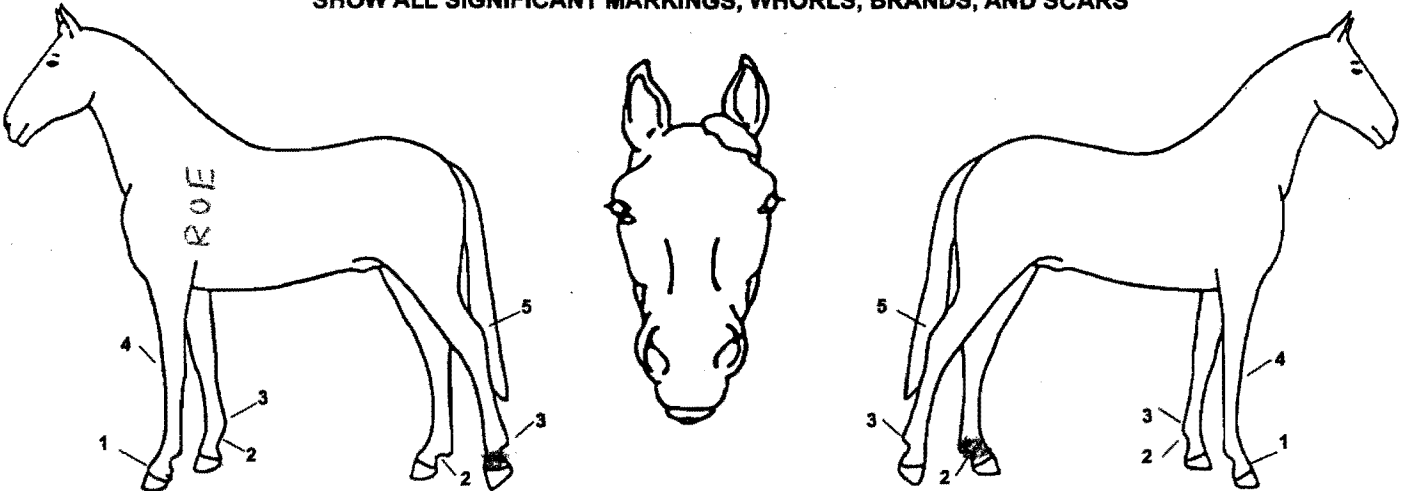
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE	
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002600273	20. Color Bay	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 4 1/2	24. Sex F	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD		26. OTHER MARKS AND BRANDS R/L/S	
27. LEFT FORELIMB		28. RIGHT FORELIMB	
29. LEFT HINDLIMB Soda		30. RIGHT HINDLIMB	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM		32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA	
36. SIGNATURE OF VETERINARIAN (b)(6)			35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST**
(VS Memorandum 555.16)

SERIAL NO.

R0082462

1. ACCESSION NUMBER

ACL 17016

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) <i>N/A</i>		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. <i>1167</i>		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) <i>DERNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM</i>			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <i>C.Y. BRASMER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM</i>		
Tel No.		County		Zip Code <i>87120</i>	
Tel No.		County		Tel No. <i>(505) 610-4711</i>	
Tel No.		County		County <i>BERNALILLO</i>	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify that the blood sample submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>(b)(6)</i>		11. TYPE OR PRINT SIGNATURE NAME <i>C.Y. BRASMER DVM.</i>		12. SIGNATURE DATE <i>8/30/11</i>	
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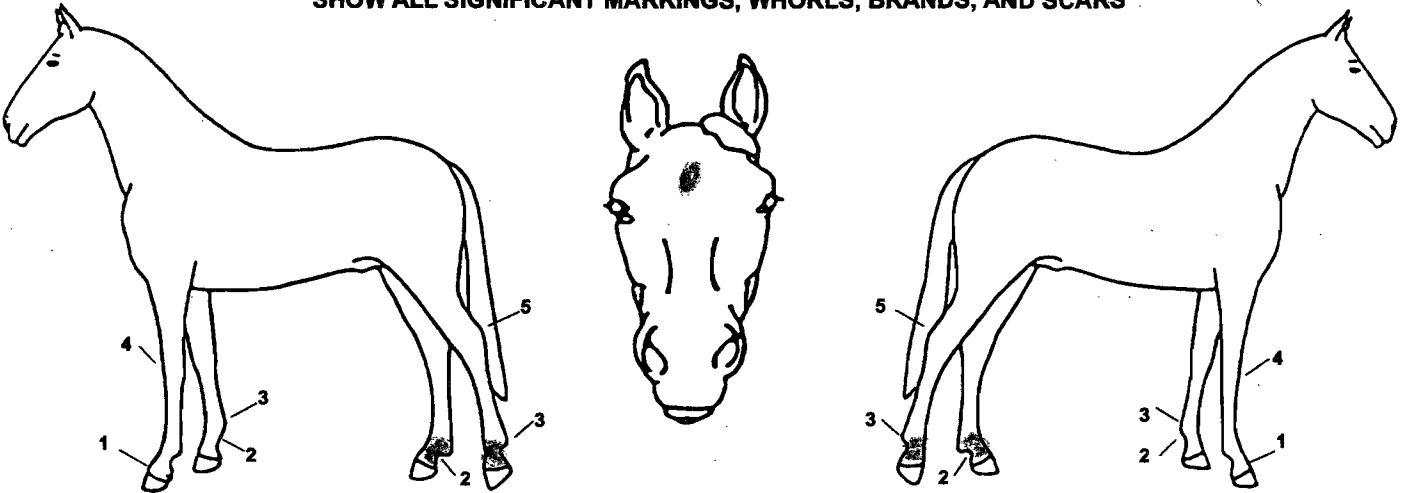
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT			14. TYPE OR PRINT SIGNATURE NAME			15. SIGNATURE DATE		
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  <i>981100002593855</i>	20. Color <i>Silver</i>	21. Breed <i>QH</i>	22. Electronic I.D. No.	23. Age or DOB <i>3y 6</i>	24. Sex <i>G</i>	M - Male F - Female <i>G - Gelding</i> N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD <i>Star</i>		26. OTHER MARKS AND BRANDS	
27. LEFT FORELIMB		28. RIGHT FORELIMB	
29. LEFT HINDLIMB <i>Such</i>		30. RIGHT HINDLIMB <i>Such</i>	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE <i>ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM</i>		32. DATE RECEIVED <i>8/30/11</i>	33. DATE REPORTED OUT <i>8/30/11</i>	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA	
36. SIGNATURE OF (b)(6)		35. REMARKS			

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R0082463

1. ACCESSION NUMBER

ACL 17017

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVLZ c/ S/W LIVESTOCK AUCTION LOS LUNAS, NM Tel No. County			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASPER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM Tel No. (505) 610-4711 County BERNALILLO		

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASPER DVM.	12. SIGNATURE DATE 8/30/11
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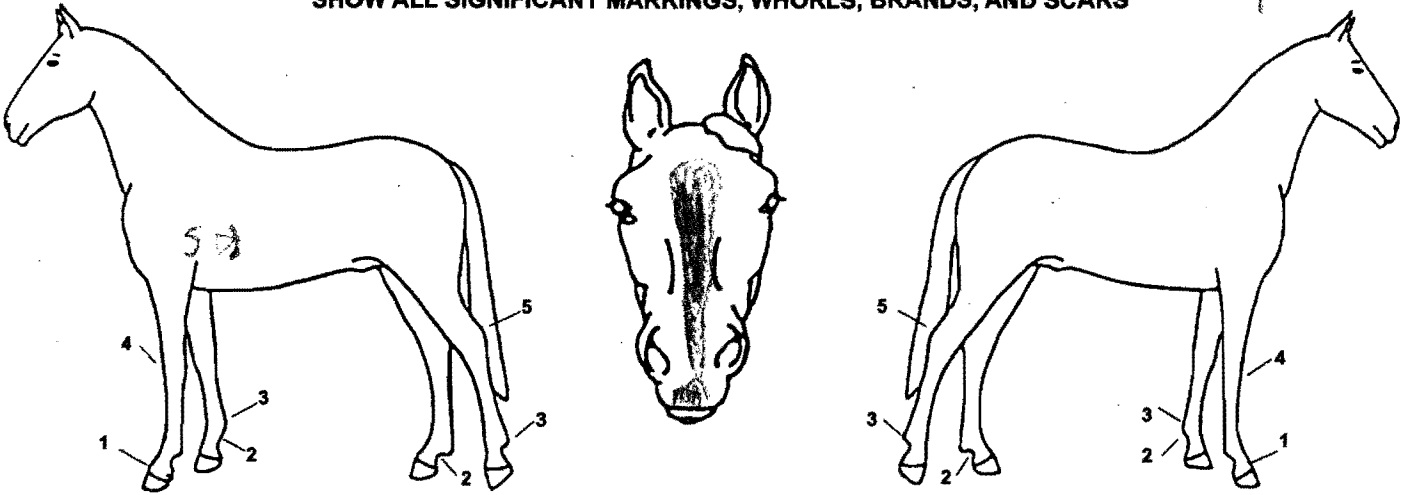
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002594926	20. Color Brown	21. Breed Appaloosa	22. Electronic I.D. No.	23. Age or DOB 7y 6	24. Sex G	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Stamp	26. OTHER MARKS AND BRANDS 5 D 4/S
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED ON 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0082464

1. ACCESSION NUMBER

ACL. 17018

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CRAVEZ c/o S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM	
Tel No.		Tel No. (505) 610-4711	
County		County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


Specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 8/30/11
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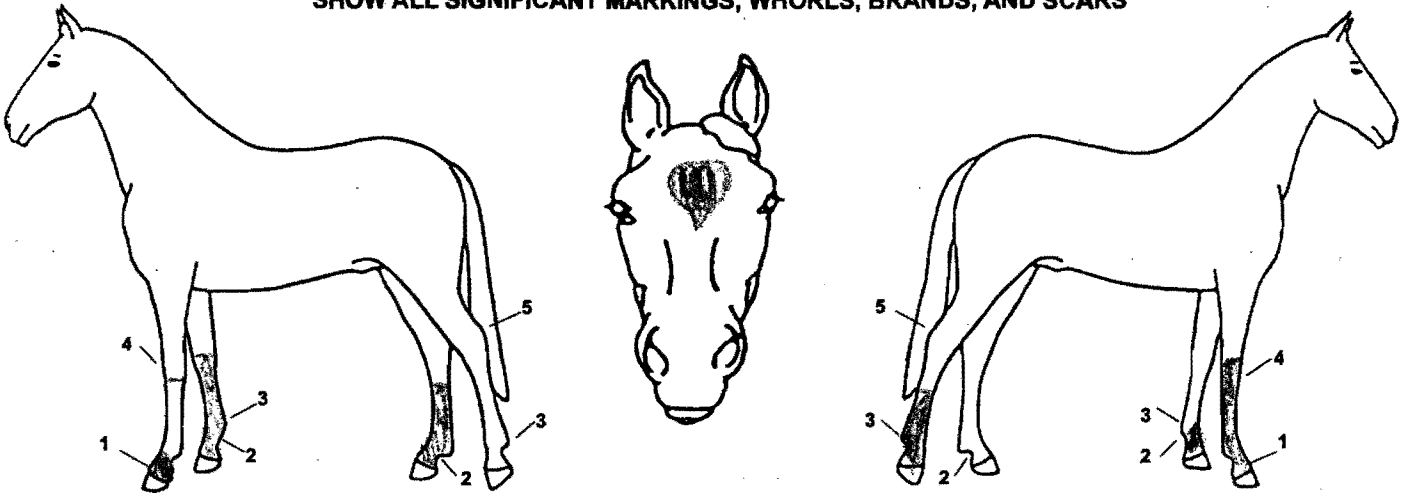
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse 981100002600303 	20. Color Bay	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 2 y 6 m	24. Sex G - Gelding	M - Male F - Female N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Star	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB Socks	28. RIGHT FORELIMB Socks
29. LEFT HINDLIMB	30. RIGHT HINDLIMB Socks

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE CUGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form for not more than

one year is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. R 0082465	1. ACCESSION NUMBER <i>ACL. 17019</i>	2. DATE BLOOD DRAWN 8/30/11
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CRAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM Zip Code			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5906 JONES PLACE NW ALBUQUERQUE, NM Zip Code 87120		
Tel No. County		Tel No. (505) 610-4711 County BERNALILLO			

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM.	12. SIGNATURE DATE 8/30/11
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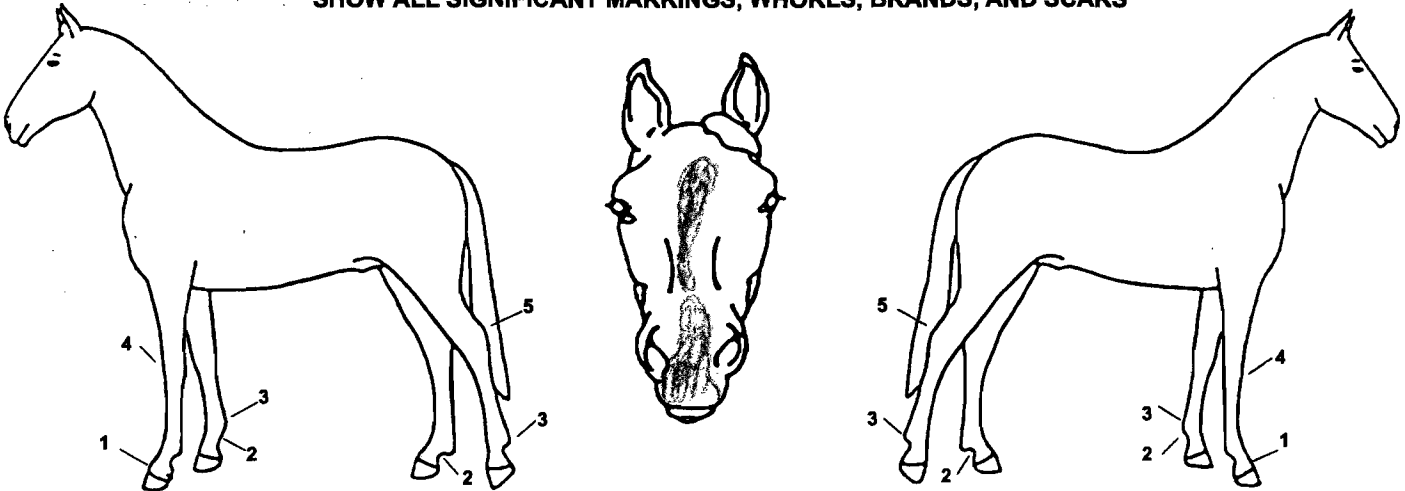
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002594512	20. Color <i>Sorrel</i>	21. Breed <i>QH</i>	22. Electronic I.D. No.	23. Age or DOB <i>2 1/2</i>	24. Sex <i>B</i>	M - Male F - Female <input checked="" type="checkbox"/> G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD <i>Strip Strip</i>	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
	36. SIGNATURE OF (b)(6)		35. REMARKS

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0082466

1. ACCESSION NUMBER

ACL. 17020

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM Tel No. _____ County _____	
9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM Tel No. (505) 610-4711		Zip Code 87120 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM.	12. SIGNATURE DATE 8/30/11
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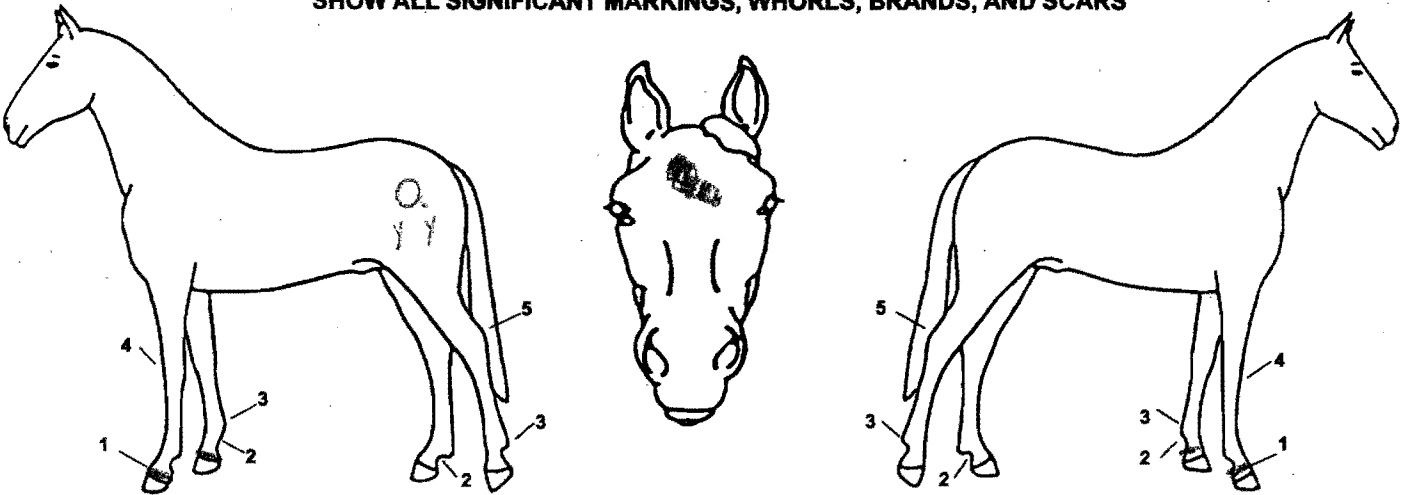
CERTIFICATION OF OWNER OR OWNER'S AGENT

have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse 981100002594082	20. Color Black	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 5y	24. Sex M	25. Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAR	26. OTHER MARKS AND BRANDS YY L/H
27. LEFT FORELIMB CORONET	28. RIGHT FORELIMB CORONET
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGIANS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form for not more than

offense and may result in a fine of not more than \$10,000 or imprisonment both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0082467

1. ACCESSION NUMBER

ACL. 17021

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING

- Market
- Change of Ownership
- Retest
- Show
- First Test
- Export

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

N/A

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

1167

6. TEST TYPE

- ELISA
- AGID

Zip Code

Tel No.

County

8. NAME AND ADDRESS OF OWNER (Please print or type)

DENNIS CHAVEZ
@ S/W LIVESTOCK AUCTION
LOS LURAB, NM

Zip Code

Tel No.

County

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

C.Y. BRASHER DVM
5900 JONES PLACE NW
ALBUQUERQUE, NM

Zip Code 87120

Tel No. (505) 610-4711

County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

(b)(6)

11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASHER DVM.

12. SIGNATURE DATE

8/30/11

CERTIFICATION OF OWNER OR OWNER'S AGENT


I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT

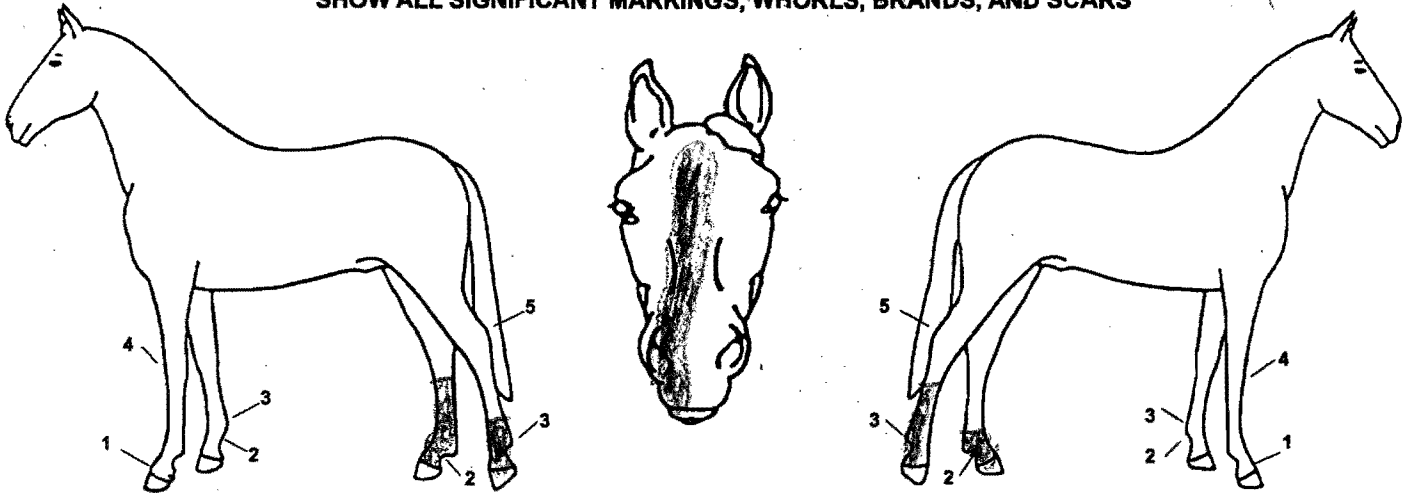
(b)(6)

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	17. Official Tag No.	18. Tattoo/T	19. Name of Horse 981100002608842 	20. Color Sorrel	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 3y F	24. Sex M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Soch	30. RIGHT HINDLIMB Soch

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form for not more

offense and may result in a fine of not more than \$10,000 or Imprisonment or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0082468

1. ACCESSION NUMBER

ACL. 17022

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING

- Market Change of Ownership Retest Export
- Show First Test

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

S/A

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

1167

6. TEST TYPE

- ELISA
 AGID

Zip Code

Tel No.

County

8. NAME AND ADDRESS OF OWNER (Please print or type)

DENNIS CRAVEZ
@ S/W LIVESTOCK AUCTION
LOS LUNAS, NM

Zip Code

Tel No.

County

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

C.Y. BRASNER DVM
5900 JONES PLACE NW
ALBUQUERQUE, NM

Zip Code 87120

Tel No. (505)610-4711

County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

(b)(6)

11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASNER DVM.

12. SIGNATURE DATE

8/30/11

CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

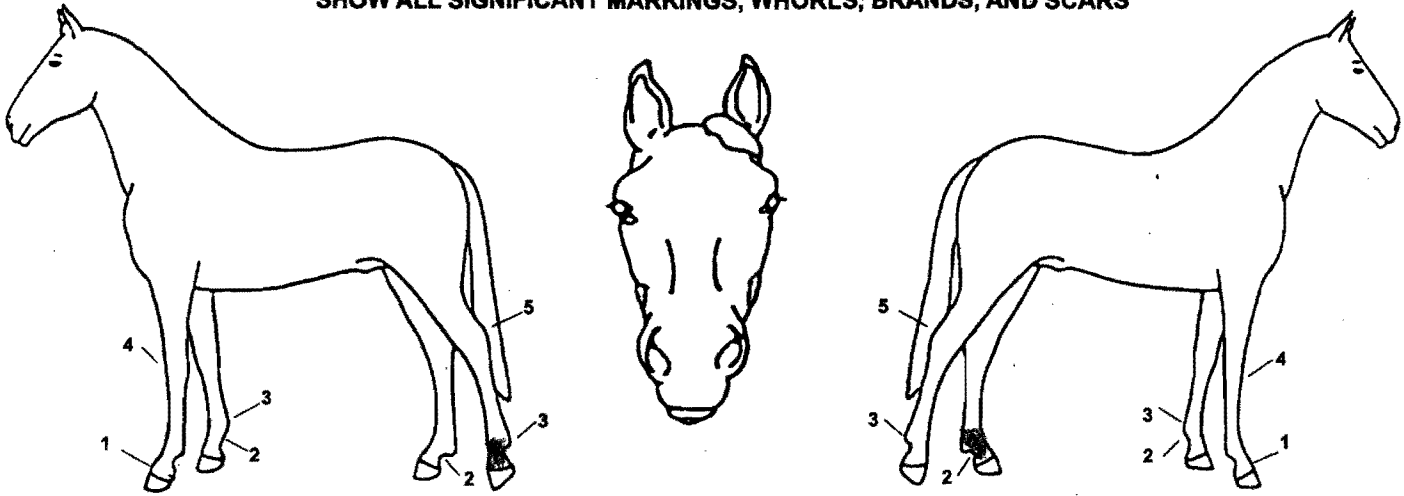
13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
			981100002593004 Exp. 2014-05	Black	QH		3yM		

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Socks	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGIANS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form for not more than 5 years is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

Falsification of this form or knowingly using a falsified form for not more than 5 years is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. R0082469	1. ACCESSION NUMBER <i>ACL. 17023</i>	2. DATE BLOOD DRAWN 8/30/11
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code Tel No. County	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ 6 S/W LIVESTOCK AUCTION 1000 LUNAN, AL		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHEK DVM 5900 JONES PLACE NW ALBUQUERQUE, NM	
Zip Code Tel No. County		Zip Code 87120 Tel No. (505)616-4711 County BERNALLILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify that the specimens submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHEK DVM.	12. SIGNATURE DATE 8/30/11
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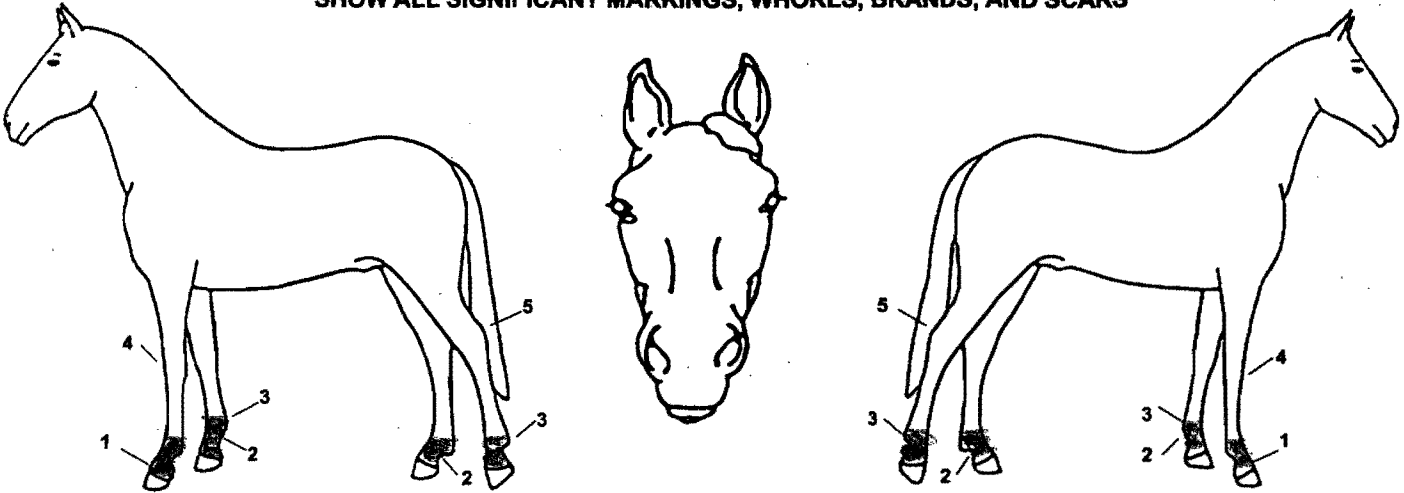
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tatt	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	25. <input checked="" type="checkbox"/> M - Male <input type="checkbox"/> F - Female <input type="checkbox"/> G - Gelding <input type="checkbox"/> N - Neuter
			981100002805032 	Bay	QH		5 y M		

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB <i>Sock</i>	28. RIGHT FORELIMB <i>Sock</i>
29. LEFT HINDLIMB <i>Sock</i>	30. RIGHT HINDLIMB <i>Sock</i>

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGERS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form for not more than \$10,000 or imprisonment for not more than 1 year or both (U.S.C. Section 1001).

Falsification of this form or knowingly using a falsified form for not more than \$10,000 or imprisonment for not more than 1 year or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)		SERIAL NO. R 0082470	1. ACCESSION NUMBER <i>ACL. 17024</i>	2. DATE BLOOD DRAWN 8/30/11
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID		
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUKAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM		
Tel No. County		Tel No. County		Zip Code Zip Code

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
<i>(b)(6)</i>	C.Y. BRASLER DVM.	8/30/11

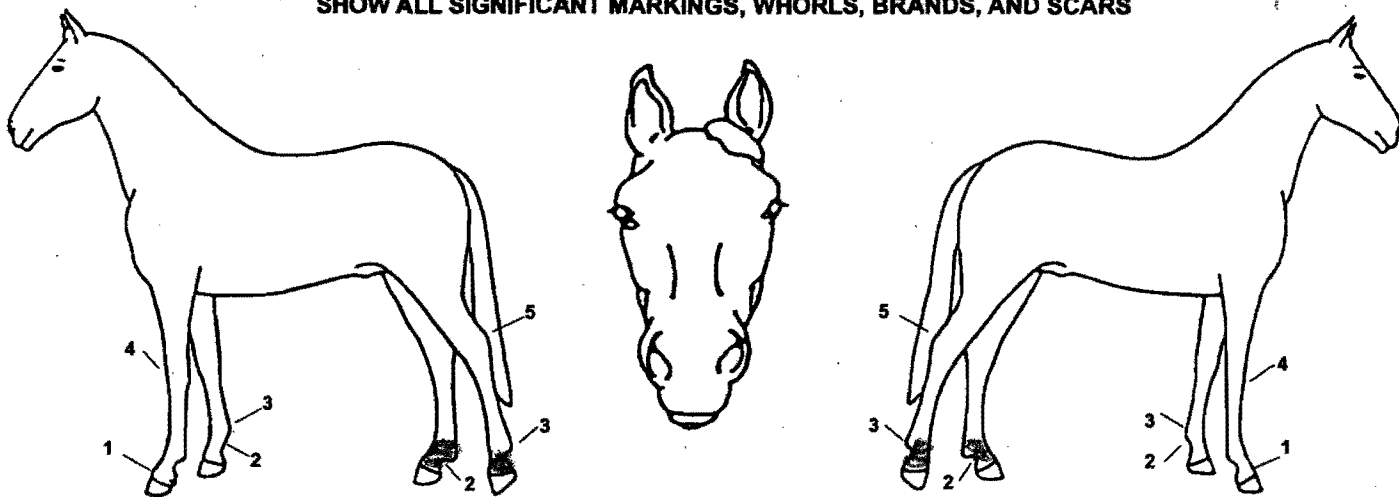
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
<i>(b)(6)</i>		

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
				Bay	QH		3 Y M	<input checked="" type="checkbox"/> M - Male <input type="checkbox"/> F - Female <input type="checkbox"/> G - Gelding <input type="checkbox"/> N - Neuter
			981100002596199 Exp. 2014-05					

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB <i>Sock</i>	30. RIGHT HINDLIMB <i>Sock</i>

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGERS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0082471

1. ACCESSION NUMBER

ACL 17025

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W LIVESTOCK AUCTION LOS LUNAS, NM			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM		
Tel No.		Zip Code		Tel No.	
				County	
				County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERATED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM.	12. SIGNATURE DATE 8/30/11
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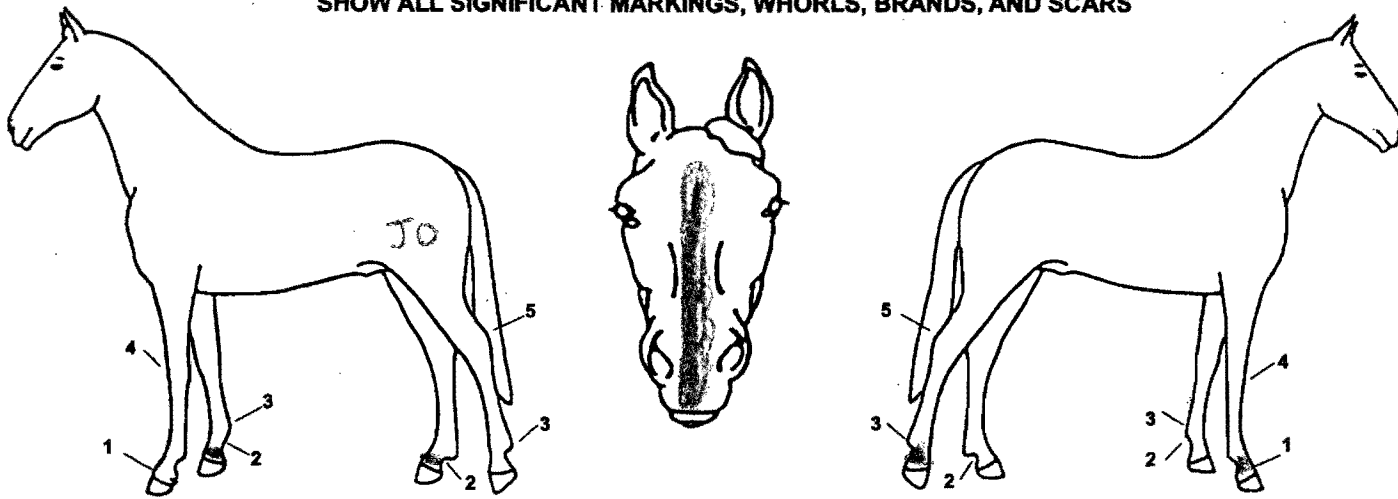
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002597921	20. Color grey	21. Breed QN	22. Electronic I.D. No.	23. Age or DOB 3yr	24. Sex <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Gelding <input type="checkbox"/> Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip	26. OTHER MARKS AND BRANDS JO L/H
27. LEFT FORELIMB	26. RIGHT FORELIMB Sook
29. LEFT HINDLIMB	30. RIGHT HINDLIMB Sook

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 1 year or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0082472

1. ACCESSION NUMBER

ACL. 17026

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NE			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM		
Tel No.		County		Zip Code 87120	
Tel No.		County		Tel No. 5057610-4711	
				County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN
I, (b)(6) certify that the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

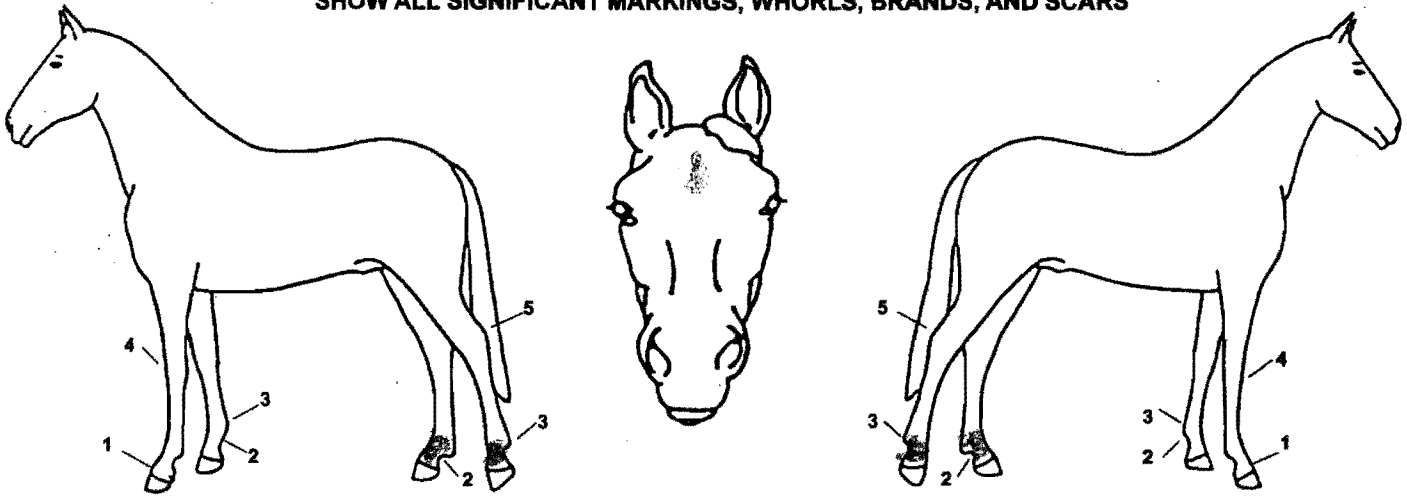
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM.	12. SIGNATURE DATE 8/30/11
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CERTIFICATION OF OWNER OR OWNER'S AGENT
I, (b)(6) have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse 981100002595399	20. Color Bay	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 2 Y	24. Sex F	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAN	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Suck	30. RIGHT HINDLIMB Suck

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NE	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0082473

1. ACCESSION NUMBER

ACC. 17027

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING

- Show First Test
 Market Change of Ownership Retest Export

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

N/A

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

1167

6. TEST TYPE

- ELISA
 AGID

Zip Code

Tel No.

County

8. NAME AND ADDRESS OF OWNER (Please print or type)

DANNIS CHAVEZ
C S/W LIVESTOCK AUCTION
LOS LUNAS, NM

Zip Code

Tel No.

County

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

C.Y. BRASHER DVM
5900 JONES PLACE NW
ALBUQUERQUE, NM

Zip Code 87120

Tel No. (505) 610-4711

County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

(b)(6)

11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASHER DVM.

12. SIGNATURE DATE

8/30/11


CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

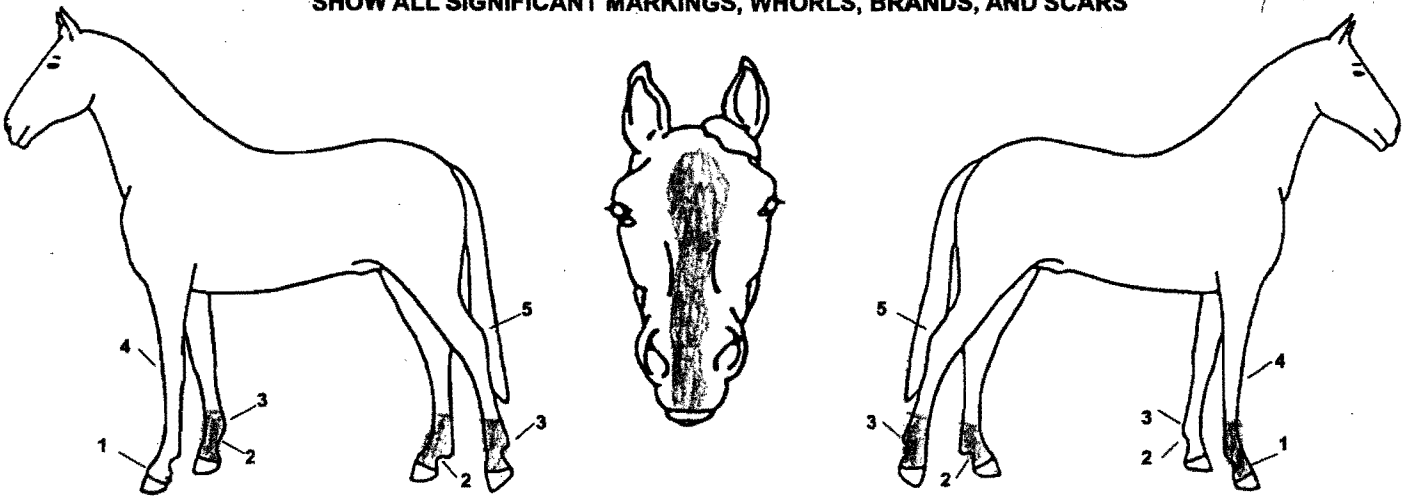
13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002610026	20. Color gray Kobon	21. Breed QN	22. Electronic I.D. No.	23. Age or DOB 2 1/2	24. Sex F	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB Socks
29. LEFT HINDLIMB Socks	30. RIGHT HINDLIMB Socks

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGERS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is an offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **R 0082474**
1. ACCESSION NUMBER **ACL 17028**
2. DATE BLOOD DRAWN **8/30/11**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM	
Tel No. County		Tel No. County	
Tel No. County		Tel No. County	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM.	12. SIGNATURE DATE 8/30/11
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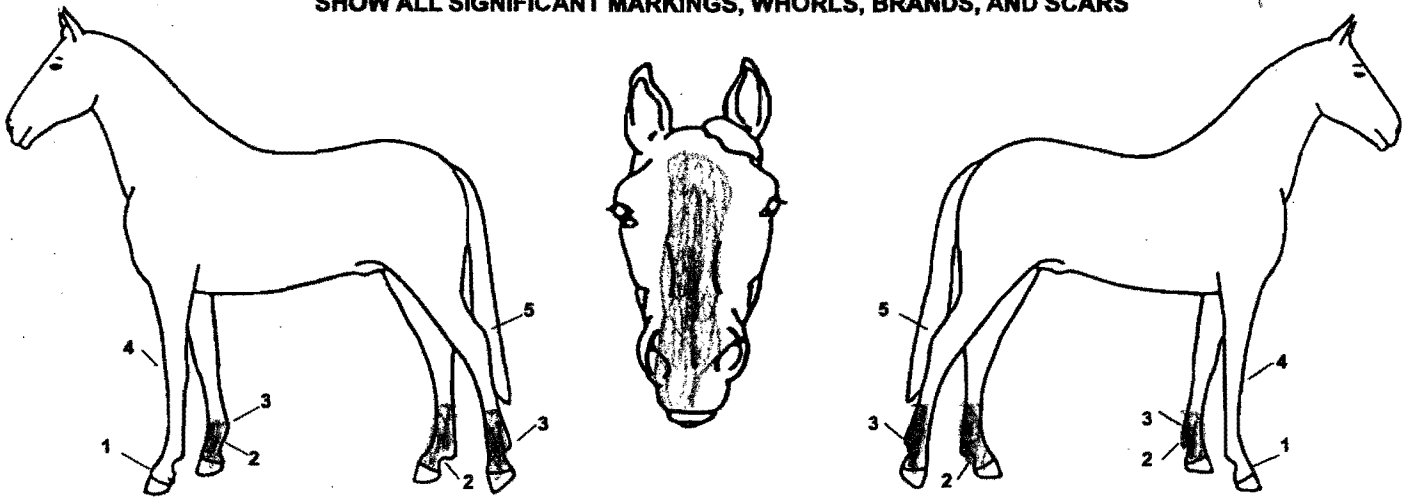
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002596641	20. Color Sorrel	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 7 y M	24. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gelding <input type="checkbox"/> Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB Sock
29. LEFT HINDLIMB Sock	30. RIGHT HINDLIMB Sock

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form for not more than 5 years is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0082475

1. ACCESSION NUMBER

AGL 17029

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING

- Show First Test
 Market Change of Ownership Retest Export

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

N/A

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

1167

6. TEST TYPE

- ELISA
 AGID

Zip Code

Tel No.

County

8. NAME AND ADDRESS OF OWNER (Please print or type)

BERNALS CHAVEZ
@ S/W LIVESTOCK AUCTION
LOS LUNAS, NM

Zip Code

Tel No.

County

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

C.Y. BRASNER DVM
5900 JONES PLACE NW
ALBUQUERQUE, NM

Zip Code

87120

Tel No. (505) 610-4711

County

BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

(b)(6)

FEDERALLY ACCREDITED VETERINARIAN

11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASNER DVM.

12. SIGNATURE DATE

8/30/11

CERTIFICATION OF OWNER OR OWNER'S AGENT


I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT

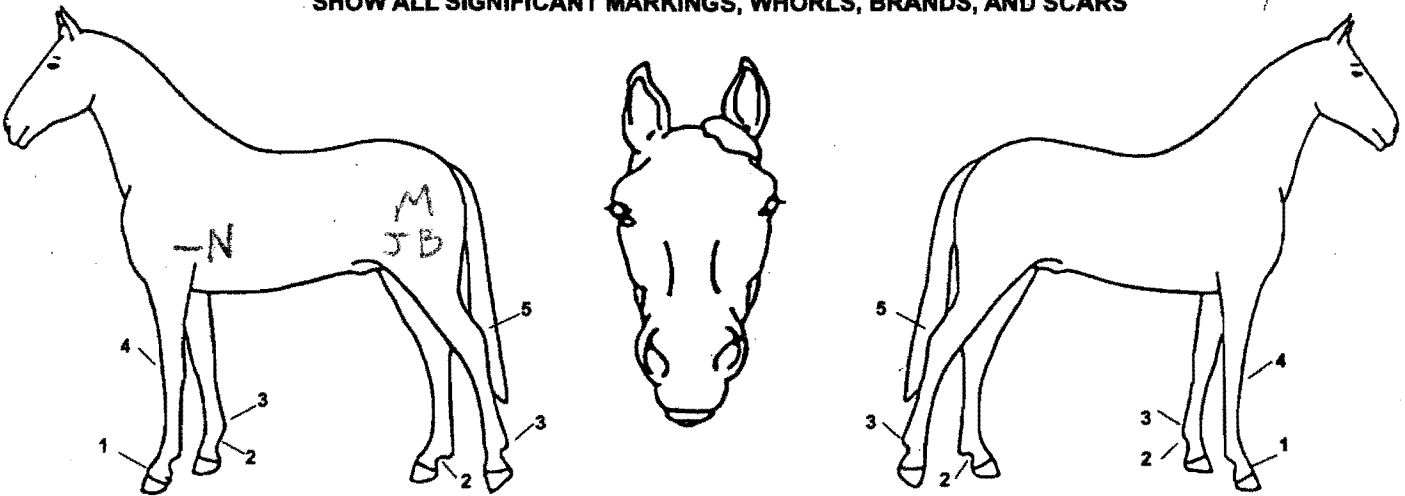
OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19.  981100002608892	20. Color B/LK SKN	21. Breed QN	22. Electronic I.D. No.	23. Age or DOB 10y6	24. Sex G	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS -N L/S M JB L/H
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGIAS LAL ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF VETERINARIAN (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form for not more

than one year is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0082476

1. ACCESSION NUMBER

ACL. 17030

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code	
8. NAME AND ADDRESS OF OWNER (Please print or type) DERRIS CHAVEZ c/ S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM	
Tel No.		Tel No. (505) 610-4711	
County		County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM.	12. SIGNATURE DATE 8/30/11
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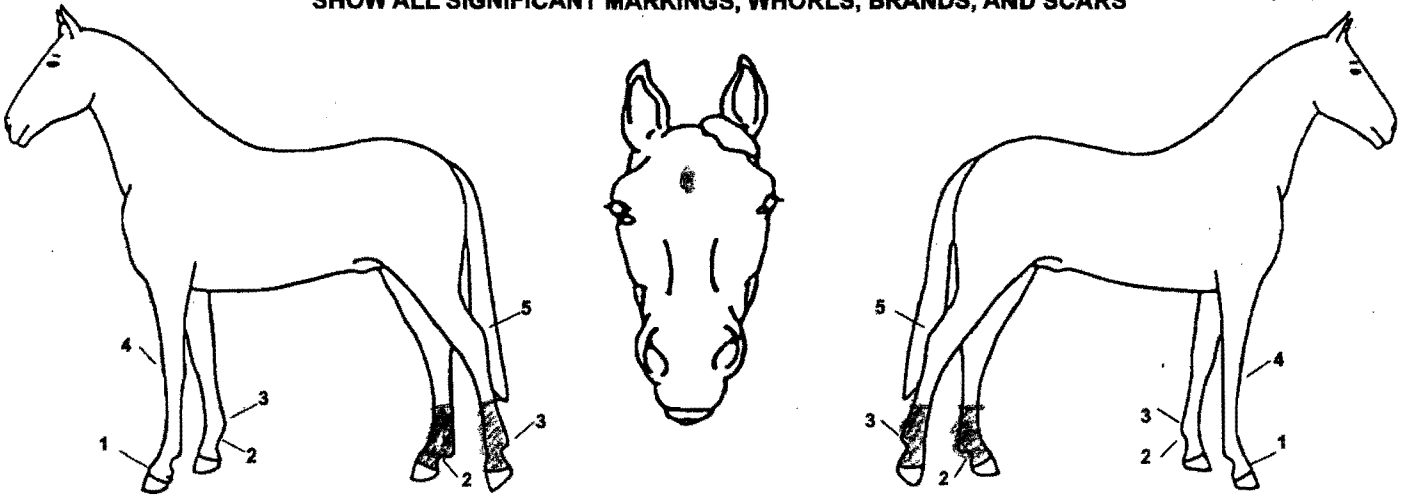
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002597329	20. Color Palomino	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 2 Y/F	24. Sex F - Female	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STON	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Soc	30. RIGHT HINDLIMB Soc

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **R0082477**
1. ACCESSION NUMBER **ACL 17031**
2. DATE BLOOD DRAWN **8/30/11**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVLZ 6 S/W LIVESTOCK AUCTION LOS LUNAS, NM			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM		
Tel No.		Zip Code		County	
Tel No.		Zip Code		County	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM.	12. SIGNATURE DATE 8/30/11
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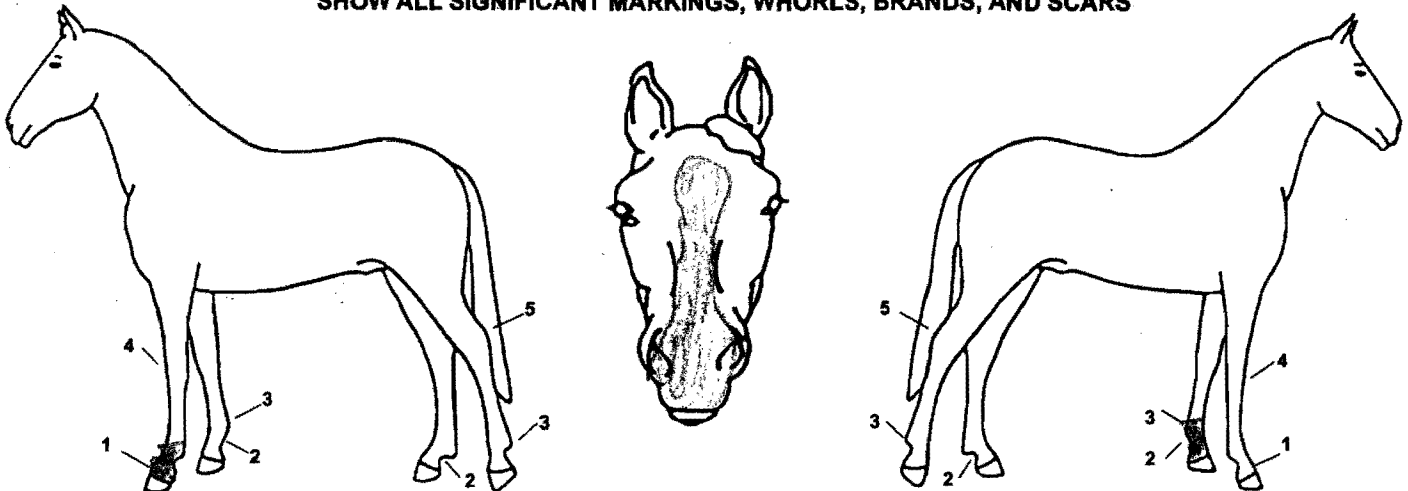
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002604684	20. Color Dun	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 10y 6	24. Sex <input checked="" type="checkbox"/> G - Gelding <input type="checkbox"/> M - Male <input type="checkbox"/> F - Female <input type="checkbox"/> N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB Soch	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R0082478

1. ACCESSION NUMBER

ACL 1703Z

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM	
Tel No. County		Tel No. County	
Zip Code		Zip Code 87120	
Tel No. County		Tel No. (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM.	12. SIGNATURE DATE 8/30/11
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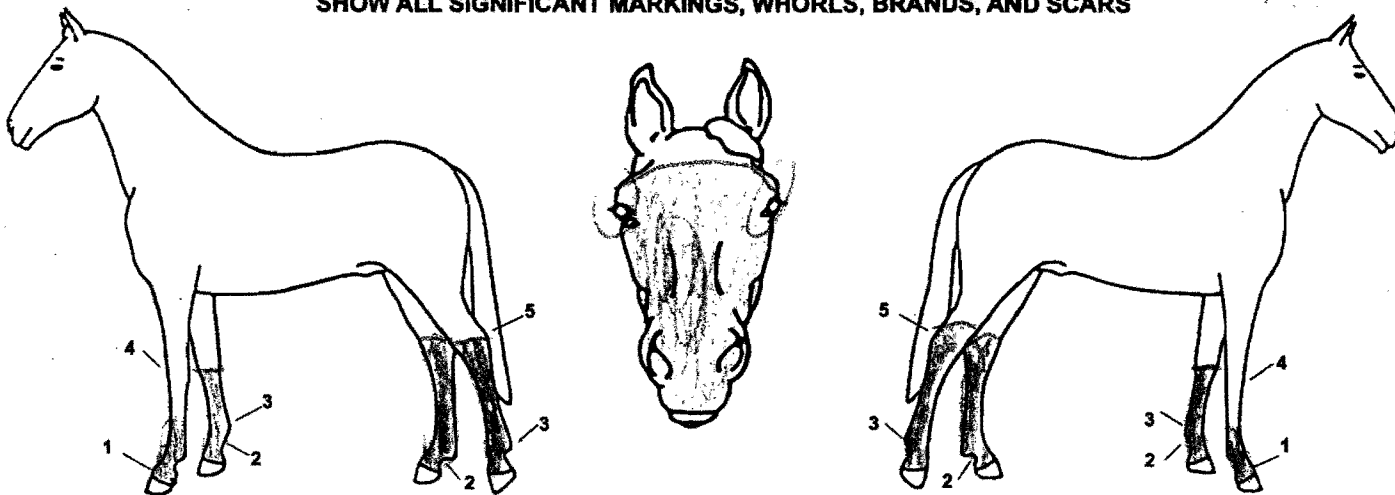
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Barcode 981100002698123	20. Color Sorrel	21. Breed Quarter Horse	22. Electronic I.D. No.	23. Age or DOB 3 1/2 M	24. Sex M - Male
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Bald face	26. OTHER MARKS AND BRANDS Blue eyes
27. LEFT FORELIMB Socks	28. RIGHT FORELIMB Socks
29. LEFT HINDLIMB Socks	30. RIGHT HINDLIMB Socks

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R0082479

1. ACCESSION NUMBER

ACL 17033

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		8. NAME AND ADDRESS OF OWNER (Please print or type) DEANIS CHAVEZ @ S/W LIVESTOCK AUCTION TOD LUNAS, NM Zip Code Tel No. County	
9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASNER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM Tel No. 505)610-4711		Zip Code 87120 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that the information submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASNER DVM.	12. SIGNATURE DATE 8/30/11
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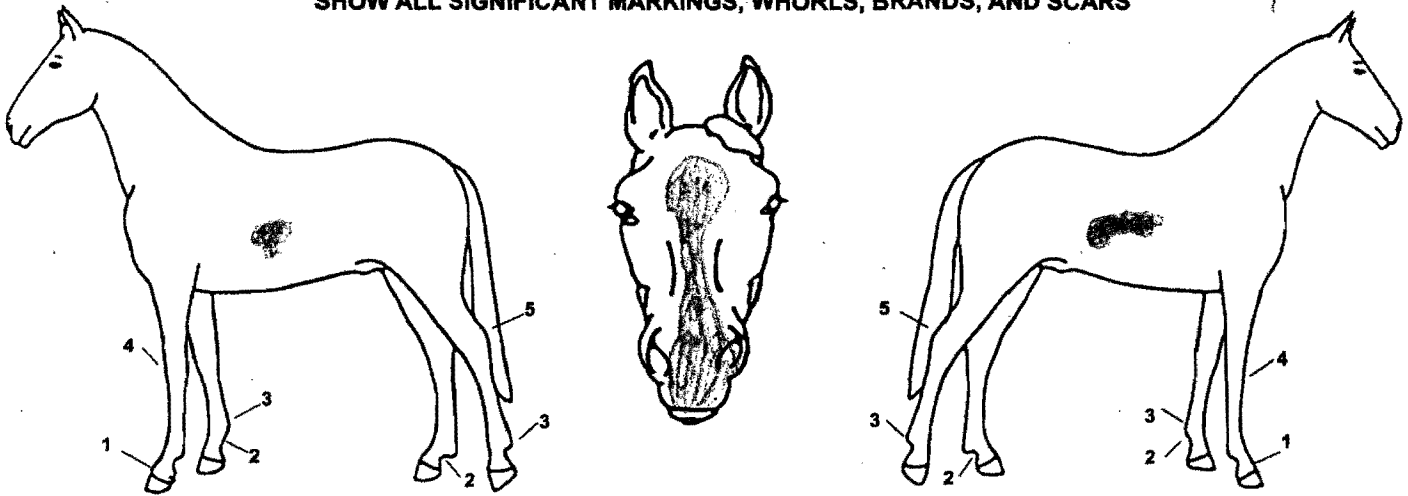
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse 981100002599253	20. Color Bay	21. Breed Paint	22. Electronic I.D. No.	23. Age or DOB 2yr	24. Sex F - Female	M - Male G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

Point

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **R 0082480**
1. ACCESSION NUMBER **ACL. 17034**
2. DATE BLOOD DRAWN **8/30/11**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) JENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM		
Tel No.		Zip Code		Tel No. (505) 610-4711	
County		County		Zip Code 87120	
County		County		County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM.		12. SIGNATURE DATE 8/30/11	
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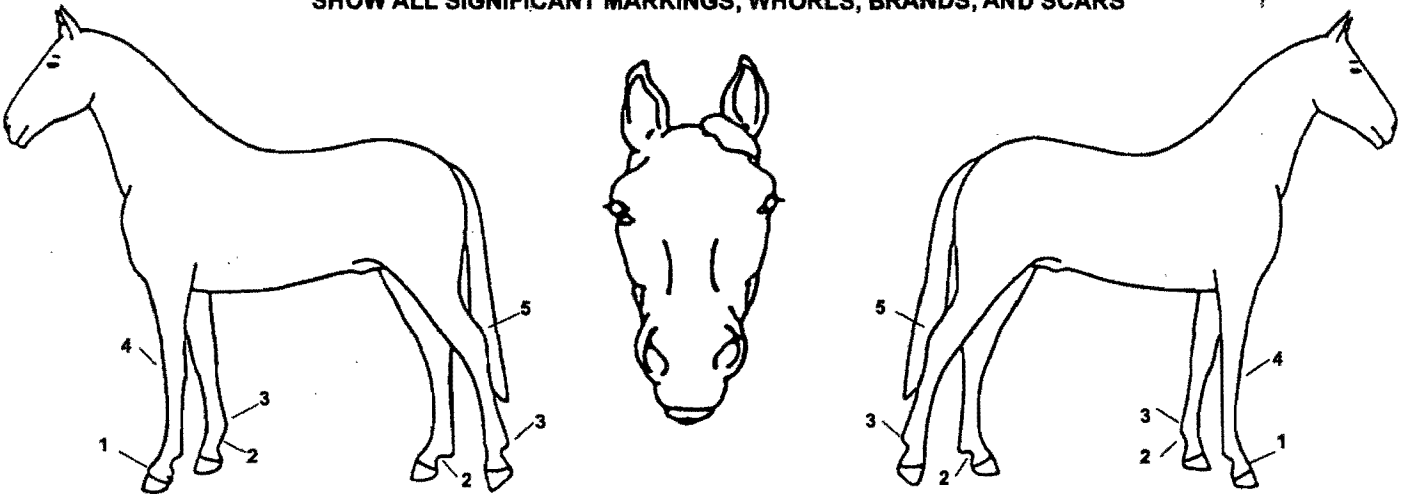
CERTIFICATION OF OWNER OR OWNER'S AGENT

I examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT			14. TYPE OR PRINT SIGNATURE NAME			15. SIGNATURE DATE		
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002608522	20. Color Brown	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 10y 6	24. Sex G	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD		26. OTHER MARKS AND BRANDS	
27. LEFT FORELIMB		28. RIGHT FORELIMB	
29. LEFT HINDLIMB		30. RIGHT HINDLIMB	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGIERS LAB ALBUQUERQUE, NM		32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA	
36. SIGNATURE (b)(6)		35. REMARKS			

Falsification of this form or knowingly using a falsified form for not more

offense and may result in a fine of not more than \$10,000 or imprisonment or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. R0082481	1. ACCESSION NUMBER AGL. 17035	2. DATE BLOOD DRAWN 8/30/11
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM Zip Code			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO		

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM.	12. SIGNATURE DATE 8/30/11
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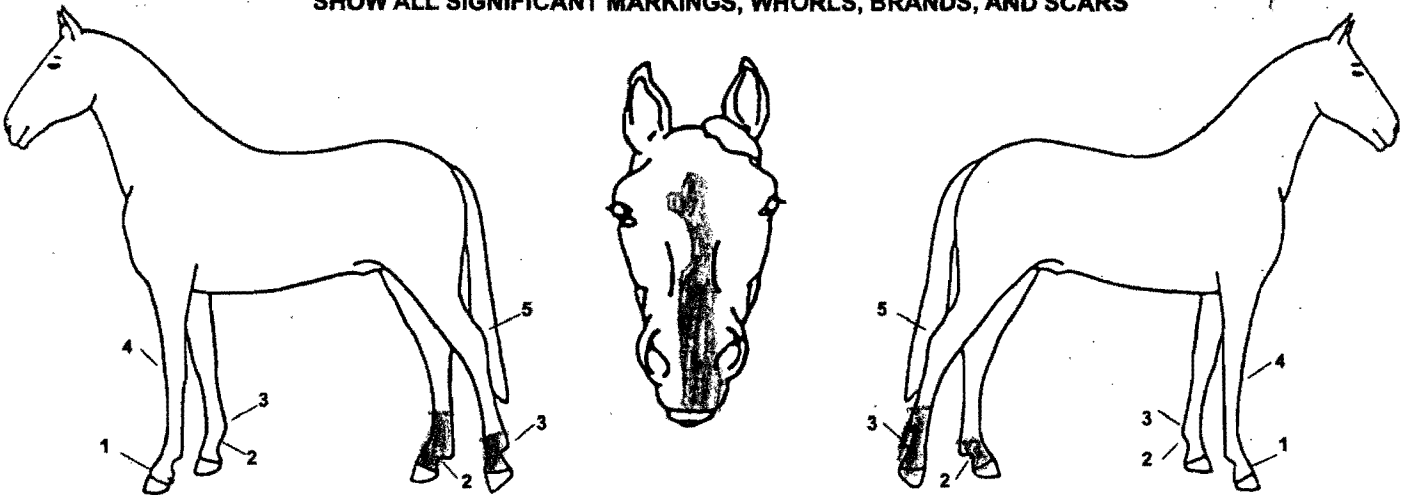
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tatto	19.  981100002600796	20. Color Sorrel	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 7y M	24. Sex M	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Sore	30. RIGHT HINDLIMB Sore

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COUGLINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than one year or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **R0082482**
1. ACCESSION NUMBER **ACL 17036**
2. DATE BLOOD DRAWN **8/30/11**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ B/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM	
Tel No. _____ County _____		Tel No. (505) 610-4711 County BERNALLILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM.	12. SIGNATURE DATE 8/30/11
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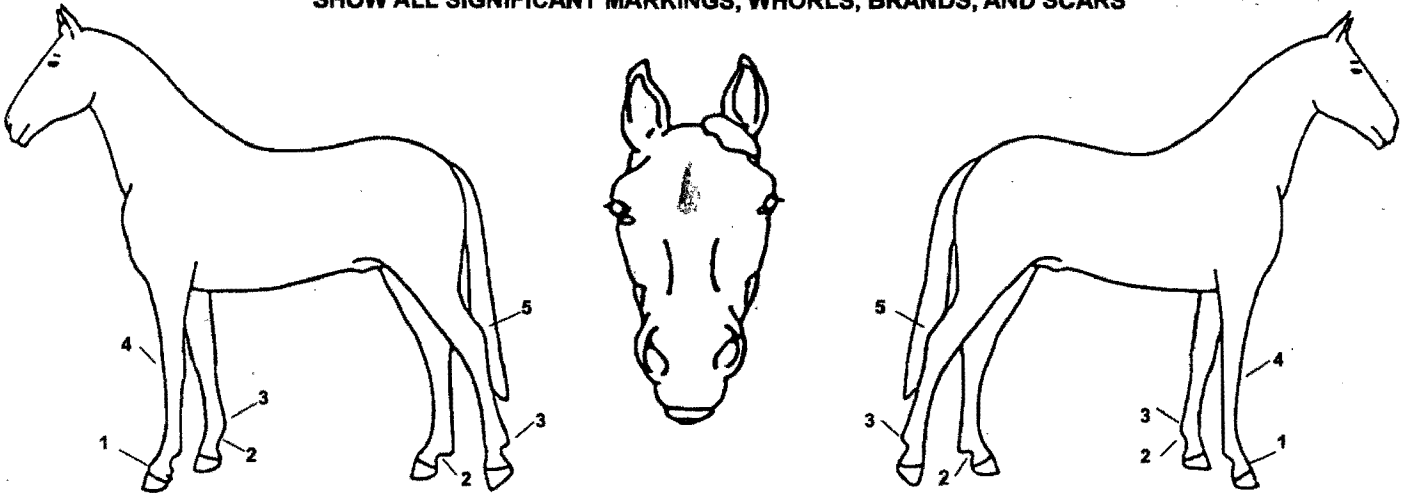
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT I	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

18. Tube No.	17. Official Tag No.	16. Tattoo/Brand	19. Name of Horse  981100002602938	20. Color Dark Bay	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 2y	24. Sex F	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STON	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is an offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0082483

1. ACCESSION NUMBER

ACL 17037

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Relest <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		Zip Code	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM	
Tel No.		Tel No. (505) 610-4711	
County		County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM.	12. SIGNATURE DATE 8/30/11
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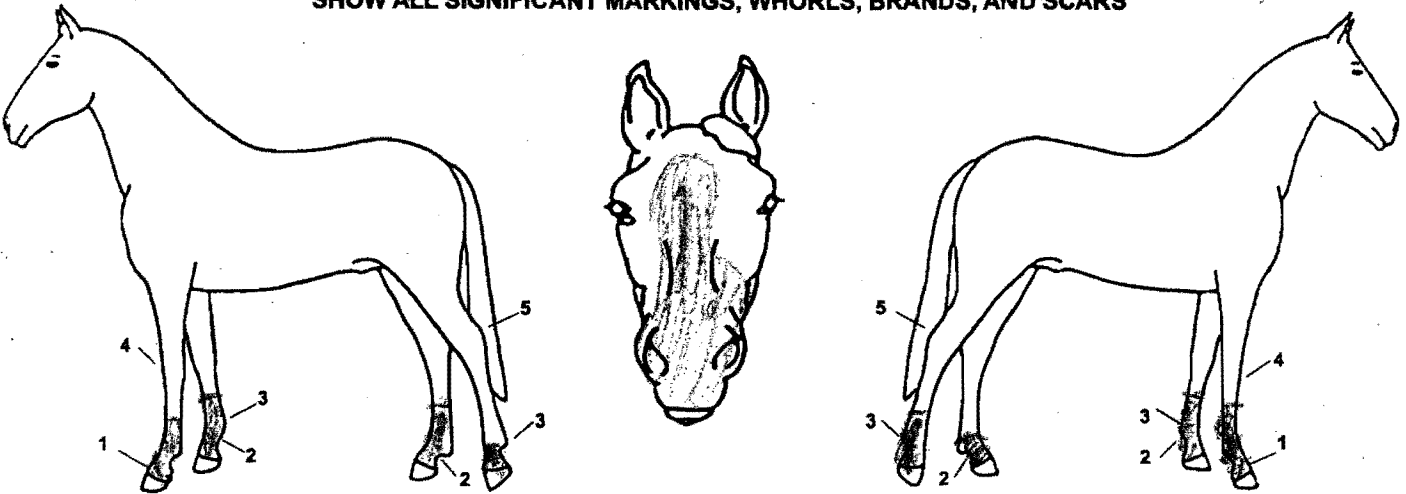
CERTIFICATION OF OWNER OR OWNER'S AGENT

I, the undersigned, have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse 981100002594297 Exp. 2014-05	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB 6/6	24. Sex G - Gelding	M - Male F - Female N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Bald face	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB Socks	28. RIGHT FORELIMB Socks
29. LEFT HINDLIMB Socks	30. RIGHT HINDLIMB Socks

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form for not more

offense and may result in a fine of not more than \$10,000 or imprisonment both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0082484

1. ACCESSION NUMBER

ACT. 17038

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W LIVESTOCK AUCTION LOS LUNAS, NM Tel No. _____ County _____			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM Tel No. (505) 610-4711 Zip Code 87120 County BERNALILLO		

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM.	12. SIGNATURE DATE 8/30/11
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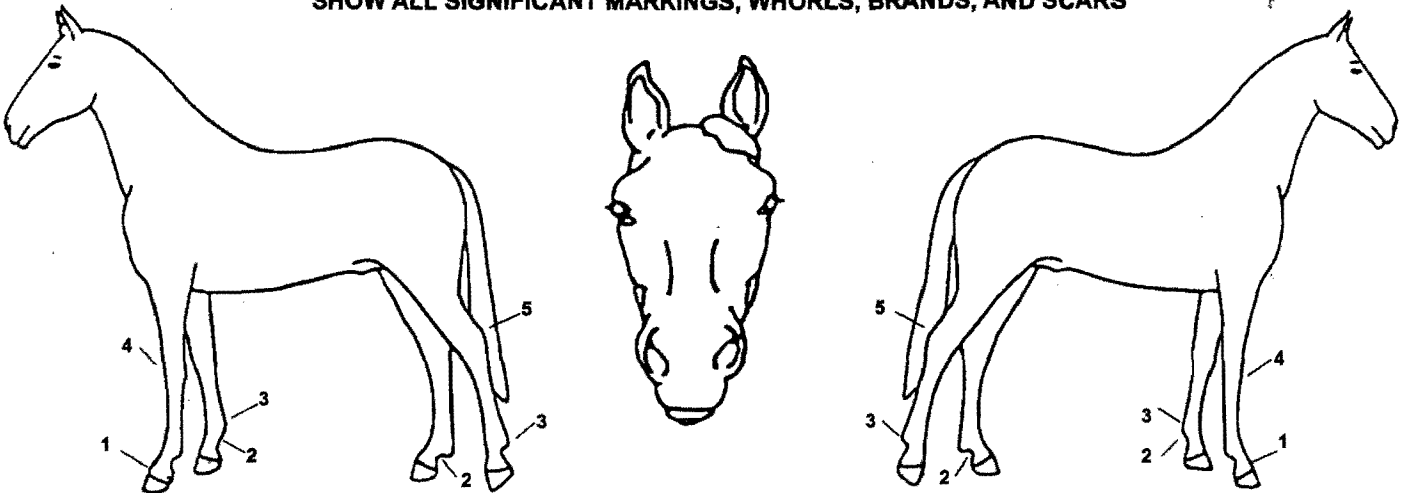
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse 981100002590923	20. Color Bay	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 7y M	24. Sex M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST**
(VS Memorandum 555.16)

SERIAL NO.

R0082485

1. ACCESSION NUMBER

AGI.17039

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS GRAVEZ c/o S/W LIVESTOCK AUCTION LOS LUNAS, NM			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASKER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM		
Tel No.		County		Zip Code 87120	
Tel No.		County		Tel No. 505/610-4711	
				County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASKER DVM.		12. SIGNATURE DATE 8/30/11	
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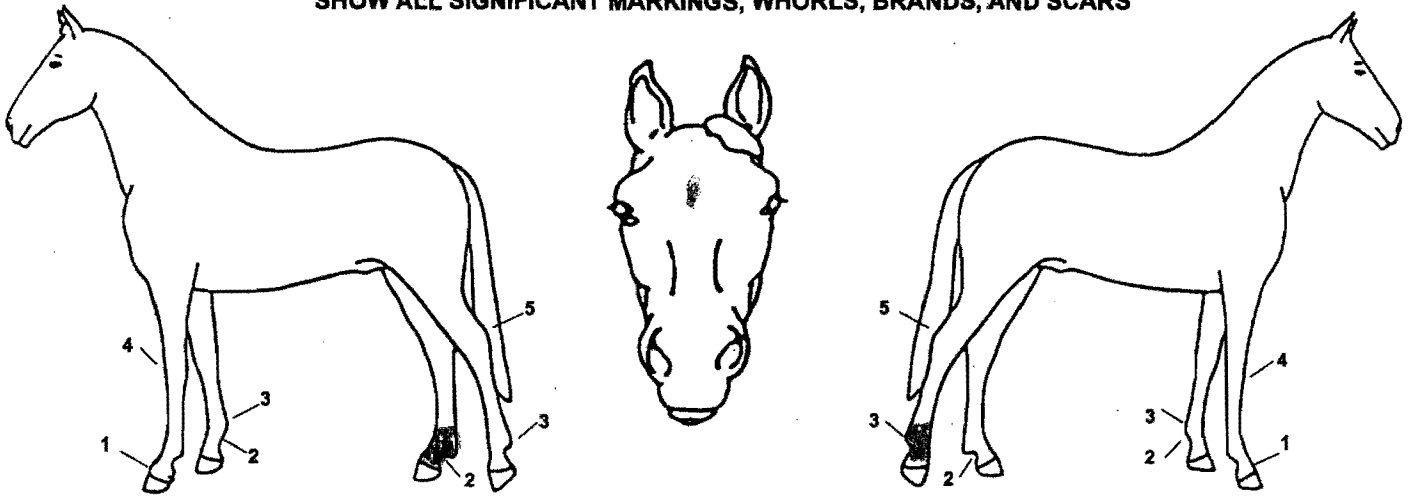
CERTIFICATION OF OWNER OR OWNER'S AGENT

examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE	
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002601840	20. Color Solid	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 5YM	24. Sex <input checked="" type="checkbox"/> M - Male <input type="checkbox"/> F - Female <input type="checkbox"/> G - Gelding <input type="checkbox"/> N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAR		26. OTHER MARKS AND BRANDS	
27. LEFT FORELIMB		28. RIGHT FORELIMB	
29. LEFT HINDLIMB		30. RIGHT HINDLIMB Solid	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM		32. DATE RECEIVED 8/30/11		33. DATE REPORTED OUT 8/30/11		34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA	
36. SIGNATURE OF TESTER (b)(6)		35. REMARKS					

Falsification of this form or knowingly using a falsified form is an offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **R0082486**
1. ACCESSION NUMBER **ACL 17046**
2. DATE BLOOD DRAWN **8/30/11**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM	
Tel No. _____ County _____		Tel No. (505) 610-4711 Zip Code 87120 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM.	12. SIGNATURE DATE 8/30/11
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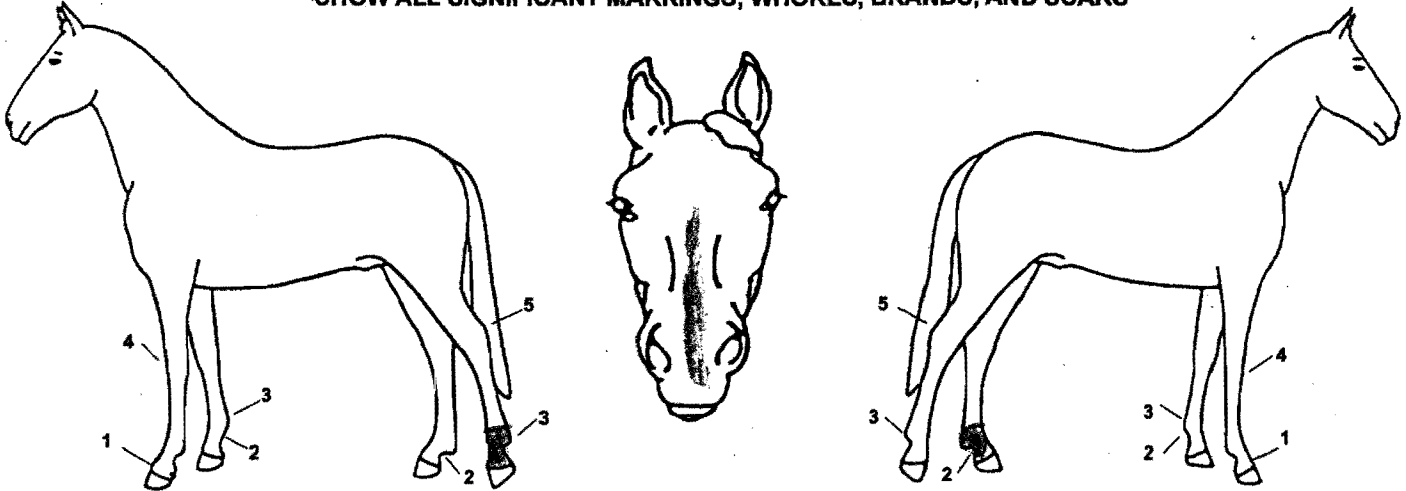
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/E  981100002596616	19. Name of Horse	20. Color Bay	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 4y6	24. Sex <input checked="" type="checkbox"/> M - Male <input type="checkbox"/> F - Female <input type="checkbox"/> G - Gelding <input type="checkbox"/> N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Soch	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGNINE LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. R0082487	1. ACCESSION NUMBER ACL.17041	2. DATE BLOOD DRAWN 8/30/11
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test	7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W LIVESTOCK AUCTION LOS LUNAS, NM	9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM
Zip Code Tel No. County	Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM.	12. SIGNATURE DATE 8/30/11
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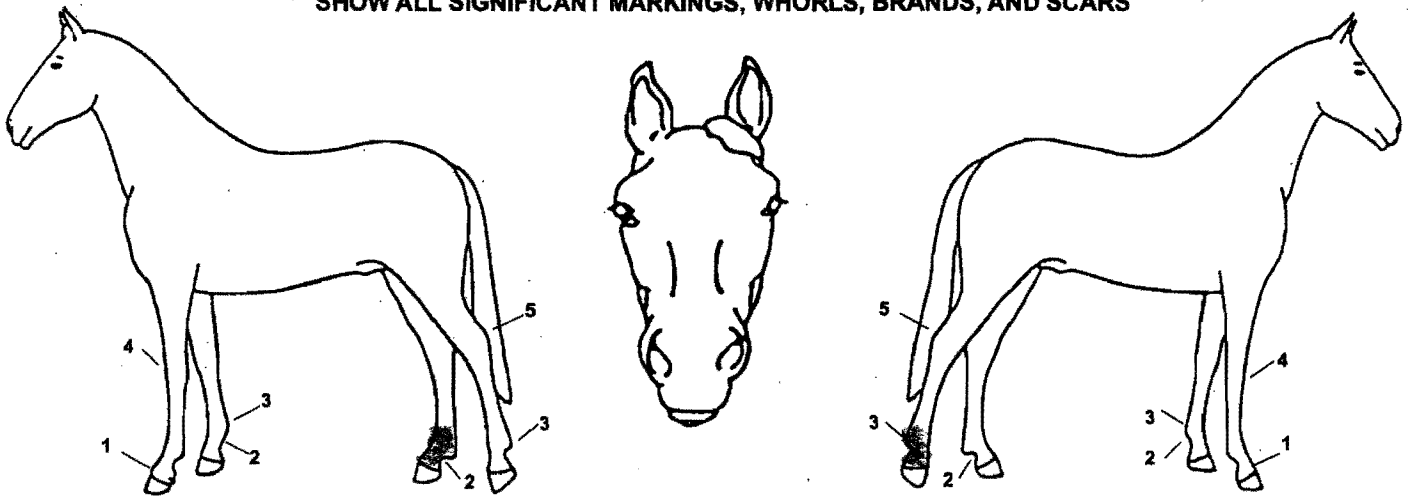
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002808968	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
				Red	QH		4y6		

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB <i>Swch</i>

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAL ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified for not more

offense and may result in a fine of not more than \$10,000 or imprisonment or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. R 0082488	1. ACCESSION NUMBER <i>ACL 1704Z</i>	2. DATE BLOOD DRAWN 8/30/11
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) B/R	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code Tel No. County	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM Zip Code Tel No. County		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASNER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM Zip Code 87120 Tel No. (505) 670-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASNER DVM.	12. SIGNATURE DATE 8/30/11
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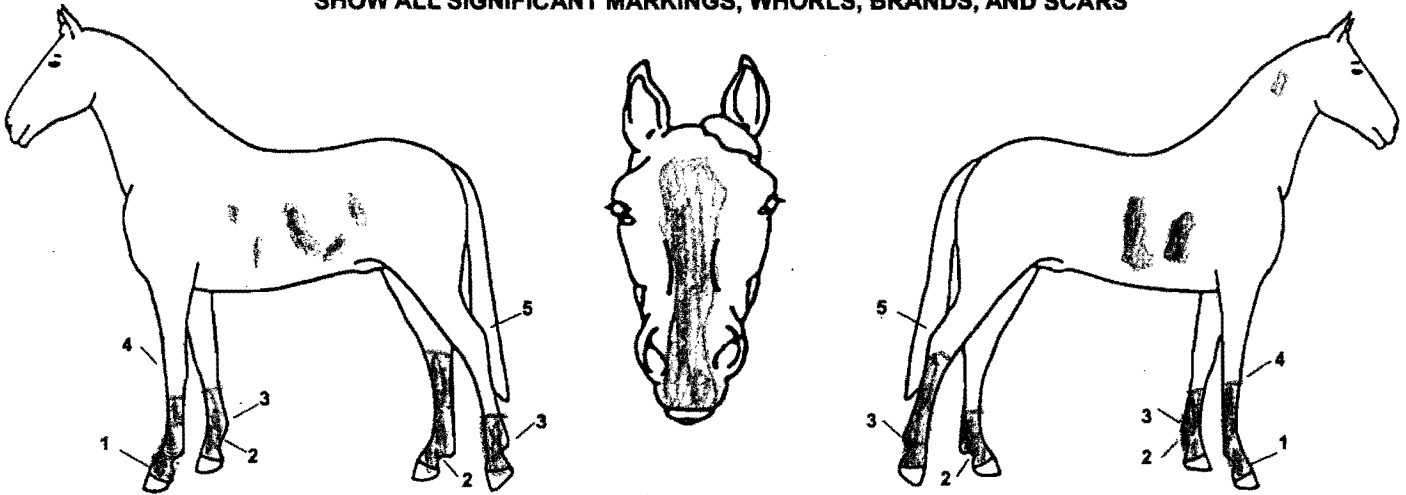
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify I examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
		 981100002592590		Palomino White Coat			3 y M	M	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD 27. LEFT FORELIMB 29. LEFT HINDLIMB	26. OTHER MARKS AND BRANDS 28. RIGHT FORELIMB 30. RIGHT HINDLIMB
--	--

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form for not more than 3 years of offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 1 year or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R0082489

1. ACCESSION NUMBER

ACL 17043

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING

- Market
- Change of Ownership
- Retest
- Export
- Show
- First Test

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

N/A

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

1167

6. TEST TYPE

- ELISA
- AGID

Zip Code

Tel No.

County

8. NAME AND ADDRESS OF OWNER (Please print or type)

DENNIS CHAVEZ
c/o S/W LIVESTOCK AUCTION
LOS LUNAS, NM

Zip Code

Tel No.

County

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

C.Y. BRASHER DVM
5900 JONES PLACE NW
ALBUQUERQUE, NM
Tel No. (505) 610-4711

Zip Code 87120

County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that the information submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

(b)(6)

D VETERINARIAN

11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASHER DVM

12. SIGNATURE DATE

8/30/11


CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

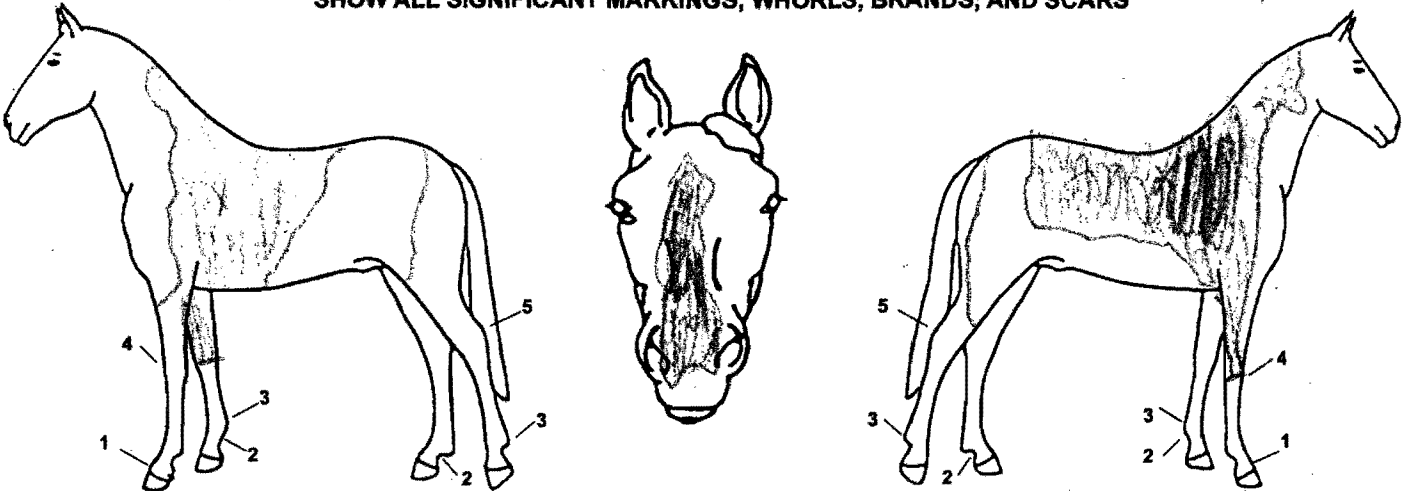
13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19.  981100002812763	20. Color White	21. Breed Paint	22. Electronic I.D. No.	23. Age or DOB 4y 6	24. Sex G	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

Point

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form for not more

than one year is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0082490

1. ACCESSION NUMBER

ACI. 17044

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CRAVEZ @ S/W LIVESTOCK AUCTION LOS LUKAS, NM Zip Code			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM. 5900 JONES PLACE NW ALBUQUERQUE, NM Zip Code 87170		
Tel No.		County		Tel No. (505) 610-4711	
				County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM.		12. SIGNATURE DATE 8/30/11	
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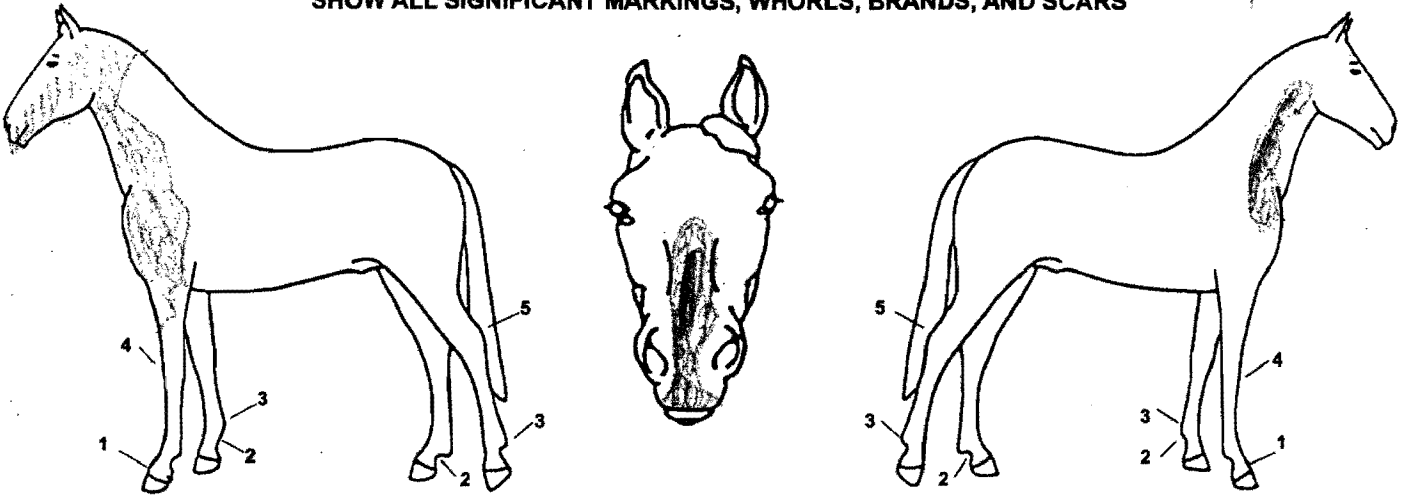
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT			14. TYPE OR PRINT SIGNATURE NAME			15. SIGNATURE DATE		
--	--	--	---	--	--	---------------------------	--	--

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
				Gray	Paint		5y 1	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM		32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF (b)(6)		35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R0082491

1. ACCESSION NUMBER

ACQ. 17045

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/ S/W LIVESTOCK AUCTION LOS TUNAS, NM Zip Code		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM Zip Code 87120	
Tel No.		Tel No. (505) 610-4711	
County		County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM.	12. SIGNATURE DATE 8/30/11
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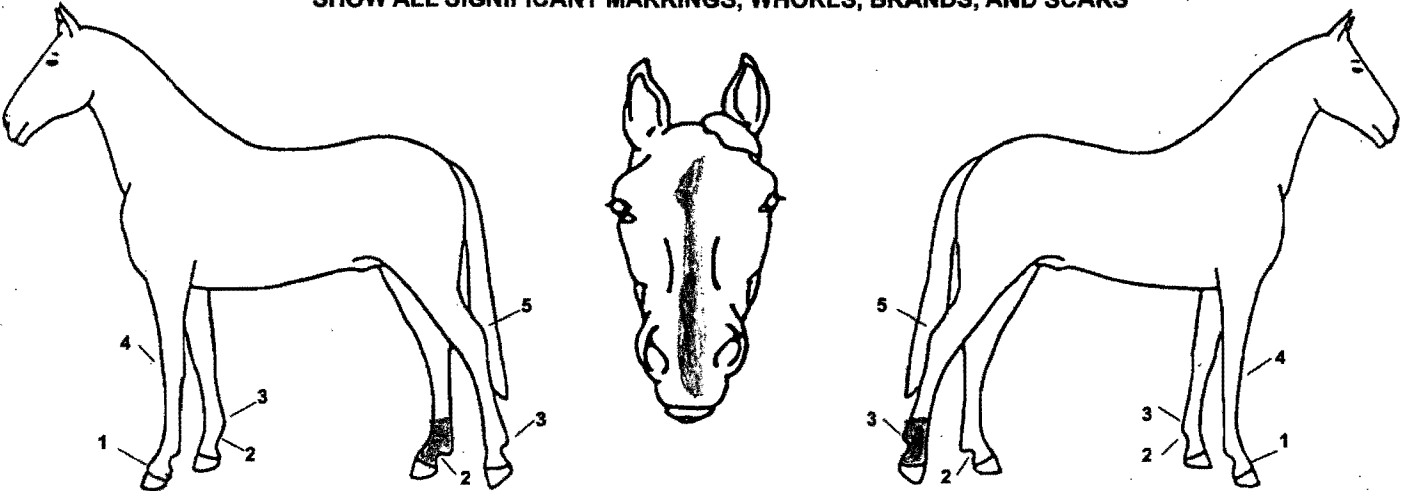
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand 981100002613759 	19. Name of Horse	20. Color Bay	21. Breed QN	22. Electronic I.D. No.	23. Age or DOB 3 y 6	24. Sex <input checked="" type="checkbox"/> M - Male <input type="checkbox"/> F - Female <input type="checkbox"/> G - Gelding <input type="checkbox"/> N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB Sock

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **R 0082494**
1. ACCESSION NUMBER **ACL 17048**
2. DATE BLOOD DRAWN **8/30/11**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASNER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM	
Tel No. _____ County _____		Tel No. (505) 610-4711 Zip Code 87120 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASNER DVM.	12. SIGNATURE DATE 8/30/11
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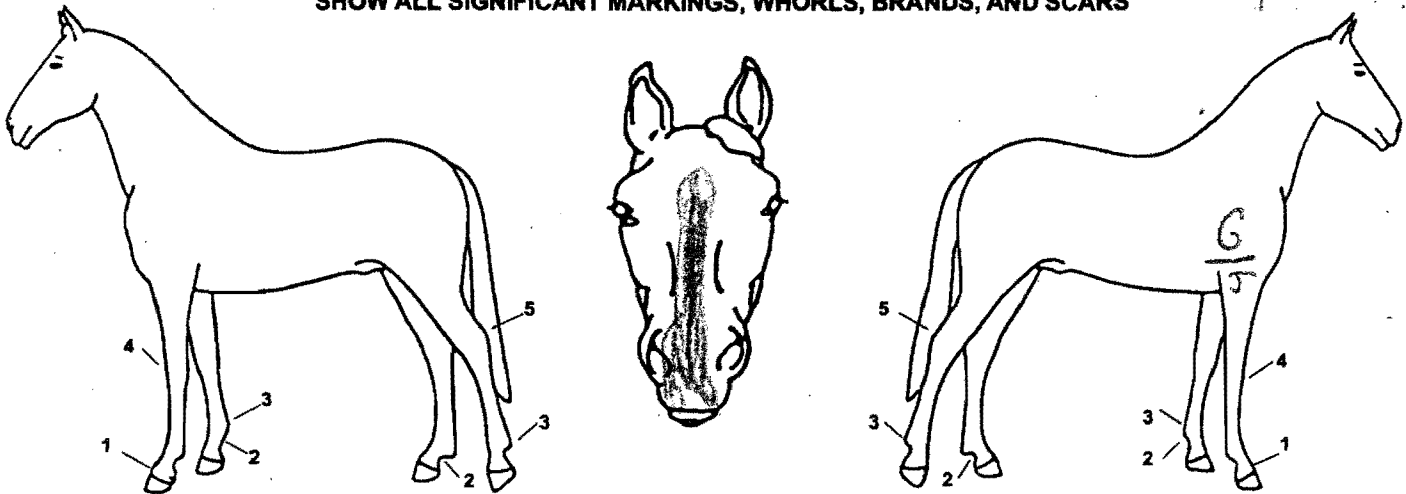
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo	19. Barcode 981100002593885	20. Color Dun	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 5y6	24. Sex G	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip	26. OTHER MARKS AND BRANDS G R/B
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE CUGGERS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0082495

1. ACCESSION NUMBER

AGL. 17049

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code
8. NAME AND ADDRESS OF OWNER (Please print or type) DERRIS CEAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5900 JONES PLACE SW ALBUQUERQUE, NM	
Tel No. County		Tel No. (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERATED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM.	12. SIGNATURE DATE 8/30/11
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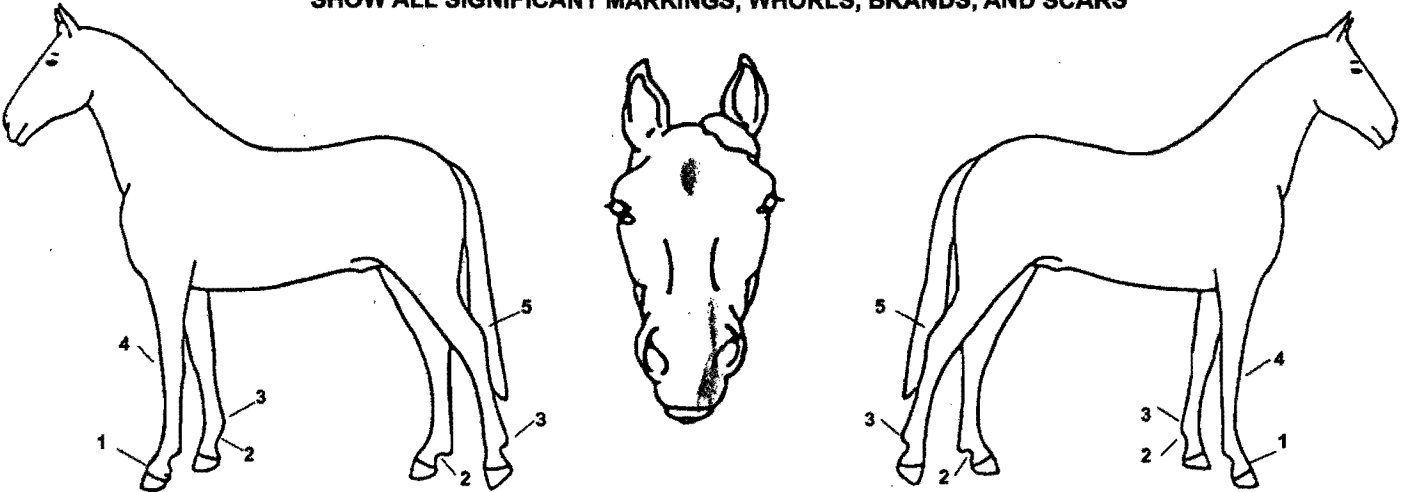
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tatt-Brand	19. Name of Horse 981100002614198 	20. Color Buck skin	21. Breed QN	22. Electronic I.D. No.	23. Age or DOB 3y6	24. Sex G	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Star Sing	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form for not more than \$10,000 or imprisonment or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0082492

1. ACCESSION NUMBER

ACL 17046

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export		<input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CRAVEZ # S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHEE DVM 5900 JONES PLACE, NW ALBUQUERQUE, NM		Tel No. County	
Tel No. County		Tel No. County		Tel No. County	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHEE DVM.	12. SIGNATURE DATE 8/30/11
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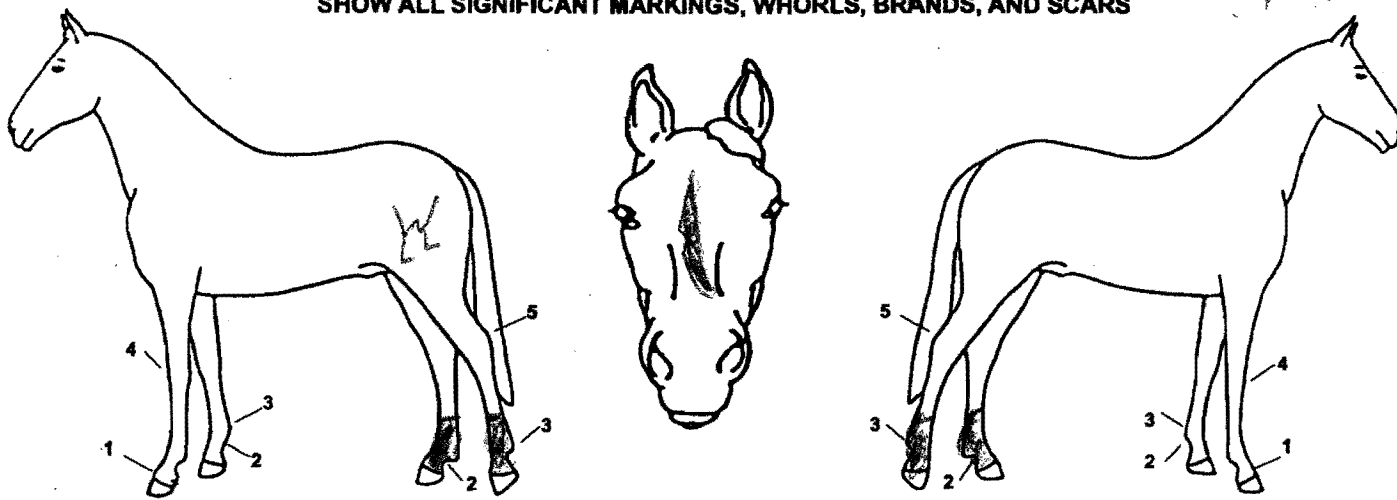
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Barcode 981100002600034 Exp. 2014-05	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	25. Gender
				Dark Bay	QH		4y M	Male	N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip	26. OTHER MARKS AND BRANDS W L L H
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Sore	30. RIGHT HINDLIMB Sore

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE VOGEL'S LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form for not more

than one year is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0082493

1. ACCESSION NUMBER

ACL 17047

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code Tel No. County	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/R LIVESTOCK AUCTION LOS LUNAS, NM Zip Code Tel No. County		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BEASMER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FED (b)(6) TED VETERINARIAN		11. TYPE OR PRINT SIGNATURE NAME C.Y. BEASMER DVM.		12. SIGNATURE DATE 8/30/11	
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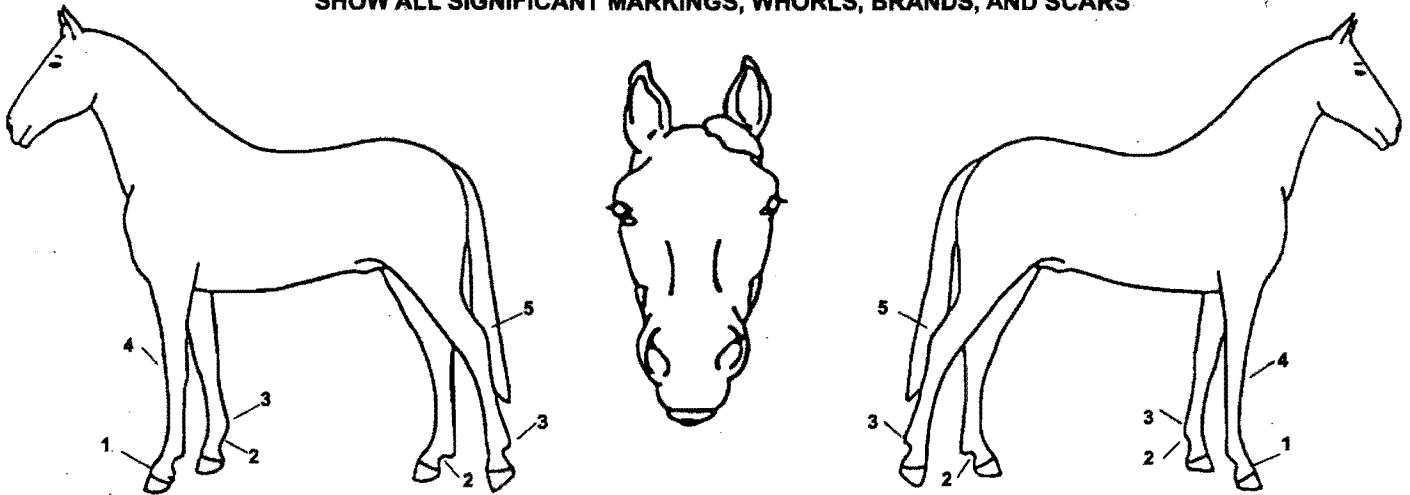
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE	
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16. Tube No.	17. Official Tag No.	18. Tattoo/B	19.  981100002596443	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
				grey	QH		24 F		

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD		26. OTHER MARKS AND BRANDS	
27. LEFT FORELIMB		28. RIGHT FORELIMB	
29. LEFT HINDLIMB		30. RIGHT HINDLIMB	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM		32. DATE RECEIVED 8/30/11		33. DATE REPORTED OUT 8/30/11		34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA	
35. SIGNATURE OF (b)(6)		36. REMARKS					

Falsification of this form or knowingly using a falsified form for not more than

one year and may result in a fine of not more than \$10,000 or imprisonment both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. R 0082496	1. ACCESSION NUMBER <i>ACL 17050</i>	2. DATE BLOOD DRAWN <i>8/30/11</i>
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) <i>N/A</i>		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. <i>1167</i>		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) <i>DEANIS CHAVEZ c/o S/W LIVESTOCK AUCTION LOS LUNAS, NM</i>			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <i>C.Y. BRASKER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM</i>		
Tel No.		County		Tel No. <i>(505) 610-4711</i>	
				County <i>BERNALILLO</i>	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME <i>C.Y. BRASKER DVM.</i>	12. SIGNATURE DATE <i>8/30/11</i>
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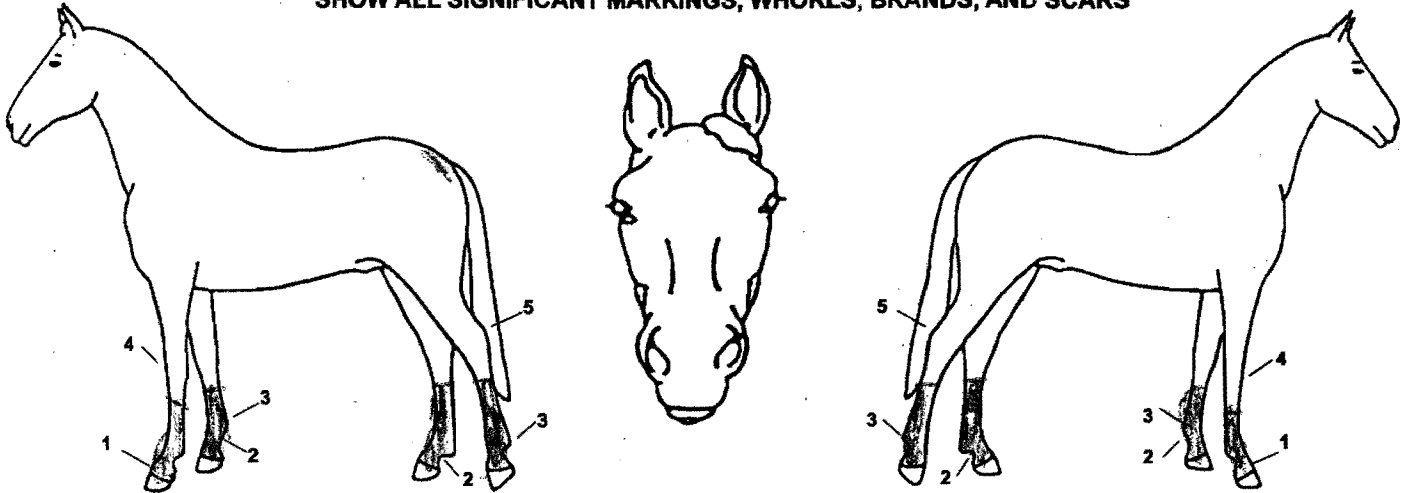
CERTIFICATION OF OWNER OR OWNER'S AGENT

examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand  <i>981100002601970</i>	19. Name of Horse	20. Color <i>Black white point</i>	21. Breed	22. Electronic I.D. No.	23. Age or DOB <i>4/1/06</i>	24. Sex <i>G</i>	M - Male F - Female <i>G - Gelding</i> N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB <i>Point</i>	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE <i>ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM</i>	32. DATE RECEIVED <i>8/30/11</i>	33. DATE REPORTED OUT <i>8/30/11</i>	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST**
(VS Memorandum 555.16)

SERIAL NO.

R0082497

1. ACCESSION NUMBER

ACL 17091

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		Zip Code	
8. NAME AND ADDRESS OF OWNER (Please print or type) BERNIS CHAVEZ c/o S/W LIVESTOCK AUCTION LOS ALAMOS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASNER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM	
Tel No. County		Tel No. County	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

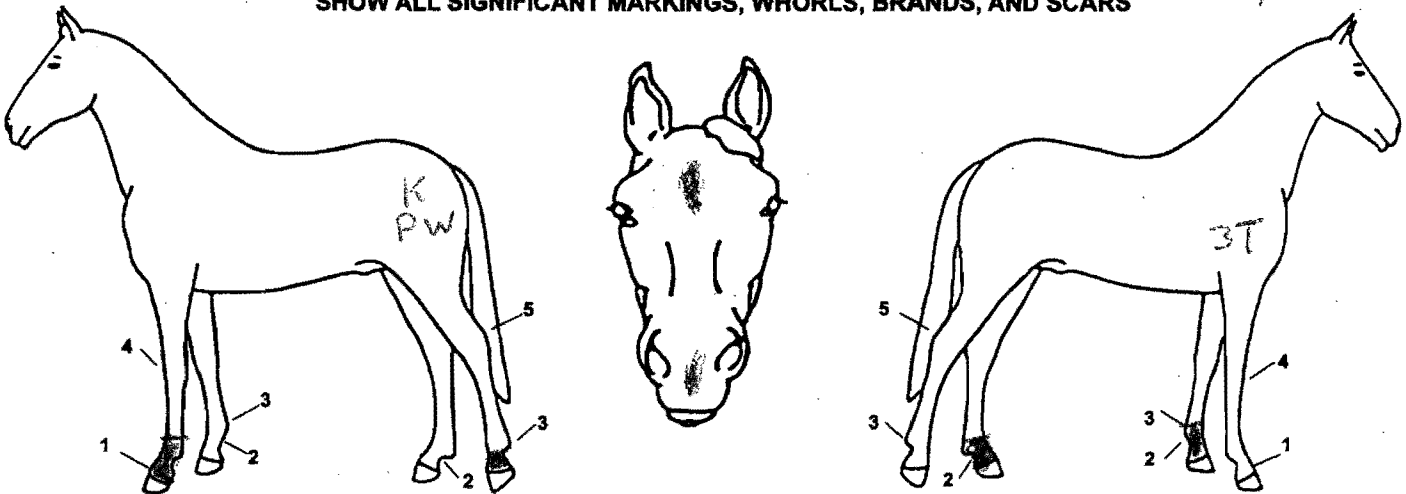
10. SIGNATURE OF FEDERAL VETERINARIAN (b)(6)		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASNER DVM.		12. SIGNATURE DATE 8/30/11	
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CERTIFICATION OF OWNER OR OWNER'S AGENT

I examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE	
16. Tube No.		17. Official Tag No.		18. Tattoo/Bran	
981100002604072		Exp. 2014-05		19. Barcode	
20. Color Dva		21. Breed QU		22. Electronic I.D. No.	
23. Age or DOB 7 y 6		24. Sex G - Gelding		M - Male F - Female N - Neuter	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Son Srip		26. OTHER MARKS AND BRANDS K PW LH 3T R/	
27. LEFT FORELIMB Soch		28. RIGHT FORELIMB	
29. LEFT HINDLIMB Son		30. RIGHT HINDLIMB	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM		32. DATE RECEIVED 8/30/11		33. DATE REPORTED OUT 8/30/11		34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA	
36. SIGNATURE (b)(6)		35. REMARKS		Falsification of this form or knowingly using a falsified form for not m		l offense and may result in a fine of not more than \$10,000 or imprisonment or both (U.S.C. Section 1001).	

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST**
(VS Memorandum 555.16)

SERIAL NO.

R 0082498

1. ACCESSION NUMBER

ACC. 17052

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) <i>N/A</i>	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. <i>1167</i>	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) <i>DENNIS CHAVEZ CS/W LIVESTOCK AUCTION LOS LUNAS, NM</i>		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <i>C.Y. BRASHER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM</i>	
Tel No. _____ County _____		Tel No. <i>(505) 610-4711</i> Zip Code <i>85110</i> County <i>BERNALILLO</i>	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify that the information submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>(b)(6)</i>	VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME <i>C.Y. BRASHER DVM.</i>	12. SIGNATURE DATE <i>8/30/11</i>
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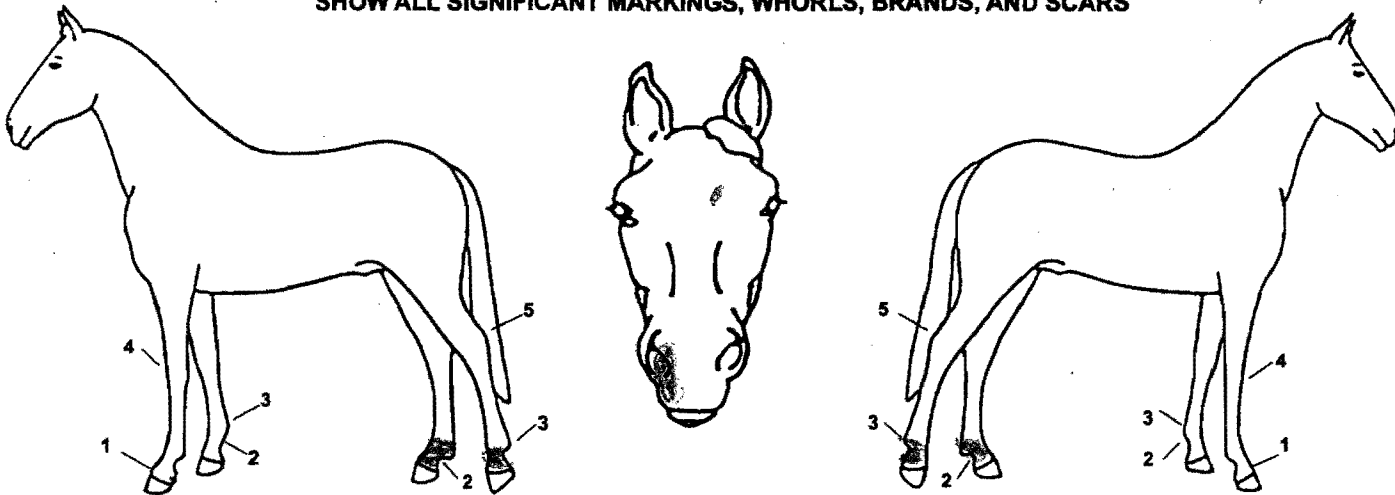
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand  981100002607381 Exp. 2014-05	19. Name of Horse	20. Color <i>Blue Roan</i>	21. Breed <i>QH</i>	22. Electronic I.D. No.	23. Age or DOB <i>3y M</i>	24. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gelding <input type="checkbox"/> Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD <i>Star Snip</i>	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB <i>Soch</i>	30. RIGHT HINDLIMB <i>Soch</i>

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE <i>ALBUQUERQUE COGGINS BAY ALBUQUERQUE, NM</i>	32. DATE RECEIVED <i>8/30/11</i>	33. DATE REPORTED OUT <i>8/30/11</i>	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE <i>(b)(6)</i>	35. REMARKS		

Falsification of this form or knowingly using a falsified form for not more than _____ is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than _____ or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0082500

1. ACCESSION NUMBER

ACI. 17053

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Relest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		Zip Code	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. REASKEE DVM 5906 JONES PLACE NW, ALBUQUERQUE, NM	
Tel No. County		Tel No. County	
		87120	
		505-610-4711	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

Specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. REASKEE DVM	12. SIGNATURE DATE 8/30/11
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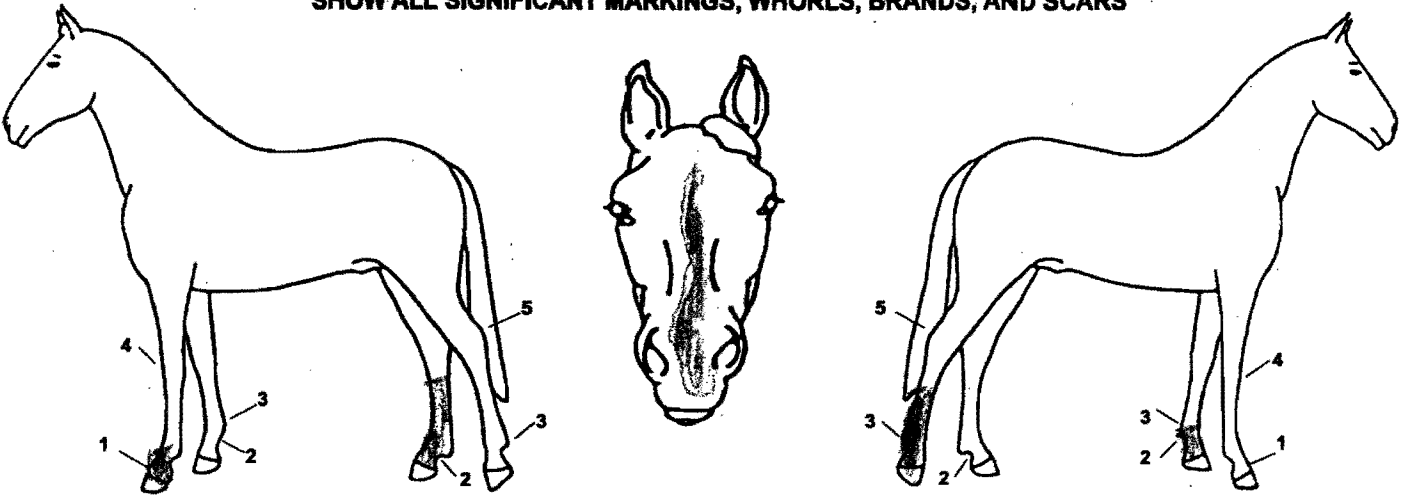
CERTIFICATION OF OWNER OR OWNER'S AGENT

have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse 981100002596531	20. Color Sorrel	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 2yr	24. Sex F	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB Sole	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB Sole

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. R 0085250	1. ACCESSION NUMBER ACL 17654	2. DATE BLOOD DRAWN 8/30/11
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export	7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: _____ LONG: _____	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code _____ Tel No. _____ County _____
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUKAS, NM Zip Code _____ Tel No. _____ County _____	9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. KRASNER DVM 5900 JONES PLACE NW, ALBUQUERQUE, NM Zip Code 87120 Tel No. (505)610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify (b)(6) submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. KRASNER DVM.	12. SIGNATURE DATE 8/30/11
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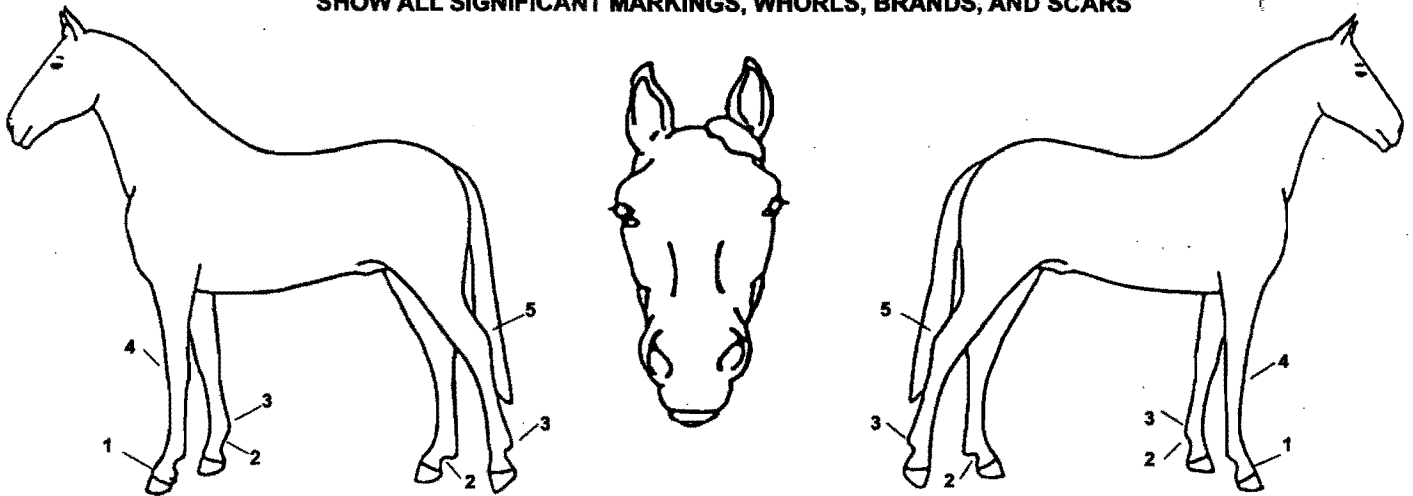
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
			 981100002700867	Black	QH		6y 6	G	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R0085201

1. ACCESSION NUMBER

ACL-17655

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code Tel No. County	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CRAVEZ c S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM 5900 JONES PLACE NW, ALBUQUERQUE, NE	
Zip Code Tel No. County		Zip Code County 87120 BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL VETERINARIAN (b)(6)		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM.		12. SIGNATURE DATE 8/30/11	
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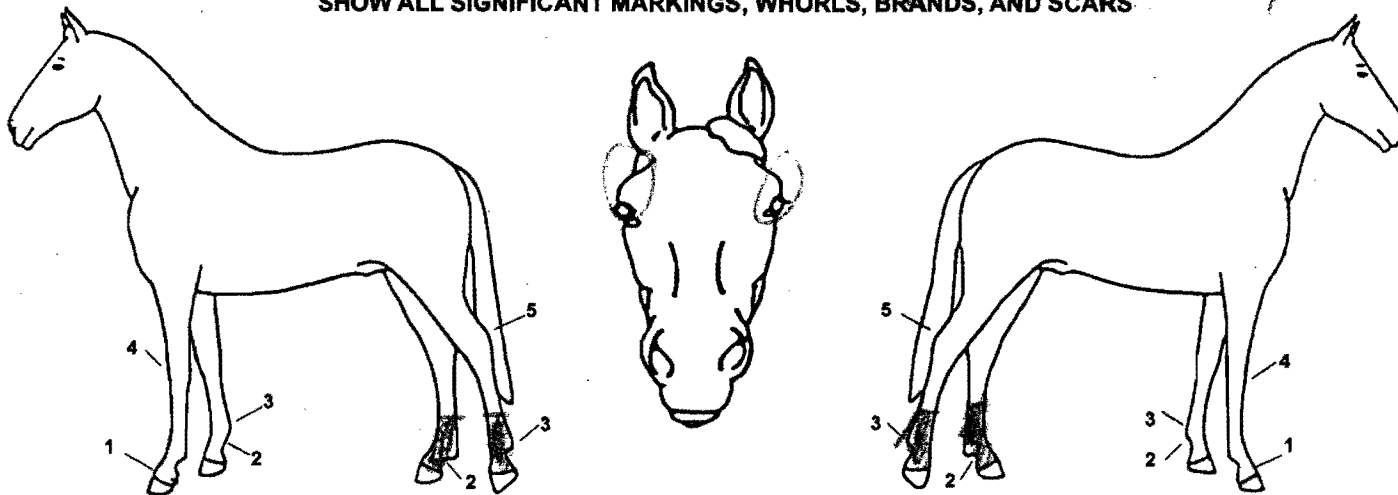
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE	
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002700860	20. Color <i>Bay</i>	21. Breed <i>QH</i>	22. Electronic I.D. No.	23. Age or DOB <i>3yF</i>	24. Sex <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Gelding <input type="checkbox"/> Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD		26. OTHER MARKS AND BRANDS <i>Blue Eyes</i>	
27. LEFT FORELIMB		28. RIGHT FORELIMB	
29. LEFT HINDLIMB <i>Sock</i>		30. RIGHT HINDLIMB <i>Sock</i>	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE CUGGINS LAB ALBUQUERQUE, NE.		32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE (b)(6)		35. REMARKS		

Falsification of this form or knowingly using a falsified signature is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. R0085202	1. ACCESSION NUMBER ACL. 17056	2. DATE BLOOD DRAWN 8/30/11
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHEER DVM 5900 JONES PLACE NW, ALBUQUERQUE, NM	
Tel No. County		Tel No. County	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

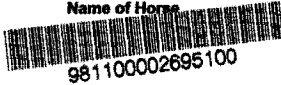
I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEEDING VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHEER DVM.	12. SIGNATURE DATE 8/30/11
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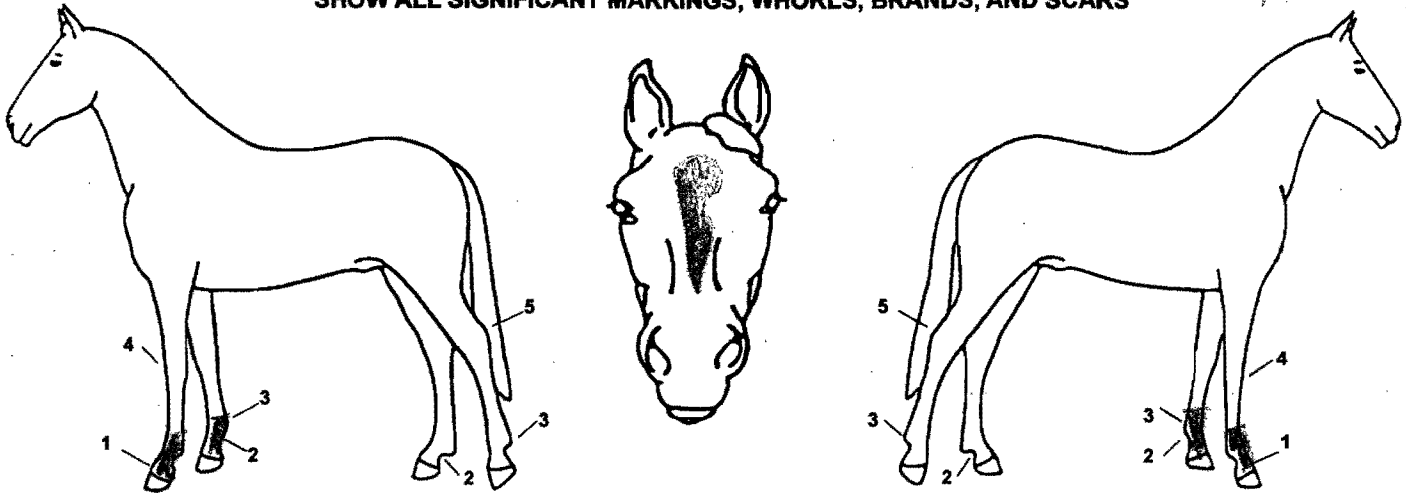
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002695100	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female <input checked="" type="checkbox"/> G - Gelding N - Neuter
				Bay	QH		3y6		

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAR	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB Sock	28. RIGHT FORELIMB Sock
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. SIGNATURE (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form for not an offense and may result in a fine of not more than \$10,000 or imprisonment or both (U.S.C. Section 1001).

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST**
(VS Memorandum 555.16)

SERIAL NO. **R 0085203**
1. ACCESSION NUMBER **ACL 17657**
2. DATE BLOOD DRAWN **8/30/11**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) R/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM Zip Code Tel No. County	
9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM 5900 JONES PLACE NW, ALBUQUERQUE, NM Zip Code 87120 Tel No. (505) 610-4711 County BERNAL ILLO			

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that the information submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM.	12. SIGNATURE DATE 8/30/11
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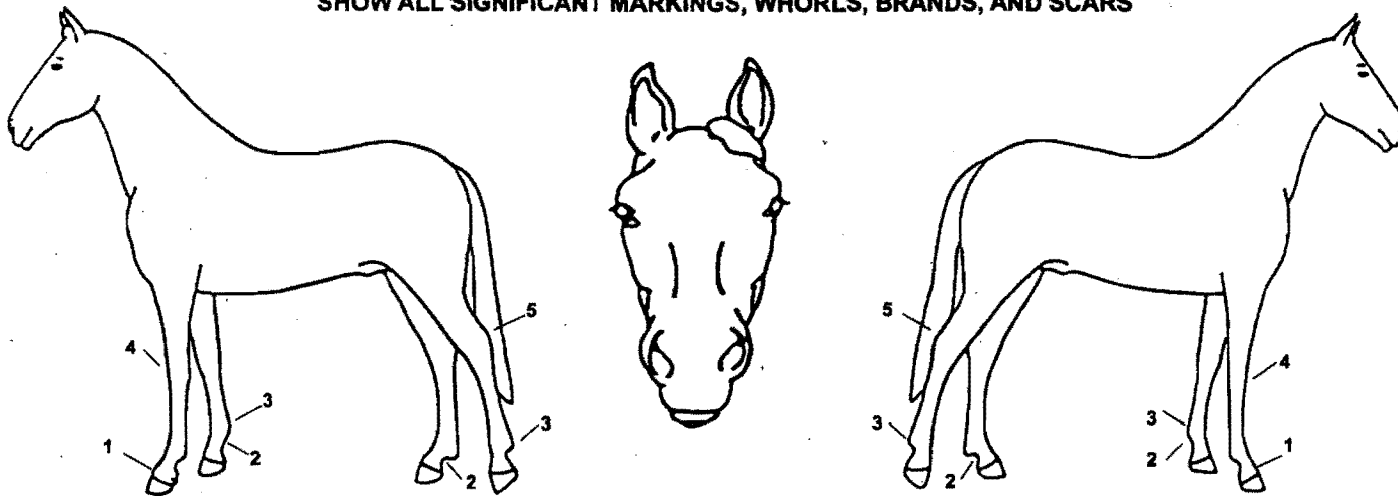
CERTIFICATION OF OWNER OR OWNER'S AGENT

I, the undersigned, have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/BI 981100002699826 Exp. 2014-05	19. Name of Horse Surreal QN	20. Color	21. Breed QW	22. Electronic I.D. No.	23. Age or DOB 3 ym	24. Sex M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form for not more than

one year and may result in a fine of not more than \$10,000 or imprisonment both (U.S.C. Section 1001).

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST**
(VS Memorandum 555.16)

SERIAL NO.

R0085233

1. ACCESSION NUMBER

ACL 17089

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CRAVEZ c/ S/W LIVESTOCK AUCTION LOS LUNAS, NM			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5900 JONES PLACE NW, ALBUQUERQUE, NM		
Tel No.		County	Tel No. (505) 610-4711		Zip Code 87120 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify that the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM.		12. SIGNATURE DATE 8/30/11	
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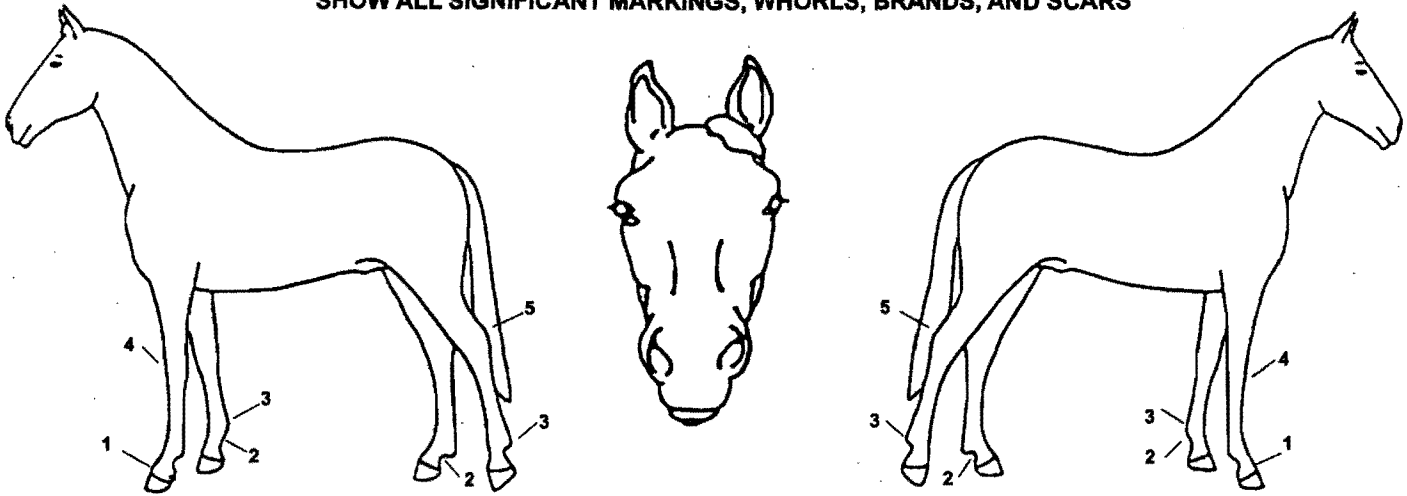
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT			14. TYPE OR PRINT SIGNATURE NAME			15. SIGNATURE DATE		
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002698780		20. Color Bay	21. Breed QN	22. Electronic I.D. No.	23. Age or DOB 5/16	24. Sex G	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD		26. OTHER MARKS AND BRANDS	
27. LEFT FORELIMB		28. RIGHT FORELIMB	
29. LEFT HINDLIMB		30. RIGHT HINDLIMB	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGIANS LAB ALBUQUERQUE, NM		32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA	
36. SIGNATURE OF		(b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R0085232

1. ACCESSION NUMBER

ACL. 17048

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

<p>3. REASON FOR TESTING</p> <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		<p>7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)</p> <p>N/A</p>	
<p>4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)</p> LAT: LONG:		<p>5. VETERINARY LICENSE OR ACCREDITATION NO.</p> <p>1167</p>	
<p>6. TEST TYPE</p> <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		<p>Zip Code</p>	
<p>8. NAME AND ADDRESS OF OWNER (Please print or type)</p> DENNIS CHAVEZ c/ S/W LIVESTOCK AUCTION LOS LUGAS, NE		<p>9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)</p> C.Y. BRASHER DVM 5900 JONES PLACE NW, ALBUQUERQUE, NM	
<p>Zip Code</p>		<p>Zip Code 87120</p>	
<p>Tel No.</p>		<p>Tel No. (505) 610-4711</p>	
<p>County</p>		<p>County BERNALILLO</p>	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I hereby certify that the information submitted with this Form was drawn by me from the horse described below on the date indicated above.

<p>10. SIGNATURE OF VETERINARIAN</p>		<p>11. TYPE OR PRINT SIGNATURE NAME</p> C.Y. BRASHER DVM.		<p>12. SIGNATURE DATE</p> 8/30/11	
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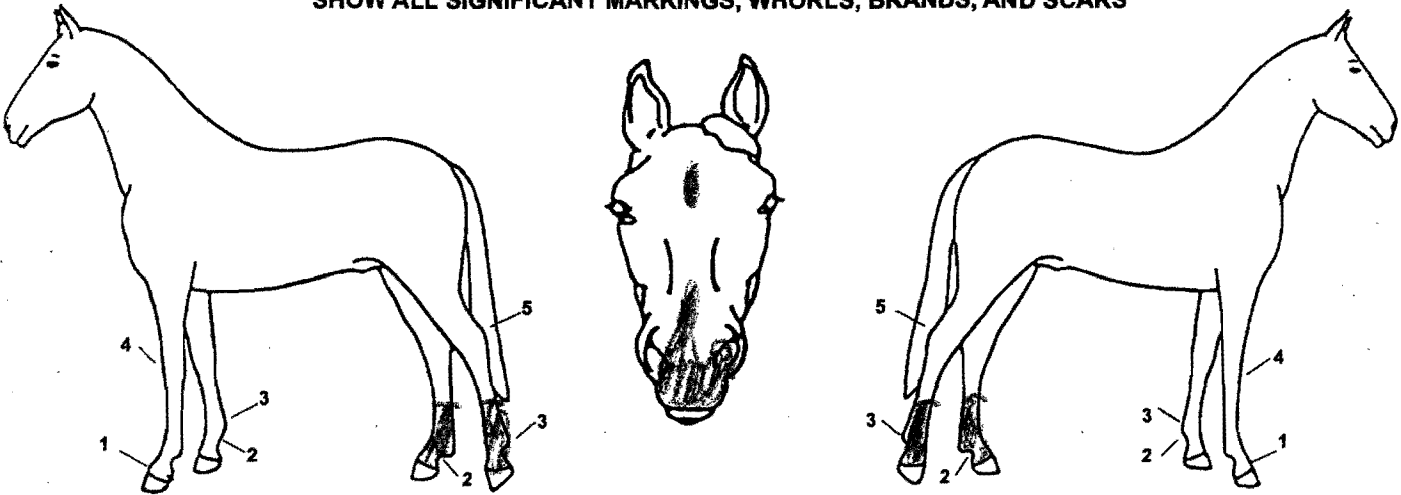
CERTIFICATION OF OWNER OR OWNER'S AGENT

I hereby certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

<p>13. SIGNATURE OF OWNER OR OWNER'S AGENT</p>		<p>14. TYPE OR PRINT SIGNATURE NAME</p>		<p>15. SIGNATURE DATE</p>	
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16. Tube No.	17. Official Tag No.	18. Tattoo	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female <input checked="" type="checkbox"/> Gelding N - Neuter
			 981100002699432	Sorrel	QH		2y 6	G	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

<p>25. HEAD</p> STON Slip		<p>26. OTHER MARKS AND BRANDS</p>	
<p>27. LEFT FORELIMB</p>		<p>28. RIGHT FORELIMB</p>	
<p>29. LEFT HINDLIMB</p> Ston		<p>30. RIGHT HINDLIMB</p> Ston	

FOR LABORATORY USE ONLY

<p>31. LABORATORY NAME/CITY/STATE</p> ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NE		<p>32. DATE RECEIVED</p> 8/30/11		<p>33. DATE REPORTED OUT</p> 8/30/11		<p>34. TEST RESULTS</p> <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA	
<p>35. REMARKS</p>		<p>36. SIGNATURE</p> (b)(6)		<p>37. SIGNATURE</p>		<p>38. SIGNATURE</p>	

Falsification of this form or knowingly using a falsified form for not more than \$10,000 or imprisonment (U.S.C. Section 1001).

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST**
(VS Memorandum 555.16)

SERIAL NO. R 0085231	1. ACCESSION NUMBER <i>ACL. 17087</i>	2. DATE BLOOD DRAWN <i>8/30/11</i>
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) <i>N/A</i>		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. <i>1167</i>		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) <i>DENNIS CHAVEZ 6 S/W LIVESTOCK AUCTION LOS LUNAS, NM</i>			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <i>C.Y. BRASNER DVM 5900 JONES PLACE NW, ALBUQUERQUE, NM</i>		
Tel No. County			Tel No. County		

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>(b)(6)</i>	11. TYPE OR PRINT SIGNATURE NAME <i>C.Y. BRASNER DVM.</i>	12. SIGNATURE DATE <i>8/30/11</i>
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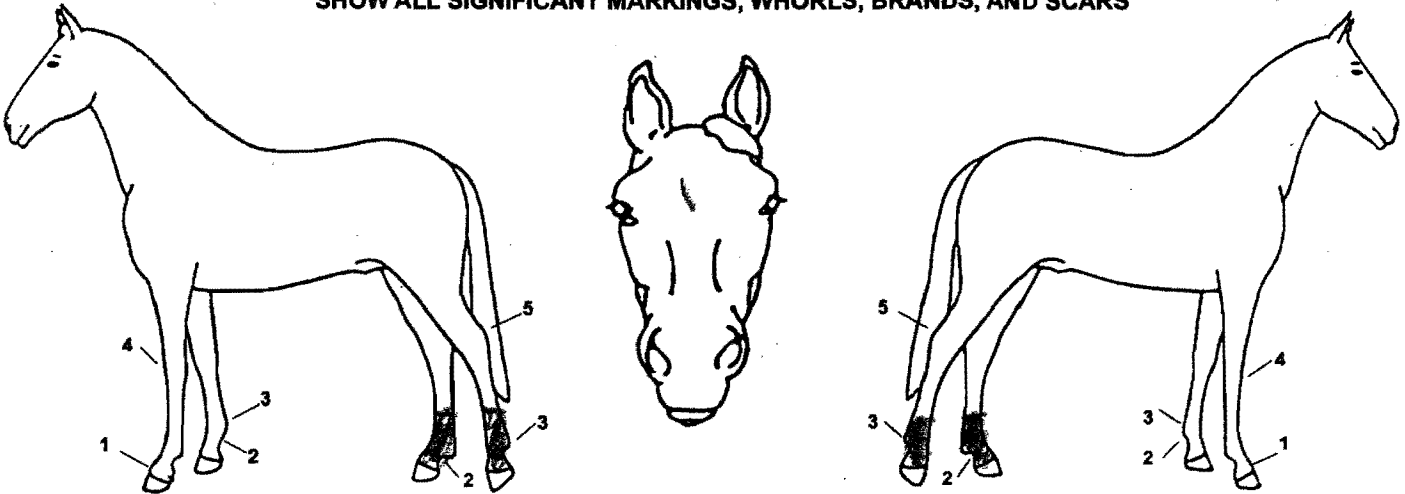
CERTIFICATION OF OWNER OR OWNER'S AGENT

I hereby certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse <i>981100002694944</i>	20. Color <i>Palomino</i>	21. Breed <i>QD</i>	22. Electronic I.D. No.	23. Age or DOB <i>6 Y M</i>	Sex <input checked="" type="checkbox"/> M - Male <input type="checkbox"/> F - Female <input type="checkbox"/> G - Gelding <input type="checkbox"/> N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD <i>Ston</i>	28. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB <i>Son</i>	30. RIGHT HINDLIMB <i>Son</i>

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE <i>ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM</i>	32. DATE RECEIVED <i>8/30/11</i>	33. DATE REPORTED OUT <i>8/30/11</i>	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE <i>(b)(6)</i>		35. REMARKS	

Falsification of this form or knowingly using a falsified form for not more

offense and may result in a fine of not more than \$10,000 or imprisonment both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. R 0085230	1. ACCESSION NUMBER <i>ACL. 17086</i>	2. DATE BLOOD DRAWN <i>8/30/11</i>
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) B/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ C S/R LIVESTOCK AUCTION LOS LUNAS, NM Zip Code			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLEE DVM 5900 JONES PLACE NW, ALBUQUERQUE, NM Zip Code 87120 Tel No. County BERNALILLO		

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLEE DVM.	12. SIGNATURE DATE 8/30/11
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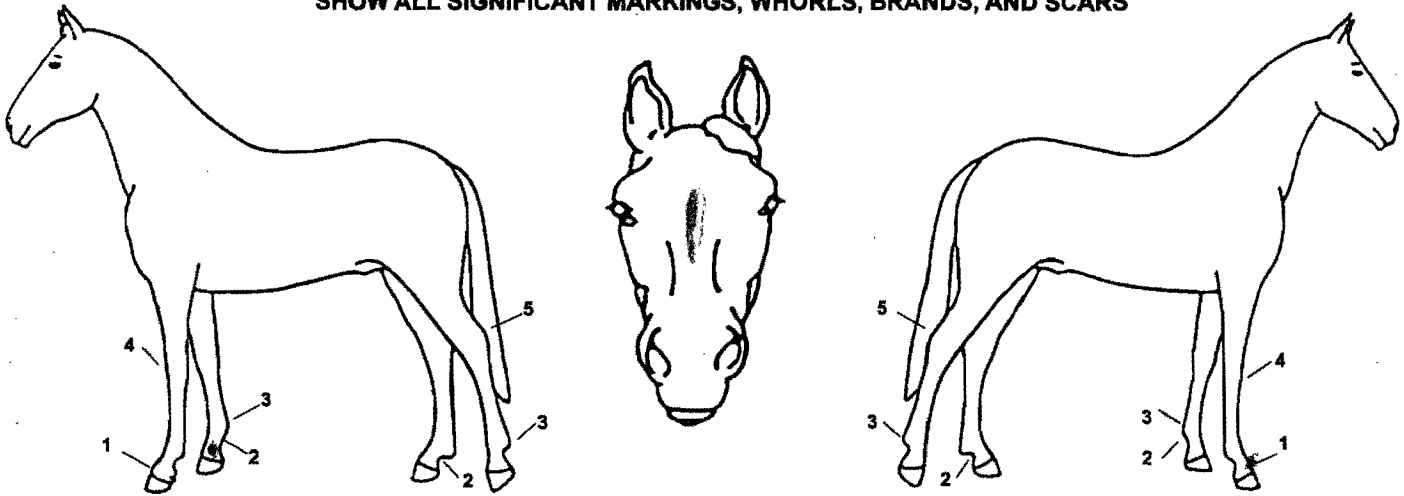
CERTIFICATION OF OWNER OR OWNER'S AGENT

examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/B:	 981100002696894	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
				Sorrel	QH		24	6	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD <i>Star</i>	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB <i>Coronet</i>
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)			35. REMARKS

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R0085229

1. ACCESSION NUMBER

ACL.17085

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code
8. NAME AND ADDRESS OF OWNER (Please print or type) DERRIS CHAVEZ c/o S/W LIVESTOCK AUCTION LOE LUNAS, NM			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRADNER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM		
Tel No.		County	Tel No. (505) 610-4711		County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRADNER DVM		12. SIGNATURE DATE 8/30/11	
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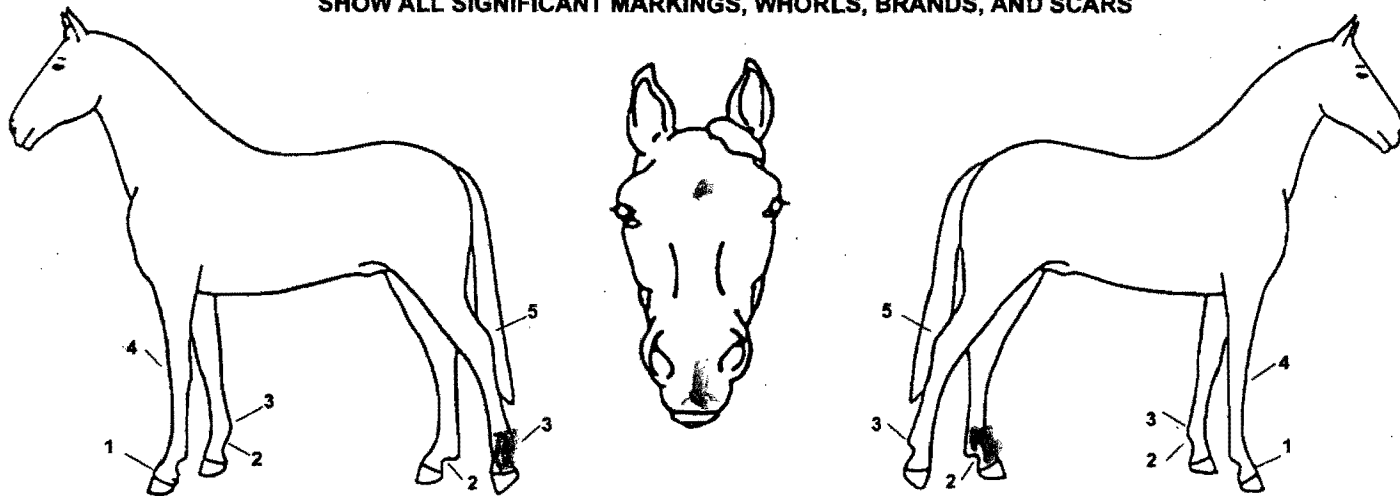
CERTIFICATION OF OWNER OR OWNER'S AGENT

have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT			14. TYPE OR PRINT SIGNATURE NAME			15. SIGNATURE DATE		
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16. Tube No.	17. Official Tag No.	18. Tattoo/E	19. 981100002699751	20. Color Dun	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 24	24. Sex F	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Ston Sigo		26. OTHER MARKS AND BRANDS	
27. LEFT FORELIMB		28. RIGHT FORELIMB	
29. LEFT HINDLIMB Sore		30. RIGHT HINDLIMB	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM		32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA	
36. SIGNATURE OF (b)(6)		35. REMARKS			

Falsification of this form or knowingly using a falsified form offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)**

SERIAL NO. **R 0085228**
1. ACCESSION NUMBER **ACL. 17054**
2. DATE BLOOD DRAWN **8/30/11**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.


3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASNER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM	
Tel No. County		Tel No. County	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN
I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

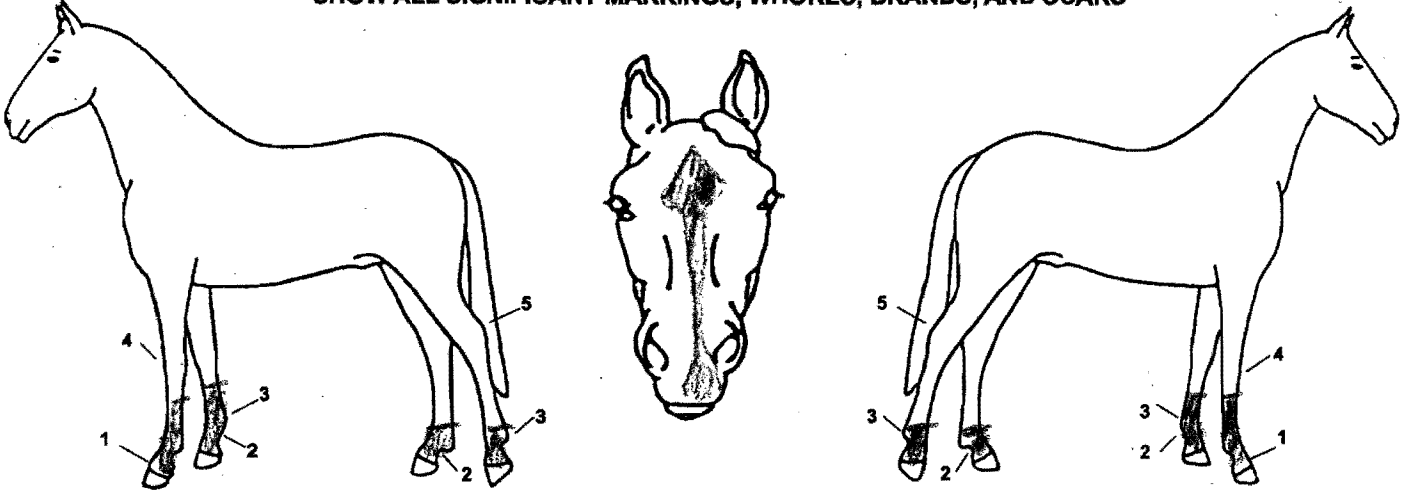
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASNER DVM.	12. SIGNATURE DATE 8/30/11
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CERTIFICATION OF OWNER OR OWNER'S AGENT
I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002700557	20. Color	21. Breed G/N	22. Electronic I.D. No.	23. Age or DOB 2 y F	24. Sex F - Female	M - Male G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB Soch	28. RIGHT FORELIMB Soch
29. LEFT HINDLIMB Soch	30. RIGHT HINDLIMB Soch

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE (b)(6)	35. REMARKS		

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.
R0085207

1. ACCESSION NUMBER

ACL. 17083

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		Zip Code	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BEASMER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM	
Tel No. County		Tel No. County	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify that the information submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BEASMER DVM.	12. SIGNATURE DATE 8/30/11
--	---	-------------------------------

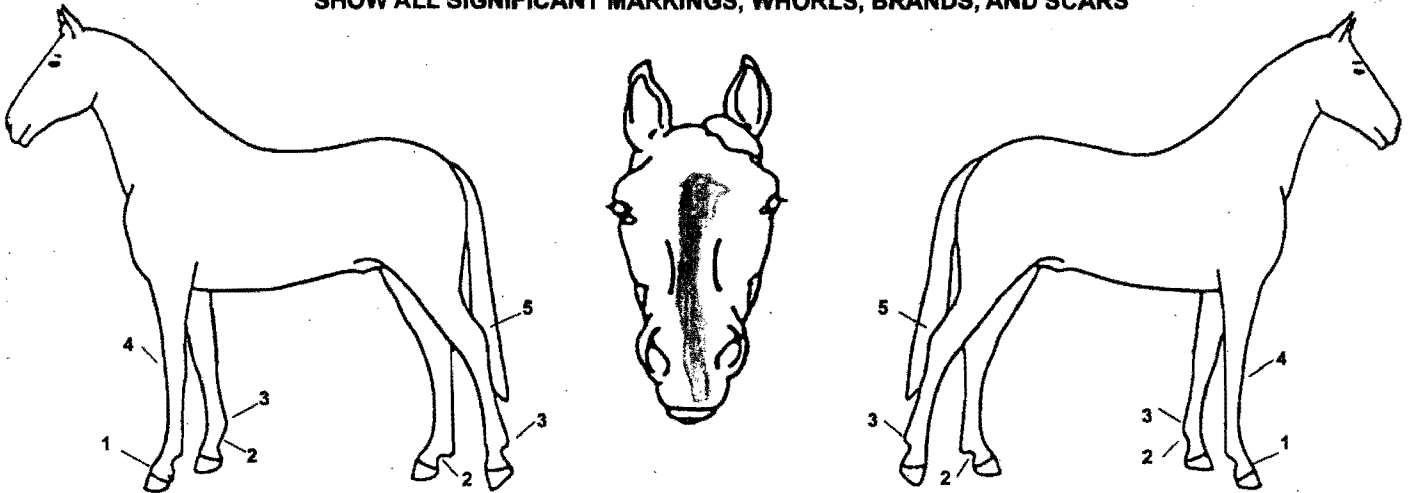
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002697789	20. Color Bay	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 2y6	24. Sex G - Gelding	M - Male F - Female N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAYO	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGNATE LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R0085227

1. ACCESSION NUMBER

ACL. 17082

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code Tel No. County	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM Zip Code		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHEER DVM 5900 JONES PLACE NW, ALBUQUERQUE, NM Zip Code 87120 Tel No. (505)610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

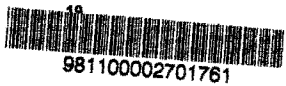
I, the undersigned, submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL VETERINARIAN (b)(6)	VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHEER DVM.	12. SIGNATURE DATE 8/30/11
--	---------------------	---	--------------------------------------

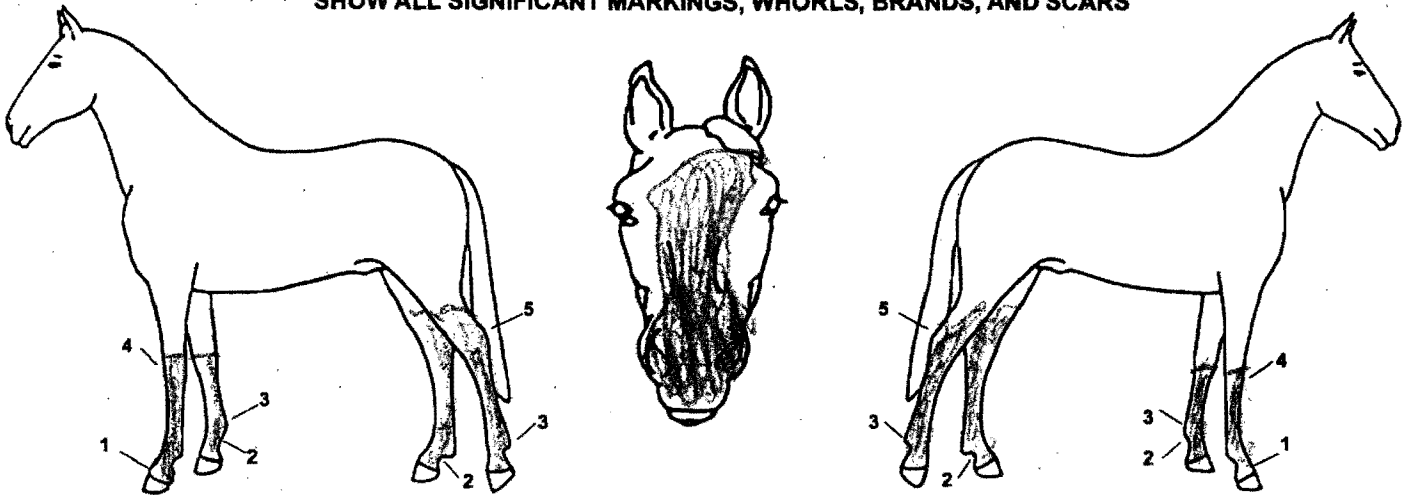
CERTIFICATION OF OWNER OR OWNER'S AGENT

I, the undersigned, examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
--	---	---------------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	 981100002701761	20. Color Sorrel Roan	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 24 G	24. Sex G - Gelding	25. M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Bold Face	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB Sock	28. RIGHT FORELIMB Sock
29. LEFT HINDLIMB Sock	30. RIGHT HINDLIMB Sock

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINE LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is an offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0085226

1. ACCESSION NUMBER

ACL 17081

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM 5900 JONES PLACE NW, ALBUQUERQUE, NM		
Tel No.		County	Tel No. (505) 610-4711		County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

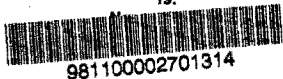
I certify that the information submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM		12. SIGNATURE DATE 8/30/11
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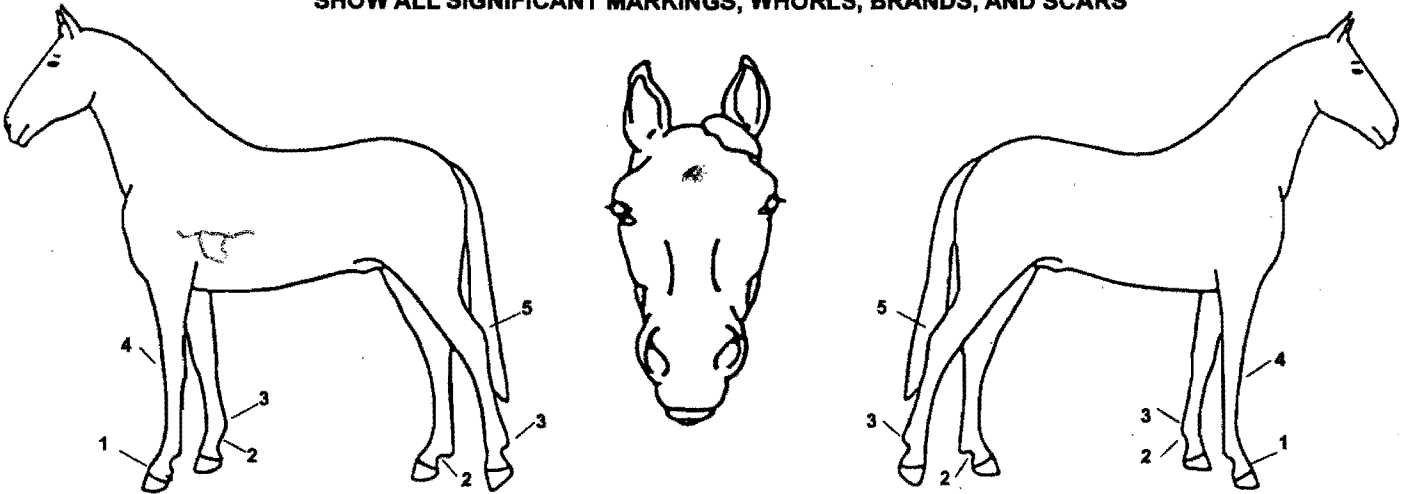
CERTIFICATION OF OWNER OR OWNER'S AGENT

I, the undersigned, have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19.  981100002701314	20. Color Brown	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 4y 6	24. Sex G - Gelding	M - Male F - Female N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAN	26. OTHER MARKS AND BRANDS LW 4/B
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM		32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE (b)(6)	35. REMARKS			

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment or both (U.S.C. Section 1001).

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST**
(VS Memorandum 555.16)

SERIAL NO. R 0085225	1. ACCESSION NUMBER AQL/7080	2. DATE BLOOD DRAWN 8/30/11
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code Tel No. County	
8. NAME AND ADDRESS OF OWNER (Please print or type) DERNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM 5900 JONES PLACE NW, ALBUQUERQUE, NM	
Zip Code Tel No. County		Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM	12. SIGNATURE DATE 8/30/11
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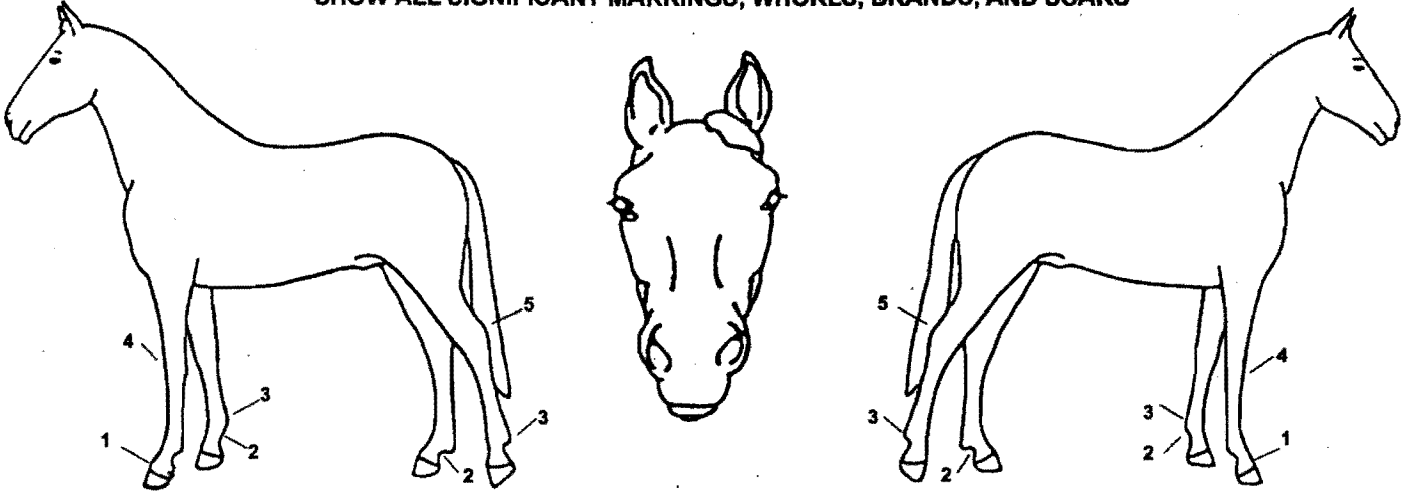
CERTIFICATION OF OWNER OR OWNER'S AGENT

I, the undersigned, have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
--	---	---------------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002700249	20. Color Bay	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 5 yr	24. Sex Female	M - Male <input checked="" type="checkbox"/> F - Female <input type="checkbox"/> G - Gelding <input type="checkbox"/> N - Neuter <input type="checkbox"/>
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST**
(VS Memorandum 555.16)

SERIAL NO.

R 0085224

1. ACCESSION NUMBER

ACL. 17079

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5900 JONES PLACE NW, ALBUQUERQUE, NM	
Tel No. County		Tel No. 505-610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM.	12. SIGNATURE DATE 8/30/11
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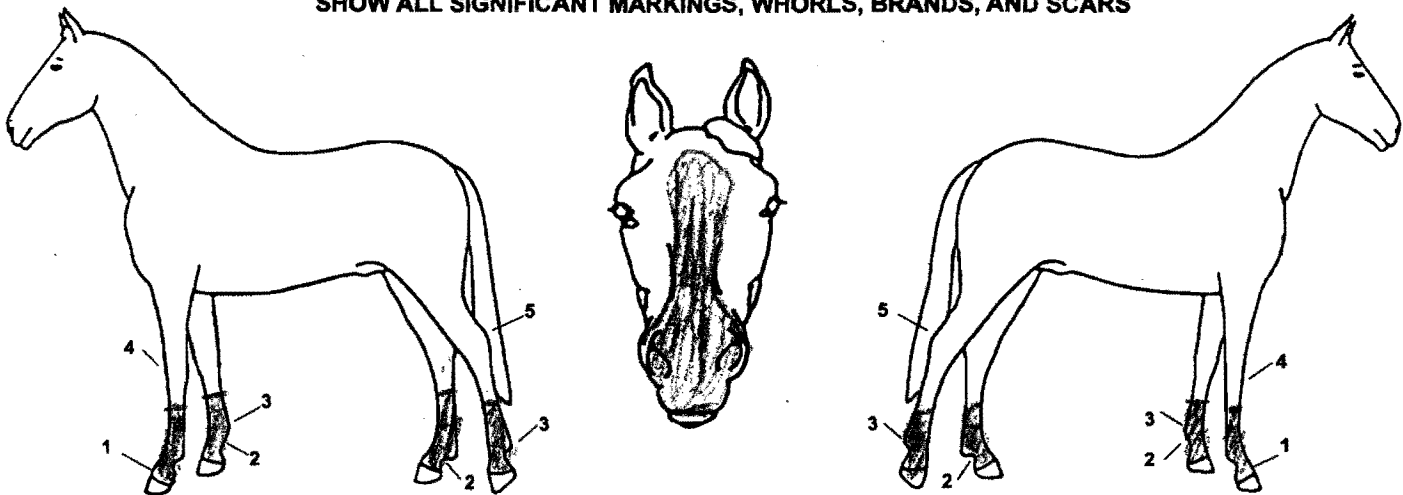
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	25. Male/Female/Neuter
			 981100002696600 Exp. 2014-05	Sorrel	QU		15	M	M

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Stop	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB Suck	28. RIGHT FORELIMB Suck
29. LEFT HINDLIMB Suck	30. RIGHT HINDLIMB Suck

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGIAS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form for not moral or official offense and may result in a fine of not more than \$10,000 or Imprisonment or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0085223

1. ACCESSION NUMBER

ACL 17678

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING

Market Change of Ownership Retest Show First Test Export

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

N/A

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT: _____ LONG: _____

5. VETERINARY LICENSE OR ACCREDITATION NO.

1167

6. TEST TYPE

ELISA
 AGID

8. NAME AND ADDRESS OF OWNER (Please print or type)

DENNIS CHAVEZ
c/o S/W LIVESTOCK AUCTION
LOS LUNAS, NM
Zip Code _____
County _____
Tel No. _____

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

C.Y. BRASNER DVM
5900 JONES PLACE NE,
ALBUQUERQUE, NM
Zip Code 87120
Tel No. (505) 610-4711
County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

(b)(6)

11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASNER DVM.

12. SIGNATURE DATE

8/30/11

CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

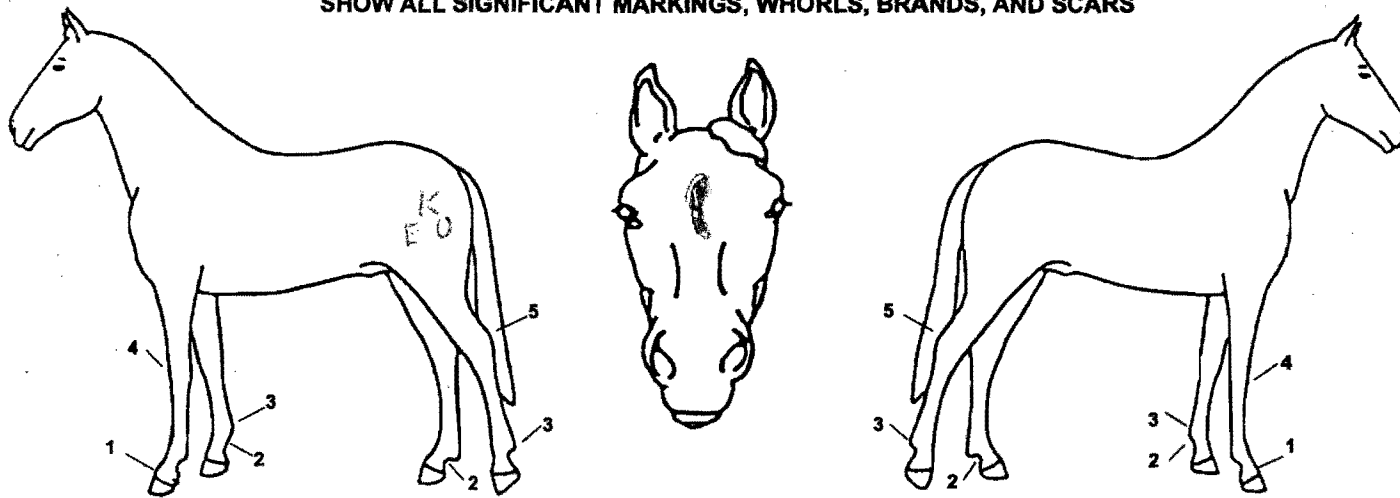
13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
			981100002699140	Black	QH		2 1/2	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STON	26. OTHER MARKS AND BRANDS K EO L/H
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 1 year or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **R 0085222**
1. ACCESSION NUMBER **ACL 17077**
2. DATE BLOOD DRAWN **8/30/11**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/R LIVESTOCK AUCTION LOS LUKAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. KRASNEK DVM 5900 JONES PLACE NE, ALBUQUERQUE, NM	
Tel No. County		Zip Code 87120 Tel No. (505)610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. KRASNEK DVM.	12. SIGNATURE DATE 8/30/11
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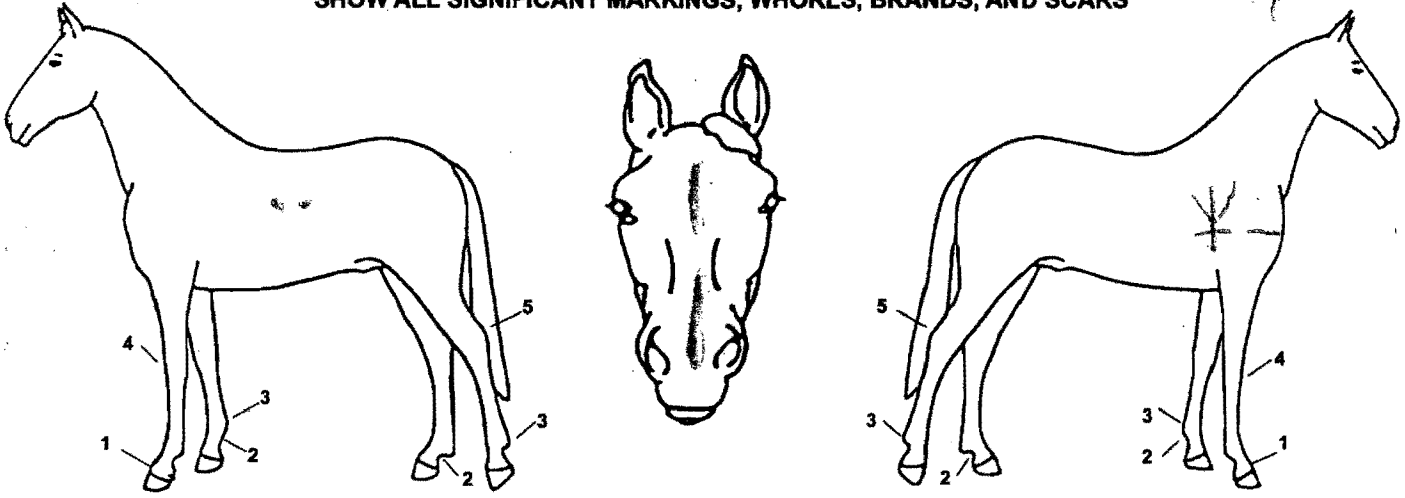
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tatt.  981100002701389	19. Microchip No.	20. Color soil	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 2y	24. Sex F	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Ston Strip	26. OTHER MARKS AND BRANDS Y - RB
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form for not mo offense and may result in a fine of not more than \$10,000 or imprisonment for both (U.S.C. Section 1001).

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST**
(VS Memorandum 555.16)

SERIAL NO.

R 0085221

1. ACCESSION NUMBER

ACL 17076

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W LIVESTOCK AUCTION LOS LUNAS, NM			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5900 JONES PLACE NW, ALBUQUERQUE, NM		
Tel No.		County		Zip Code	
Tel No.		County		Zip Code	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify that the information submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM.		12. SIGNATURE DATE 8/30/11	
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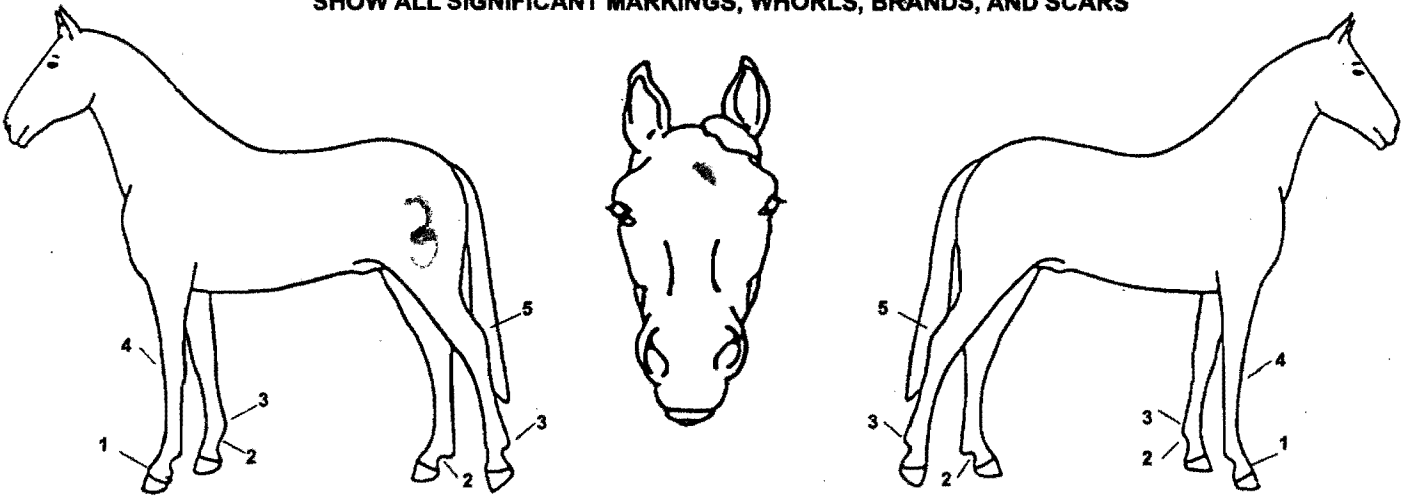
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT			14. TYPE OR PRINT SIGNATURE NAME			15. SIGNATURE DATE		
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002701316		20. Color Bay	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 4y M	24. Sex M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STRAN		26. OTHER MARKS AND BRANDS 3 LH	
27. LEFT FORELIMB		28. RIGHT FORELIMB	
29. LEFT HINDLIMB		30. RIGHT HINDLIMB	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM		32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA	
36. SIGNATURE (b)(6)		35. REMARKS			

Falsification of this form or knowingly using a falsified form for not more than 5 years or both (U.S.C. Section 1001) is an offense and may result in a fine of not more than \$10,000 or imprisonment

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0085220

1. ACCESSION NUMBER

AGL. 17075

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W LIVESTOCK AUCTION LOS LUNAS, NM Zip Code County	
9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM Zip Code 87120 County BERNALILLO		Tel No. (505) 610-4711	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM	12. SIGNATURE DATE 8/30/11
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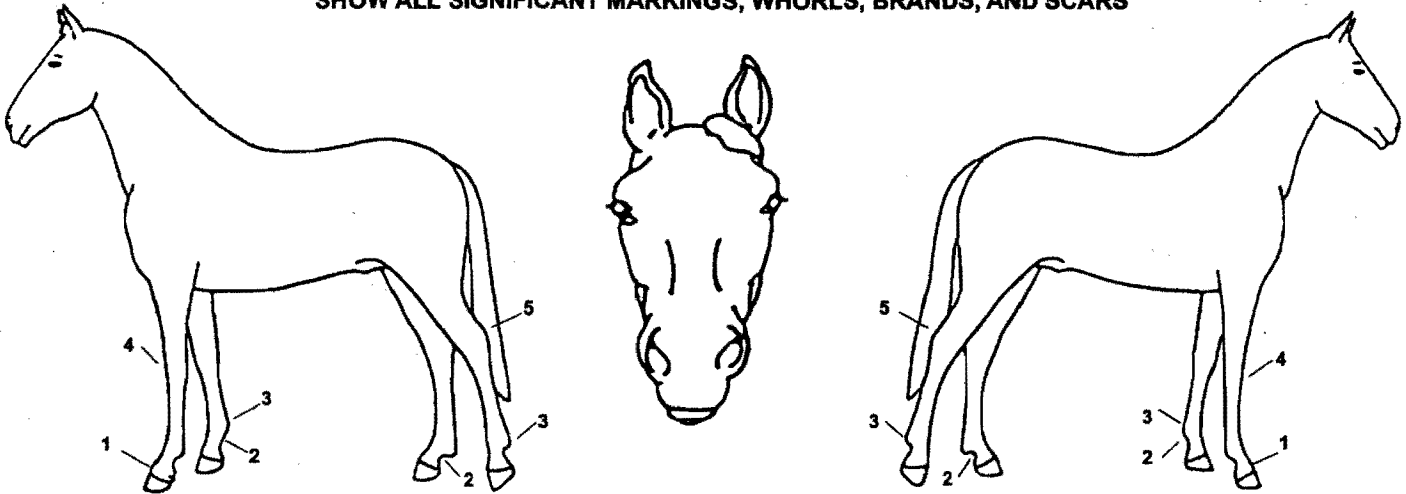
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse 981100002700848	20. Color black	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 4 y M	24. Sex M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGIAG LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. R 0085219	1. ACCESSION NUMBER ACL. 17074	2. DATE BLOOD DRAWN 8/30/11
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) R/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. FRASER DVM 5400 JONES PLACE NW, ALBUQUERQUE, NM		
Tel No. County		Zip Code County		Tel No. (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. FRASER DVM.	12. SIGNATURE DATE 8/30/11
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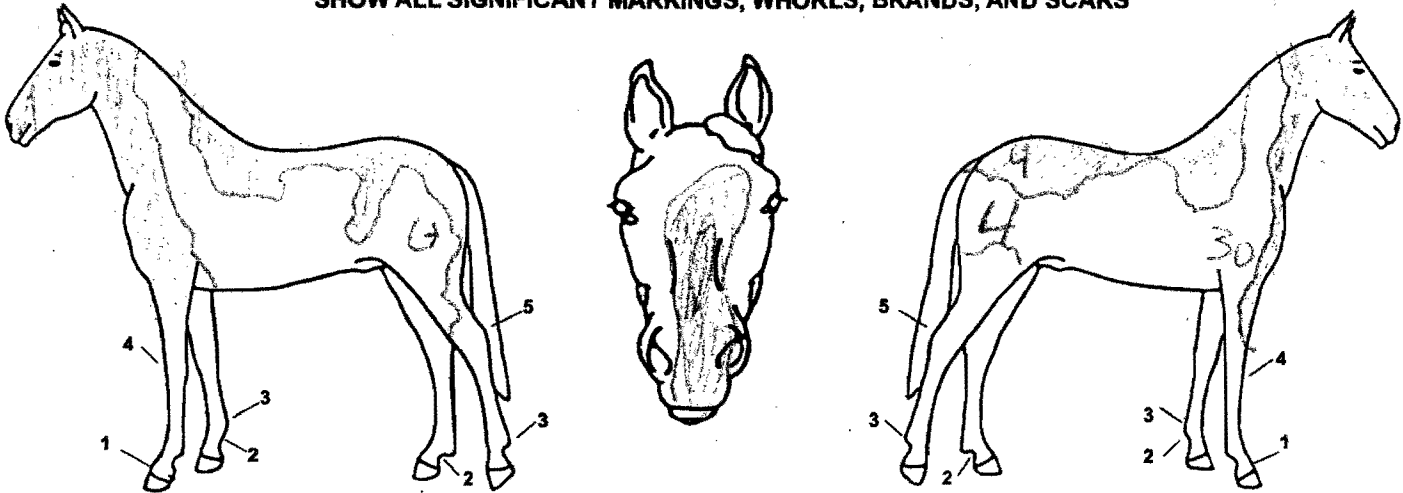
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19.  981100002697937 Exp.2014-05	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
				White	Paint		7/11		

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Point	26. OTHER MARKS AND BRANDS 4 R/H 30 R/S
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGNATE LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a crime and may result in a fine of not more than \$10,000 or Imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **R 0085218** 1. ACCESSION NUMBER **ACL/7073** 2. DATE BLOOD DRAWN **8/30/11**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASSER DVM 5900 JONES PLACE NW, ALBUQUERQUE, NM	
Tel No. County		Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I am submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASSER DVM.	12. SIGNATURE DATE 8/30/11
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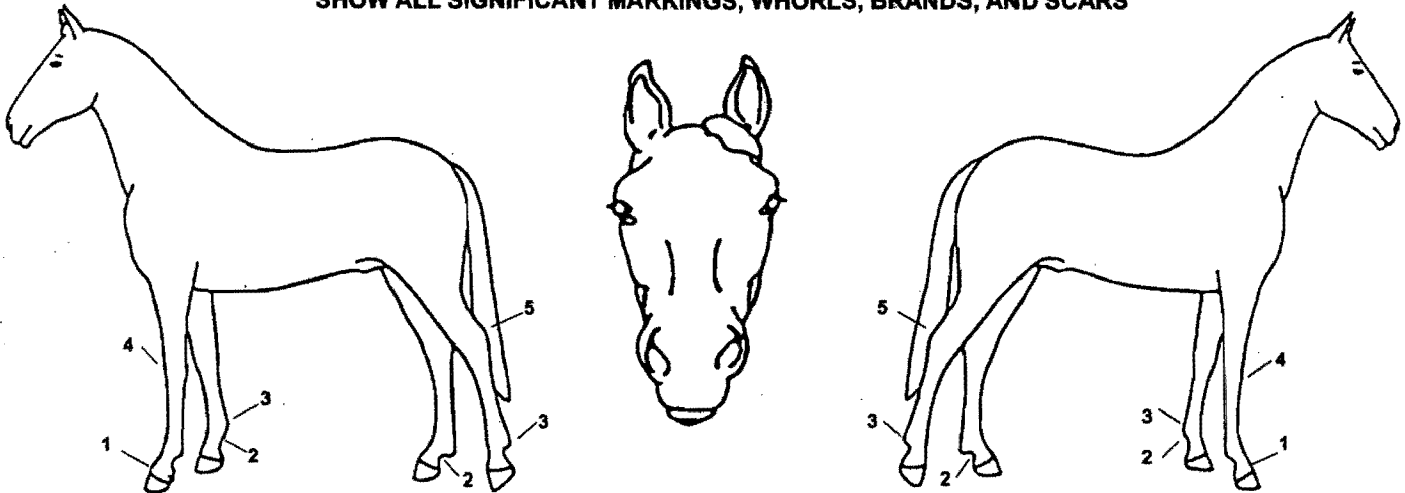
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse 981100002699938	20. Color Black	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 4y 6	24. Sex G	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGIIE LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)**

SERIAL NO.

R 0085217

1. ACCESSION NUMBER

ACL. 17072

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code Tel No. County	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM Zip Code		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5900 JONES PLACE NW, ALBUQUERQUE, NM Zip Code 87120	
Tel No. County		Tel No. (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify that the blood sample submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERATED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM.	12. SIGNATURE DATE 8/30/11
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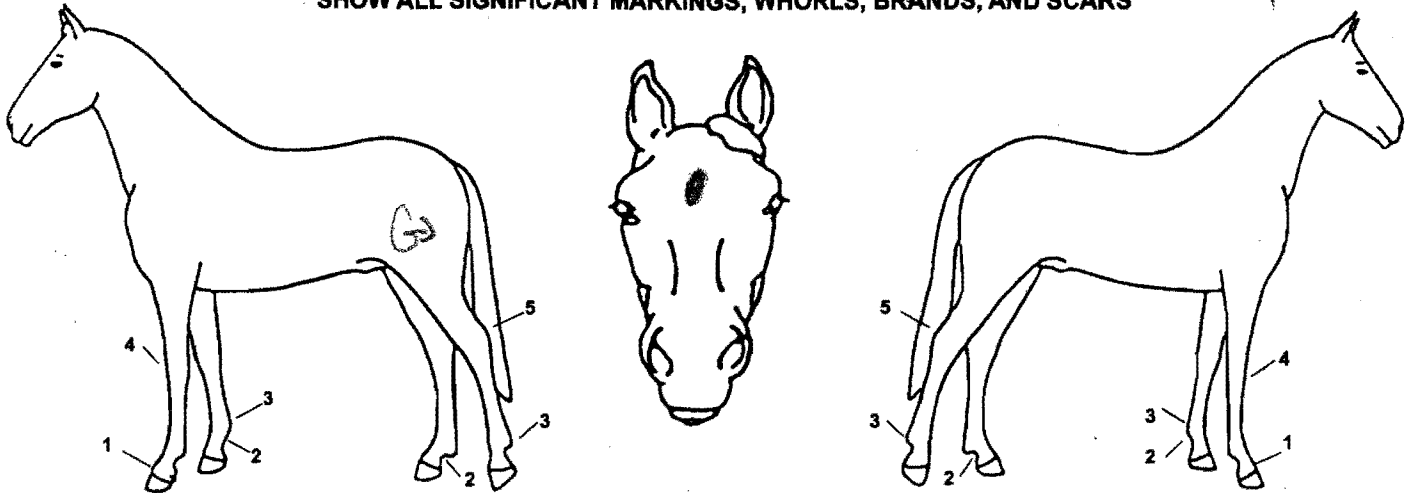
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002699838	20. Color DARK SKIN	21. Breed QW	22. Electronic I.D. No.	23. Age or DOB 4 Y F	24. Sex <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAN	26. OTHER MARKS AND BRANDS CALIA
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
38. SIGNATURE OF (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. R 0085216	1. ACCESSION NUMBER AC.../17671	2. DATE BLOOD DRAWN 8/30/11
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ S/W LIVESTOCK AUCTION LOS LUNAS, NH Zip Code			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5900 JONES PLACE NW, ALBUQUERQUE, NM Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO		

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I, (b)(6) when submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM.	12. SIGNATURE DATE 8/30/11
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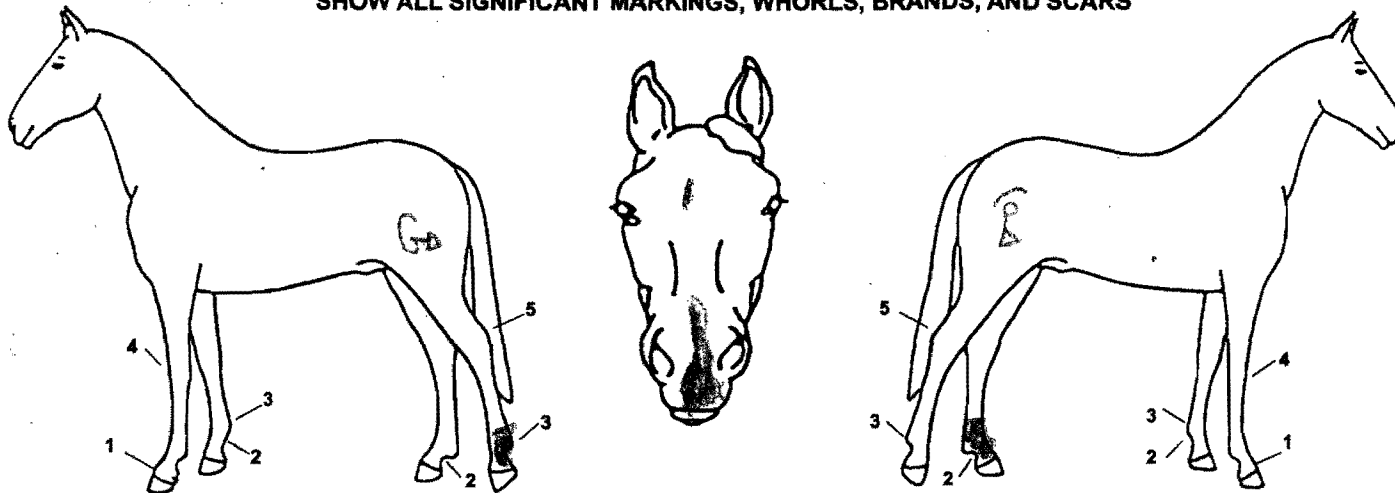
CERTIFICATION OF OWNER OR OWNER'S AGENT

I, (b)(6) have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002701701	20. Color Bay	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 2 YF	24. Sex M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS	
25. HEAD Stone Strip	26. OTHER MARKS AND BRANDS C-TLIN & RIN
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Sore	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY			
31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is an offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 1 year or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. R 0085215	1. ACCESSION NUMBER <i>ACL 17070</i>	2. DATE BLOOD DRAWN <i>8/30/11</i>
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM Zip Code		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. KRASNER DVM 5900 JONES PLACE NW, ALBUQUERQUE, NM Zip Code 87120 Tel No. (505)610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify that the information submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. KRASNER DVM	12. SIGNATURE DATE 8/30/11
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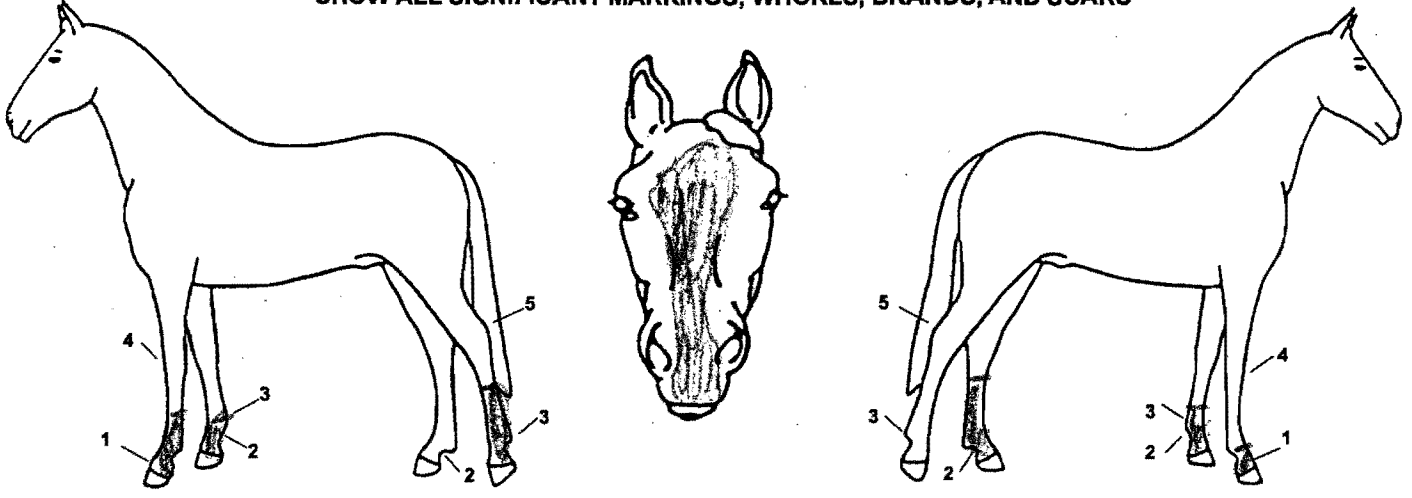
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002696060	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female <input checked="" type="checkbox"/> G - Gelding N - Neuter
				Sorrel	QH		6/6	G	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD <i>Strip</i>	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB <i>Sore</i>	28. RIGHT FORELIMB <i>Sore</i>
29. LEFT HINDLIMB <i>Sore</i>	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0085214

1. ACCESSION NUMBER

ACL. 17069

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1107	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/ S/W LIVESTOCK AUCTION LOE LUNAS, NE		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASNER DVM 5900 JONES PLACE NW, ALBUQUERQUE, NE	
Tel No. County		Tel No. County	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASNER DVM	12. SIGNATURE DATE 8/30/11
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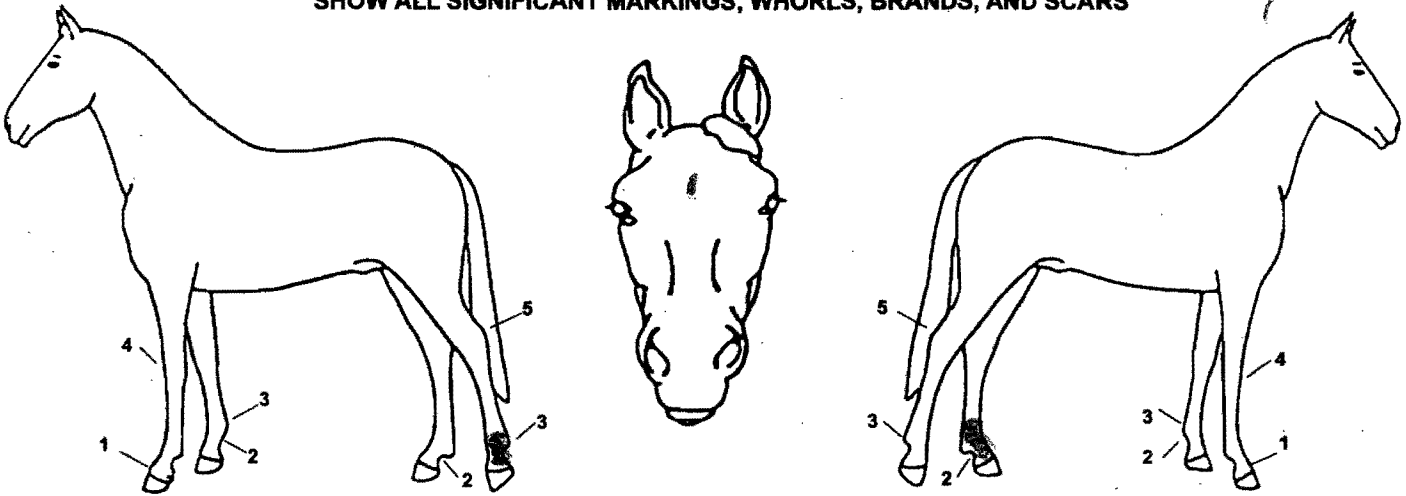
CERTIFICATION OF OWNER OR OWNER'S AGENT

examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/P	19. Name of Horse 981100002700588	20. Color BLACK	21. Breed QU	22. Electronic I.D. No.	23. Age or DOB 14 Y F	24. Sex F	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STON	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB SON	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF T (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **R0082499**
1. ACCESSION NUMBER **ACL 17068**
2. DATE BLOOD DRAWN **8/30/11**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.


3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CRAVEZ 6 S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLEE DVM 5900 JONES PLACE NW, ALBUQUERQUE, NM	
Tel No. County		Tel No. County 87120	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN
I certify that the information submitted with this Form was drawn by me from the horse described below on the date indicated above.

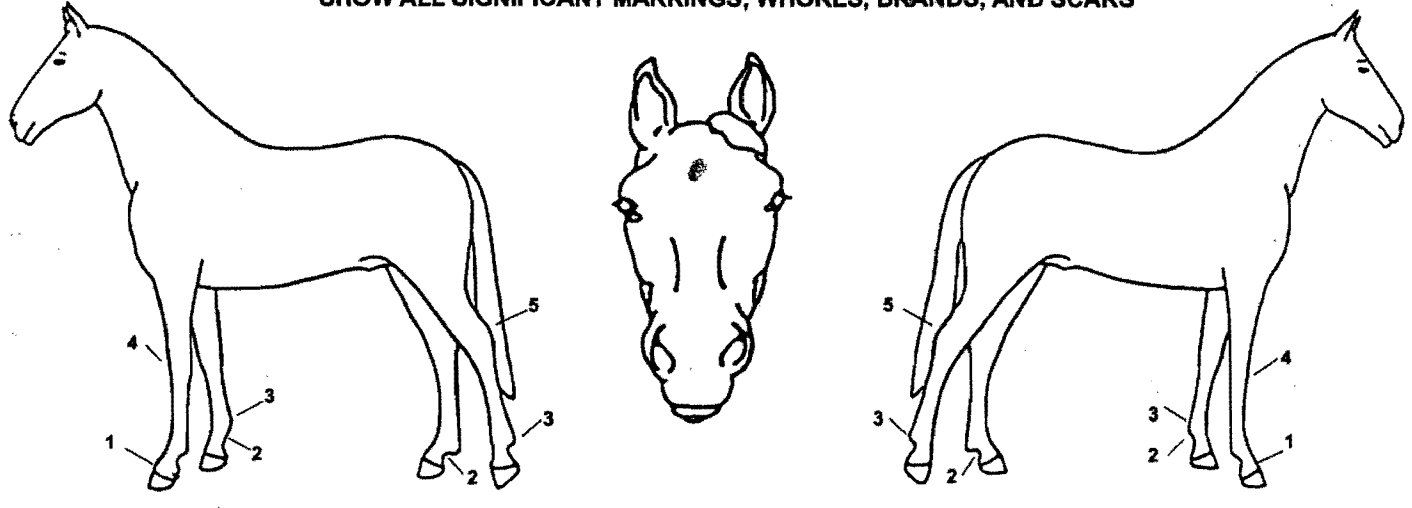
10. SIGNATURE OF FEDERAL VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLEE DVM.	12. SIGNATURE DATE 8/30/11
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CERTIFICATION OF OWNER OR OWNER'S AGENT
I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand  981100002698487 Exp.2014-05	20. Color Bay	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 4y F	24. Sex F - Female	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAR	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST**
(VS Memorandum 555.16)

SERIAL NO. R 0086174	1. ACCESSION NUMBER ACL 17067	2. DATE BLOOD DRAWN 8/30/11
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W LIVESTOCK AUCTION LOS ALAMOS, NM			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5900 JONES PLACE NW, ALBUQUERQUE, NM		
Tel No.		County		Zip Code 87120	
Tel No.		County		Zip Code 87120	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify that the information submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM.	12. SIGNATURE DATE 8/30/11
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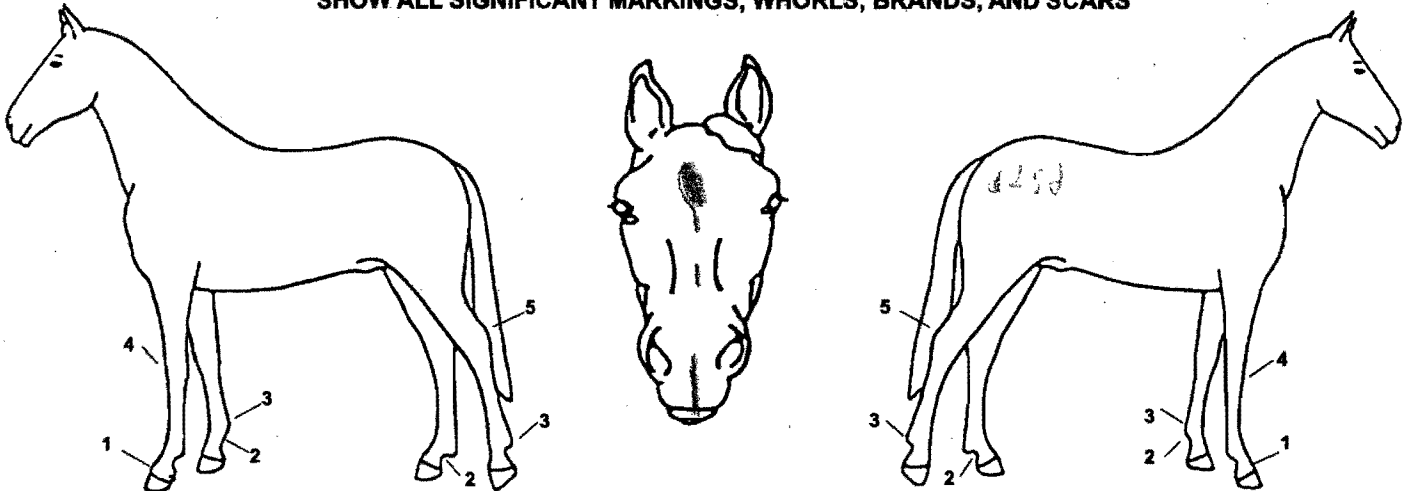
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002699215	20. Color Bay	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 3 1/2	24. Sex G	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Stone Supp	26. OTHER MARKS AND BRANDS DLSTP 12/11
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGNIS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. R 0085212	1. ACCESSION NUMBER <i>ADU7066</i>	2. DATE BLOOD DRAWN 8/30/11
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: _____ LONG: _____		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code _____ Tel No. _____ County _____	
8. NAME AND ADDRESS OF OWNER (Please print or type) DEANIS CHAVEZ # S/W LIVESTOCK AUCTION LOS LUNAS, NM Zip Code _____ Tel No. _____ County _____		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM 5900 JONES PLACE NW, ALBUQUERQUE, NM Zip Code 87120 Tel No. (505)610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify that the information submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 8/30/11
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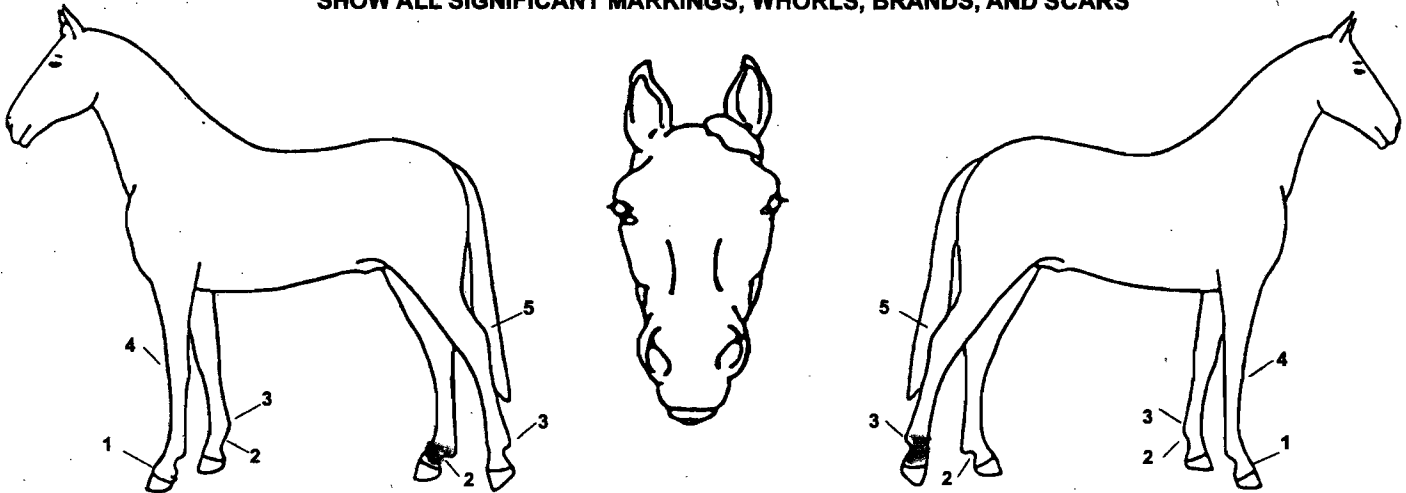
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002695417 Exp.2014-05	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	Male F - Female G - Gelding N - Neuter
				Bay	QH		4y M	M	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB <i>Sore</i>

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF _____ (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **R 0085211**
1. ACCESSION NUMBER *ACL. 17165*
2. DATE BLOOD DRAWN *8/30/11*

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) <i>N/A</i>		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. <i>1167</i>		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) <i>DENNIS CHAVEZ</i> <i>6 S/W LIVESTOCK AUCTION</i> <i>LOS LUNAS, NM</i>			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <i>C.Y. BRASHER DVM</i> <i>5900 JONES PLACE NW</i> <i>ALBUQUERQUE, NM</i>		
Tel No.		Zip Code		County	
		<i>87120</i>		<i>BERNALILLO</i>	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I, the undersigned, certify that the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF ACCREDITED VETERINARIAN <i>(b)(6)</i>	11. TYPE OR PRINT SIGNATURE NAME <i>C.Y. BRASHER DVM.</i>	12. SIGNATURE DATE <i>8/30/11</i>
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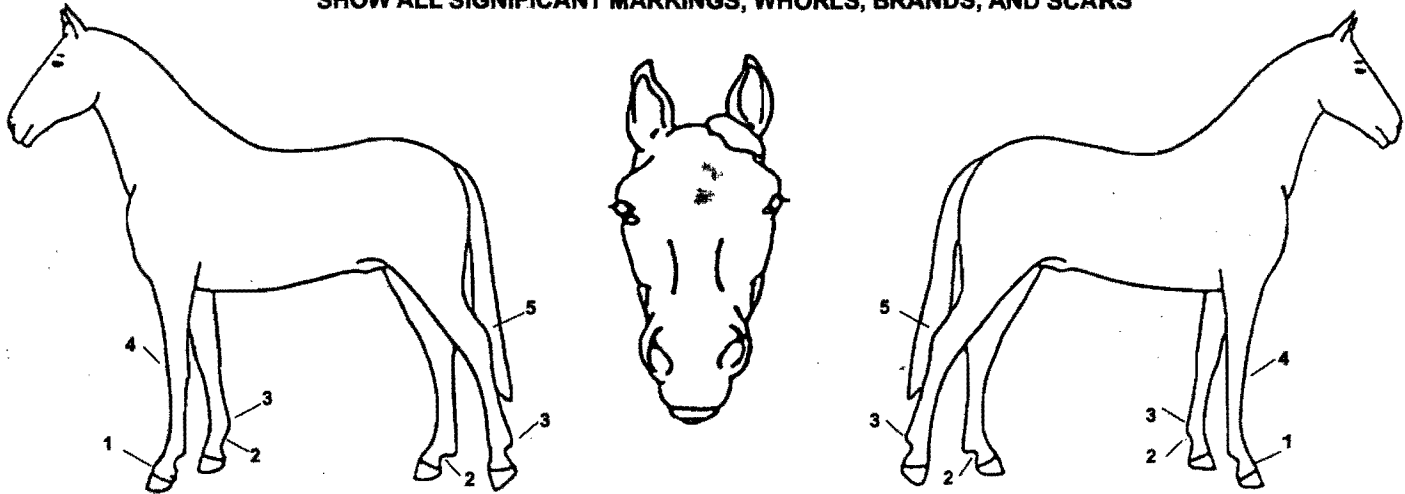
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER'S AGENT <i>(b)(6)</i>	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  <i>981100002698493</i>	20. Color <i>Red Roan</i>	21. Breed <i>QH</i>	22. Electronic I.D. No.	23. Age or DOB <i>5Y F</i>	24. Sex <i>F</i>	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD <i>STON</i>	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE <i>ALBUQUERQUE COGGINS LAB</i> <i>ALBUQUERQUE, NM</i>	32. DATE RECEIVED <i>8/30/11</i>	33. DATE REPORTED OUT <i>8/30/11</i>	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. SIGNATURE OF OWNER <i>(b)(6)</i>		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **R 0085210**
1. ACCESSION NUMBER **ACL 17064**
2. DATE BLOOD DRAWN **8/30/11**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/R LIVESTOCK AUCTION LOS LINDAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM 5000 JONES PLACE NW, ALBUQUERQUE, NM	
Tel No. County		Tel No. County	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM	12. SIGNATURE DATE 8/30/11
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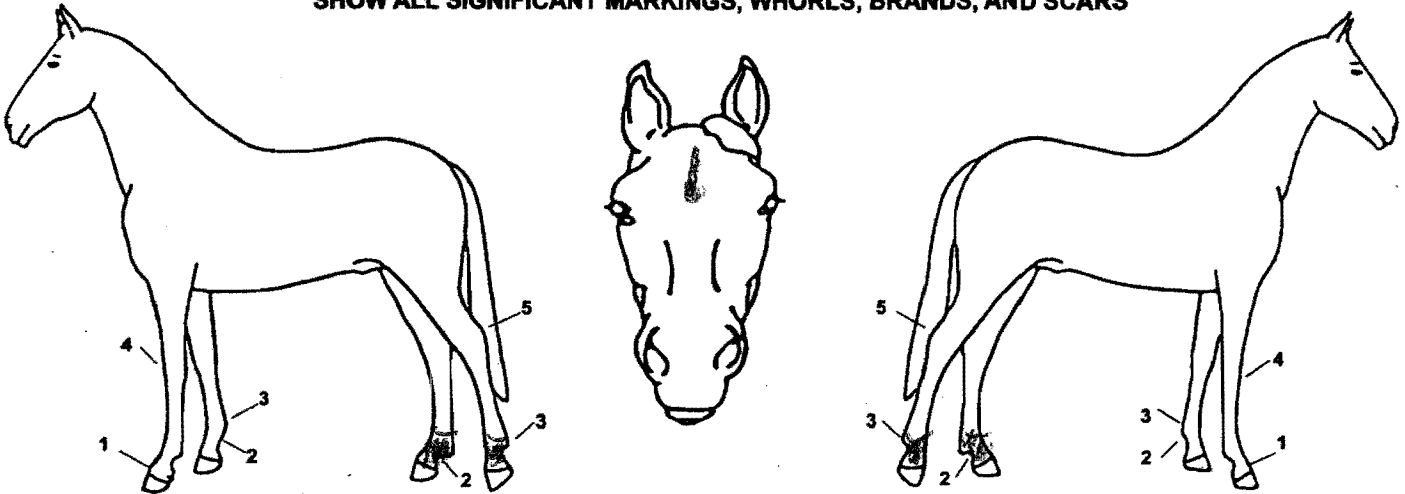
CERTIFICATION OF OWNER OR OWNER'S AGENT

I examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Barcode 981100002692589	19. Name of Horse	20. Color Sarcel	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 2/6	24. Sex G	25. M - Male F - Female <input checked="" type="checkbox"/> Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STON	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Coronet	30. RIGHT HINDLIMB Coronet

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE CUGGLES LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **R 0085209**
1. ACCESSION NUMBER **ACL. 17063**
2. DATE BLOOD DRAWN **8/30/11**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/A LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM 5900 JONES PLACE NW. ALBUQUERQUE, NM	
Tel No. County		Tel No. (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

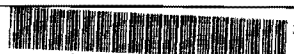
I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM.	12. SIGNATURE DATE 8/30/11
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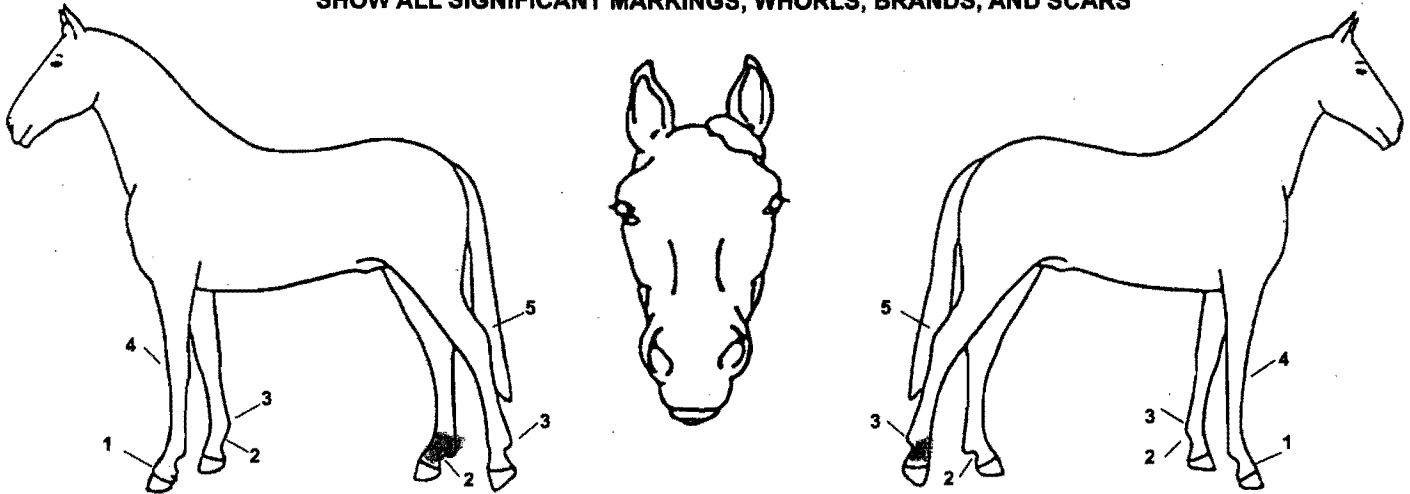
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002630611	20. Color Bay	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 5 Y	24. Sex <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB Coronet

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/31/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. SIGNATURE OF (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form for not more than

and may result in a fine of not more than \$10,000 or imprisonment S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **R 0085208**
1. ACCESSION NUMBER **ACL 17062**
2. DATE BLOOD DRAWN **8/30/11**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID	
5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		Zip Code	
8. NAME AND ADDRESS OF OWNER (Please print or type) DEANIS CHAVEZ 6 S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM 5900 JONES PLACE NW, ALBUQUERQUE, NM	
Tel No. County		Tel No. (505)610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>(b)(6)</i>	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM.	12. SIGNATURE DATE 8/30/11
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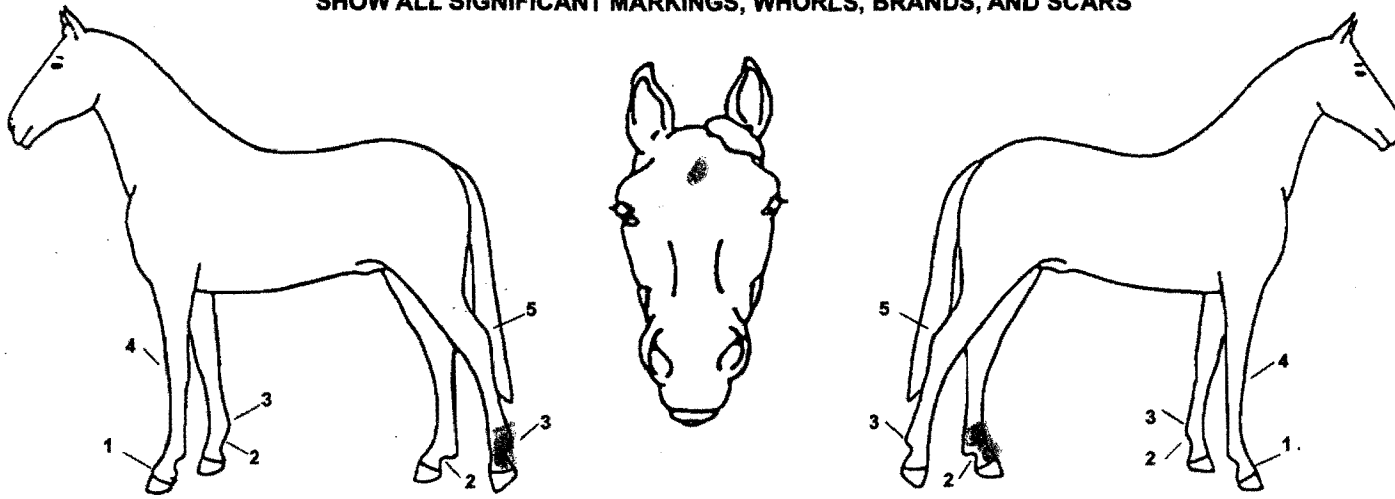
CERTIFICATION OF OWNER OR OWNER'S AGENT

I examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT <i>(b)(6)</i>	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002622886 Exp.2014-05	20. Color SOB	21. Breed Q	22. Electronic I.D. No.	23. Age or DOB 2 1/2	24. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gelding <input type="checkbox"/> Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STON	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB SOON	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. SIGNATURE <i>(b)(6)</i>		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. R 0085206	1. ACCESSION NUMBER ACL 17061	2. DATE BLOOD DRAWN 8/30/11
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM Zip Code			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5900 JONES PLACE NW, ALBUQUERQUE, NM Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO		

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM.	12. SIGNATURE DATE 8/30/11
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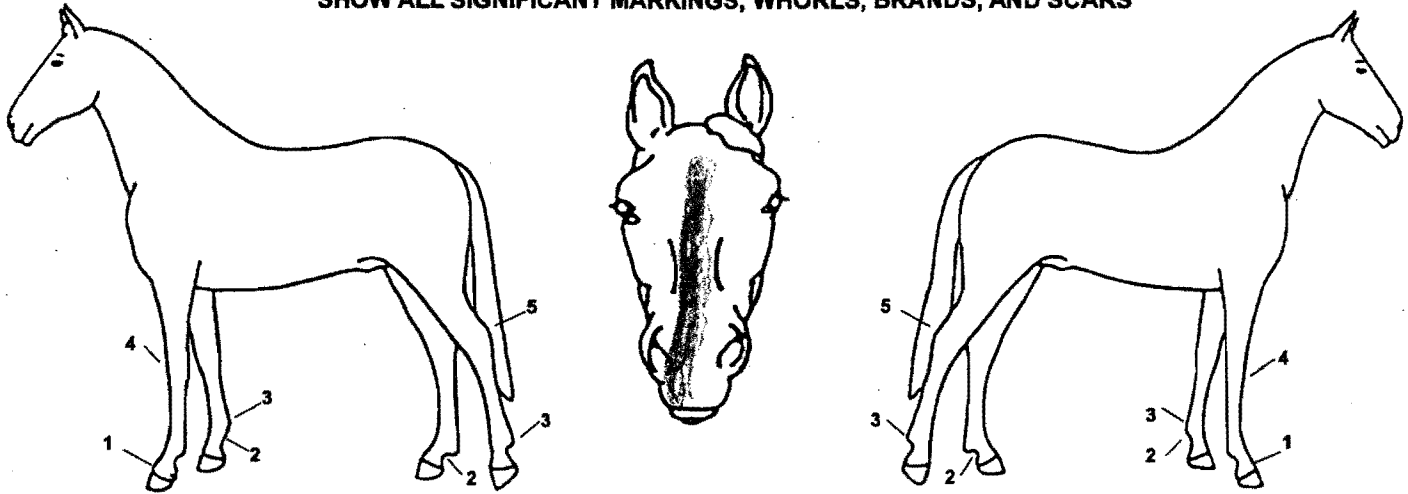
CERTIFICATION OF OWNER OR OWNER'S AGENT

I examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19.  981100002630566 Exp. 2014-05	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female <input checked="" type="checkbox"/> Gelding N - Neuter
				White	Q/N		4/6		

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. SIGNATURE OF (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form for not more than

penalty and may result in a fine of not more than \$10,000 or imprisonment both (U.S.C. Section 1001).

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST**
(VS Memorandum 555.16)

SERIAL NO. **R0082457**
1. ACCESSION NUMBER **ACL 17060**
2. DATE BLOOD DRAWN **8/30/11**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5400 JONES PLACE NW, ALBUQUERQUE, NM		
Tel No.		County		Zip Code	
Tel No.		County		Zip Code	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify that the information submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM.	12. SIGNATURE DATE 8/30/11
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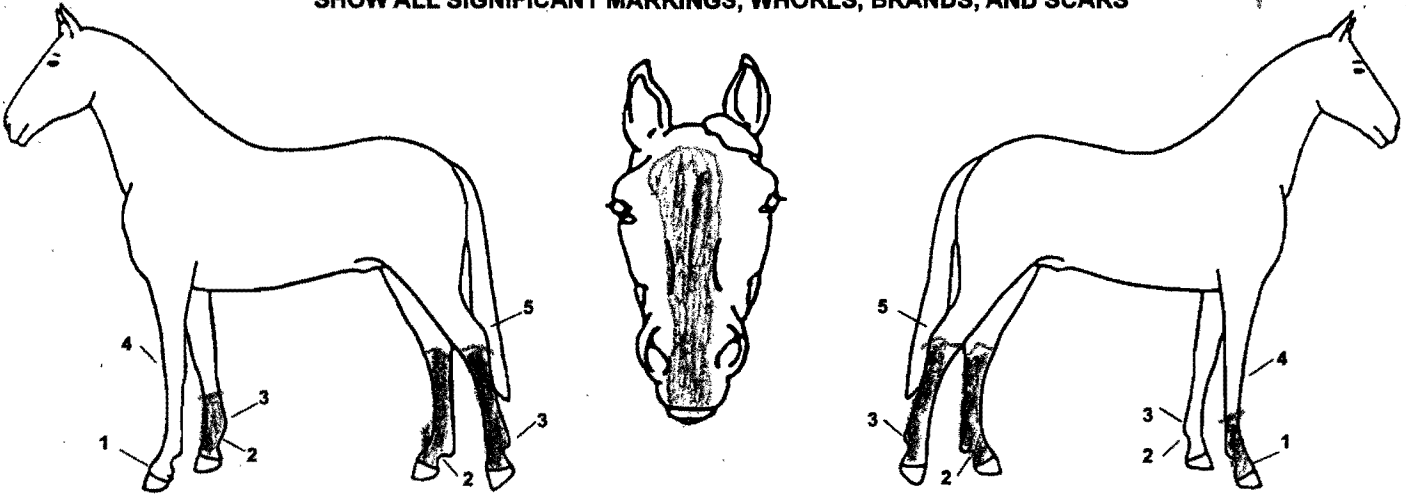
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tatt	19. Barcode  981100002621395	20. Color Sorrel	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 6y G	24. Sex G	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

26. HEAD Stamp	28. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB Soch
29. LEFT HINDLIMB Soch	30. RIGHT HINDLIMB Soch

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 1 year (U.S.C. Section 1001).

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST**
(VS Memorandum 555.16)

SERIAL NO.

R 0085205

1. ACCESSION NUMBER

AC. 17059

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CLAVNE @ S/W LIVESTOCK AUCTION LOS LUNAS, NM			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM 5900 JONES PLACE NW, ALBUQUERQUE, NM		
Tel No.		County	Tel No. (505) 610-4711		County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that the information submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM.		12. SIGNATURE DATE 8/30/11	
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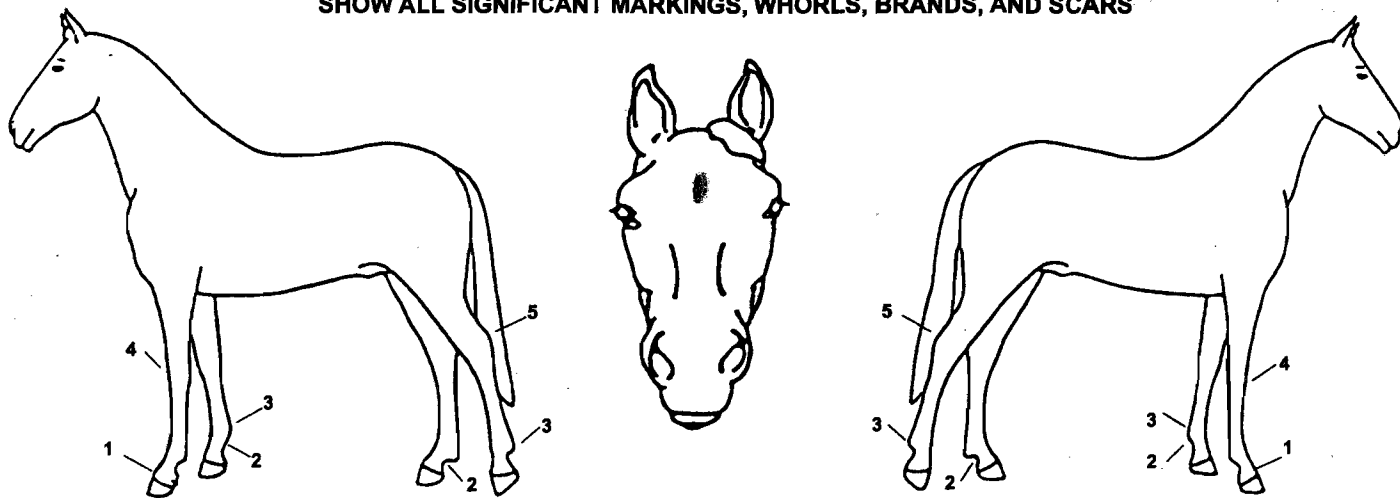
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE	
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16. Tube No.	17. Official Tag No.	18. Tattoo/Br	19. Name of Horse 981100002623159	20. Color Sorrel	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 246	24. Sex G	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAR		26. OTHER MARKS AND BRANDS	
27. LEFT FORELIMB		28. RIGHT FORELIMB	
29. LEFT HINDLIMB		30. RIGHT HINDLIMB	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM		32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA	
36. SIGNATURE OF TECHNICIAN (b)(6)			35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or Imprisonment or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0085204

1. ACCESSION NUMBER

ACL. 17058

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BLASMEK DVM 5900 JONES PLACE NW, ALBUQUERQUE, NM	
Tel No. County		Tel No. (505)610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I, (b)(6), certify that the information submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BLASMEK DVM.	12. SIGNATURE DATE 8/30/11
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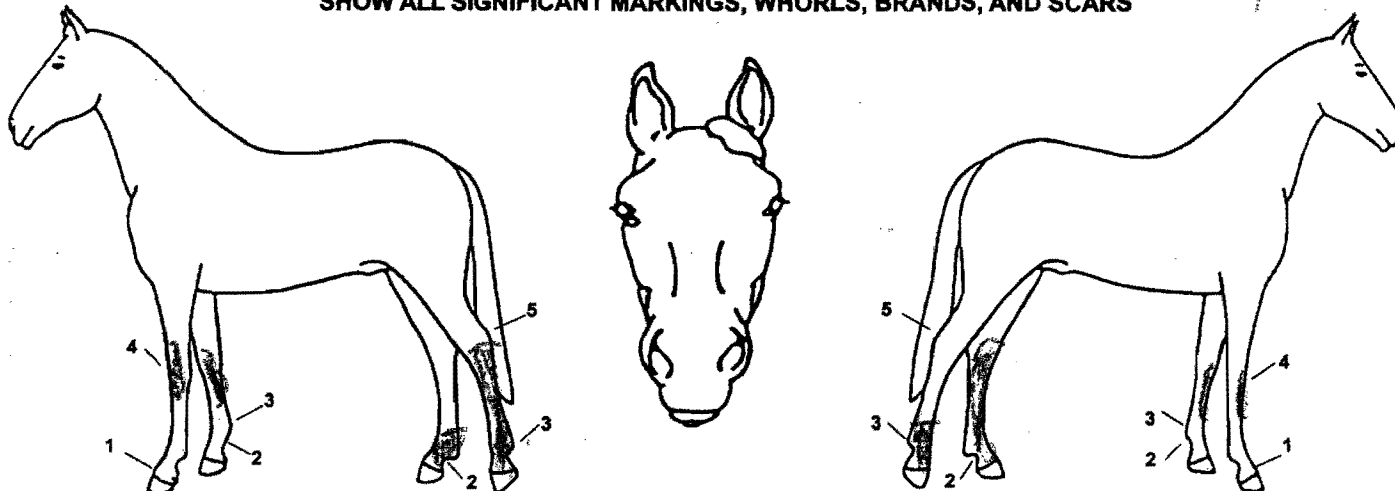
CERTIFICATION OF OWNER OR OWNER'S AGENT

I, (b)(6), certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse 981100002696991	20. Color Bay	21. Breed Paint	22. Electronic I.D. No.	23. Age or DOB 4/M	24. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gelding <input type="checkbox"/> Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. SIGNATURE (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. R 0085527	1. ACCESSION NUMBER AGL. 17138	2. DATE BLOOD DRAWN 8/30/11
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CLAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHEK DVM 5900 JOKES PLACE NW ALBUQUERQUE, NM	
Tel No. County		Tel No. County	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHEK DVM.	12. SIGNATURE DATE 8/30/11
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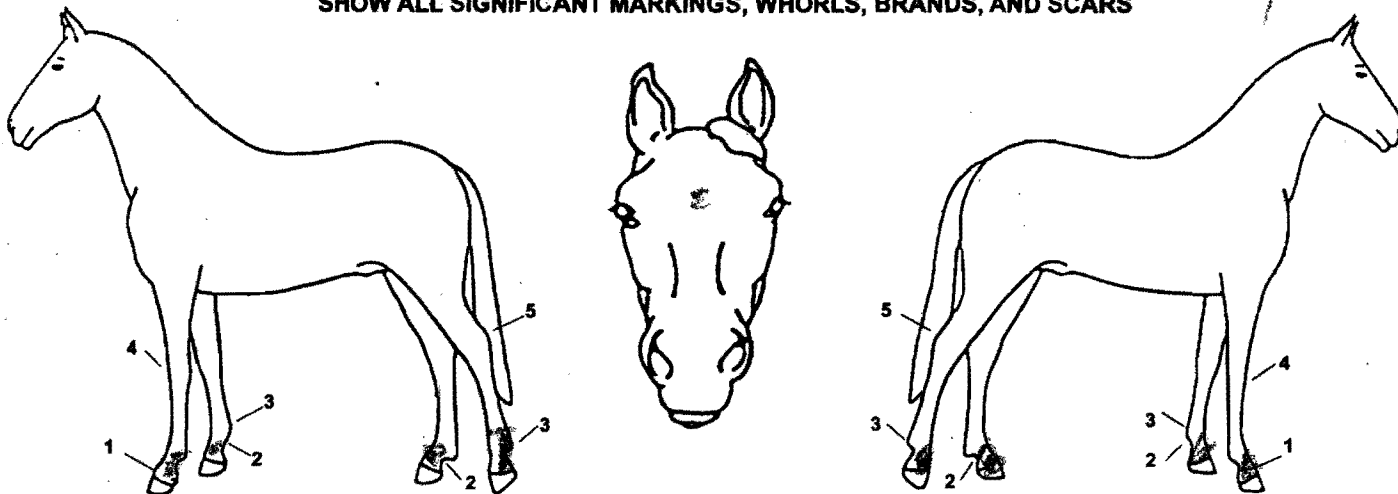
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color Red	21. Breed Roan	22. Electronic I.D. No.	23. Age or DOB	24. Sex	25. M - Male F - Female G - Gelding N - Neuter
		 981100002700733 Exp.2014-05							

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STON	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB Sun	28. RIGHT FORELIMB Sun
29. LEFT HINDLIMB Sun	30. RIGHT HINDLIMB Sun

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST**
(VS Memorandum 555.16)

SERIAL NO.

R 0081975

1. ACCESSION NUMBER

ACL-17139

2. DATE BLOOD DRAWN

8/30/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code	
8. NAME AND ADDRESS OF OWNER (Please print or type) HERRIS CRAVEZ @ S/W LIVESTOCK AUCTION JOSE LUNAS, RL		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM	
Tel No. County		Tel No. (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that the information submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL VETERINARIAN (b)(6)		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM.		12. SIGNATURE DATE 8/30/11	
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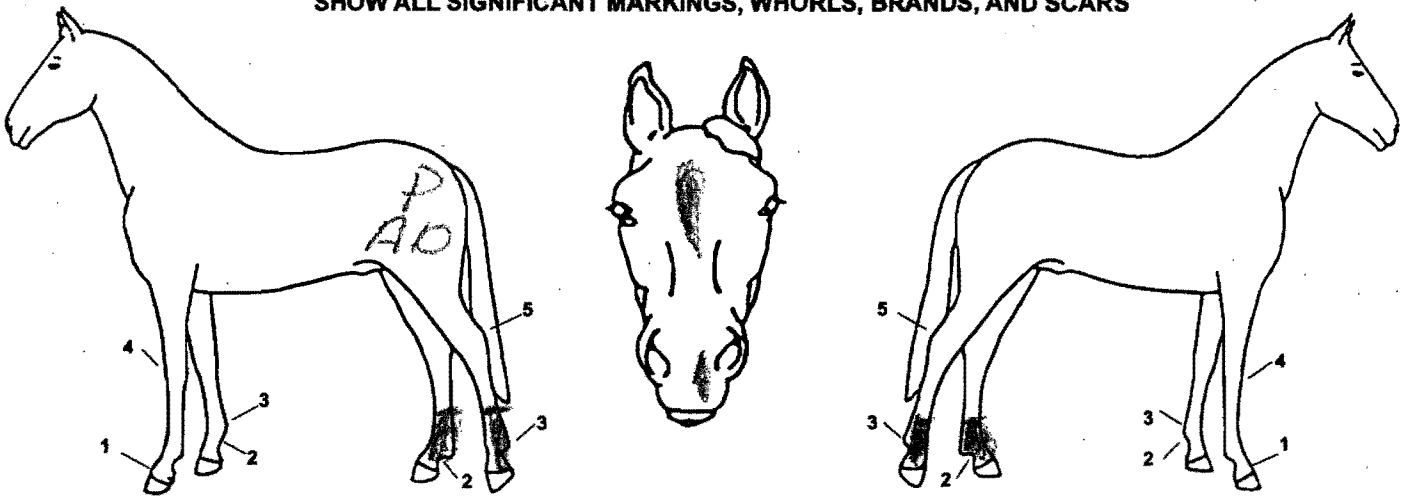
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE	
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
			981100002696544	Bay	QH		4y 6m	G	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Stone Grip		26. OTHER MARKS AND BRANDS AD QH	
27. LEFT FORELIMB		28. RIGHT FORELIMB	
29. LEFT HINDLIMB Scar		30. RIGHT HINDLIMB Scar	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGNIS LAB ALBUQUERQUE, NM		32. DATE RECEIVED 8/30/11		33. DATE REPORTED OUT 8/30/11		34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA	
36. SIGNATURE OF (b)(6)		35. REMARKS					

Falsification of this form or knowingly using a falsified form is an offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **R 0082060**
1. ACCESSION NUMBER **ACC. 17140**
2. DATE BLOOD DRAWN **8/30/11**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		8. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM Tel No. _____ County _____			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM Tel No. (505) 610-4711 Zip Code 87120 County BERNALILLO		

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

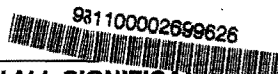
10. SIGNATURE OF FEDERATED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM.	12. SIGNATURE DATE 8/30/11
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CERTIFICATION OF OWNER OR OWNER'S AGENT

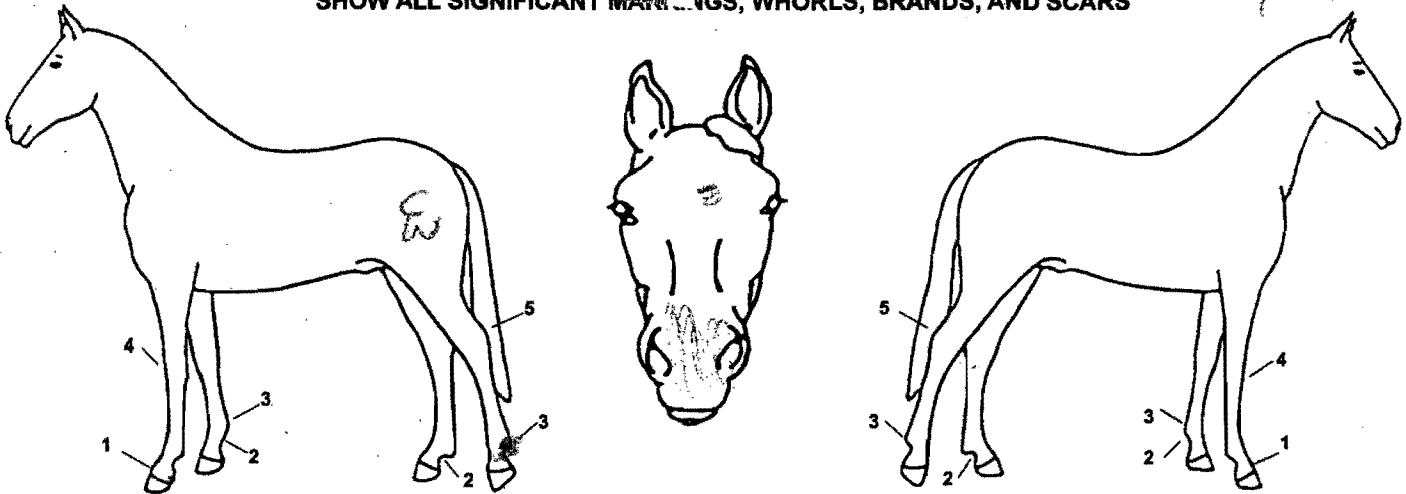
I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color Bay	21. Breed Paint	22. Electronic I.D. No.	23. Age or DOB 4y 11m	24. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gelding <input type="checkbox"/> Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Stow Grip	26. OTHER MARKS AND BRANDS EW L/H
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Soch	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 8/30/11	33. DATE REPORTED OUT 8/30/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST**
(VS Memorandum 555.16)

SERIAL NO.

R 0081976

1. ACCESSION NUMBER

AGL. 17141

2. DATE BLOOD DRAWN

9/11/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Export <input type="checkbox"/> AGID		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUKAS, NE Zip Code County		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHEAR DVM 5900 JONES PLACE NW ALBUQUERQUE, NE Zip Code 87120 County BERNALILLO Tel No. (505) 610-4711	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

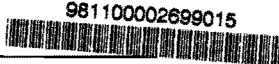
I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FED (b)(6)	VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHEAR DVM.	12. SIGNATURE DATE 9/11/11
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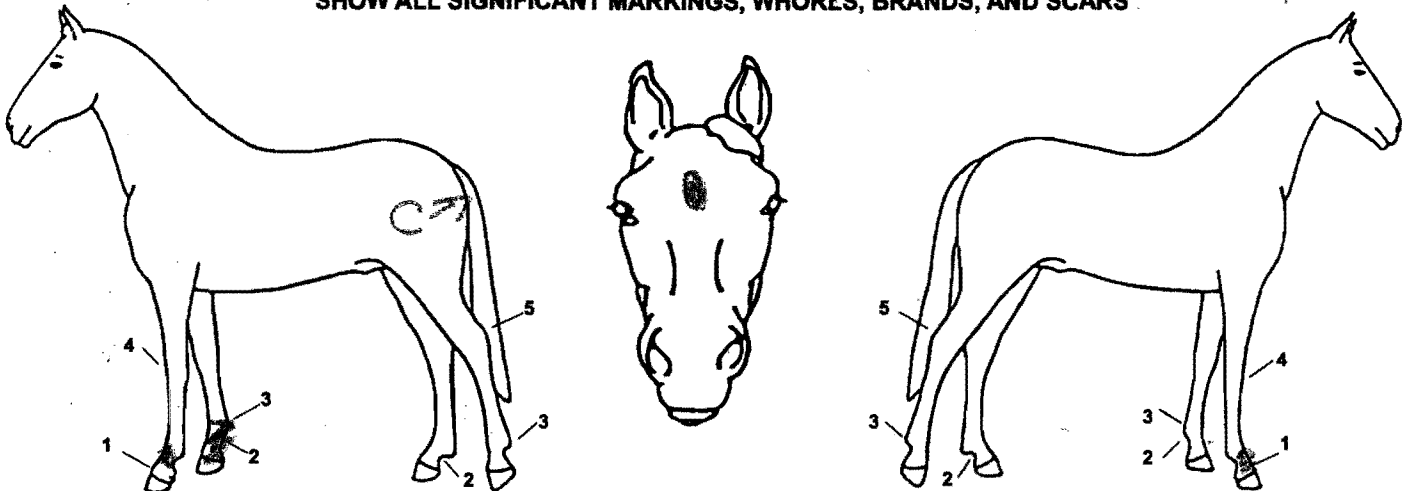
CERTIFICATION OF OWNER OR OWNER'S AGENT

I examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWN (b)(6)	14. TYPE OR PRINT SIGNATURE NAME
---------------------------------------	---

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse 981100002699015 	20. Color Bay	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 2/6	24. Sex M	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STON	26. OTHER MARKS AND BRANDS C74H
27. LEFT FORELIMB Coronet	28. RIGHT FORELIMB Seen
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 9/11/11	33. DATE REPORTED OUT 9/11/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0081977

1. ACCESSION NUMBER

ACL 14142

2. DATE BLOOD DRAWN

9/1/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING

- Market
- Change of Ownership
- Retest
- Show
- First Test
- Export

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

N/A

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)
LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.
1167

6. TEST TYPE
 ELISA
 AGID

Zip Code

Tel No.

County

8. NAME AND ADDRESS OF OWNER (Please print or type)

DENNIS CHAVEZ
c/o S/W LIVESTOCK AUCTION
JOB LUKAS, NM

Zip Code

Tel No.

County

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

C.Y. BRASLER DVM

5900 JONES PLACE NW

ALBUQUERQUE, NM

Tel No. (505) 610-4711

Zip Code

87120

County

SAN JUAN

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL VETERINARIAN

(b)(6)

VETERINARIAN

11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASLER DVM

12. SIGNATURE DATE

9/1/11

CERTIFICATION OF OWNER OR OWNER'S AGENT


examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT

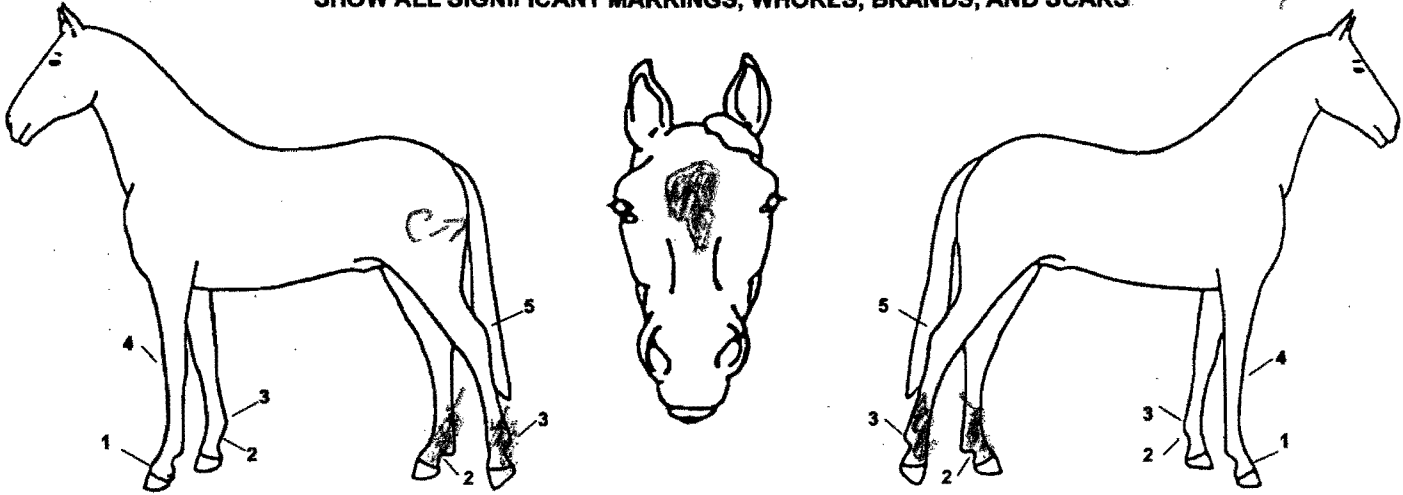
I c

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
			 981100002694151		Bay			7yr	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS.



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD *Star*

26. OTHER MARKS AND BRANDS *CALIN*

27. LEFT FORELIMB

28. RIGHT FORELIMB

29. LEFT HINDLIMB *Star*

30. RIGHT HINDLIMB *Star*

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE
ALBUQUERQUE CUGGINS LAB
ALBUQUERQUE, NM

32. DATE RECEIVED

9/1/11

33. DATE REPORTED OUT

9/1/11

34. TEST RESULTS

Negative Positive AGID ELISA

36. SIGNATURE

(b)(6)

35. REMARKS

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **R 0081978**
1. ACCESSION NUMBER **AGI. 17143**
2. DATE BLOOD DRAWN **9/1/11**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DEANIS CRAVSE @ S/W LIVESTOCK AUCTION LOS LUNAS, NM Zip Code County			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM Zip Code 87120 Tel No. (505)510-4711 County BERNALILLO		

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that the information submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM.	12. SIGNATURE DATE 9/1/11
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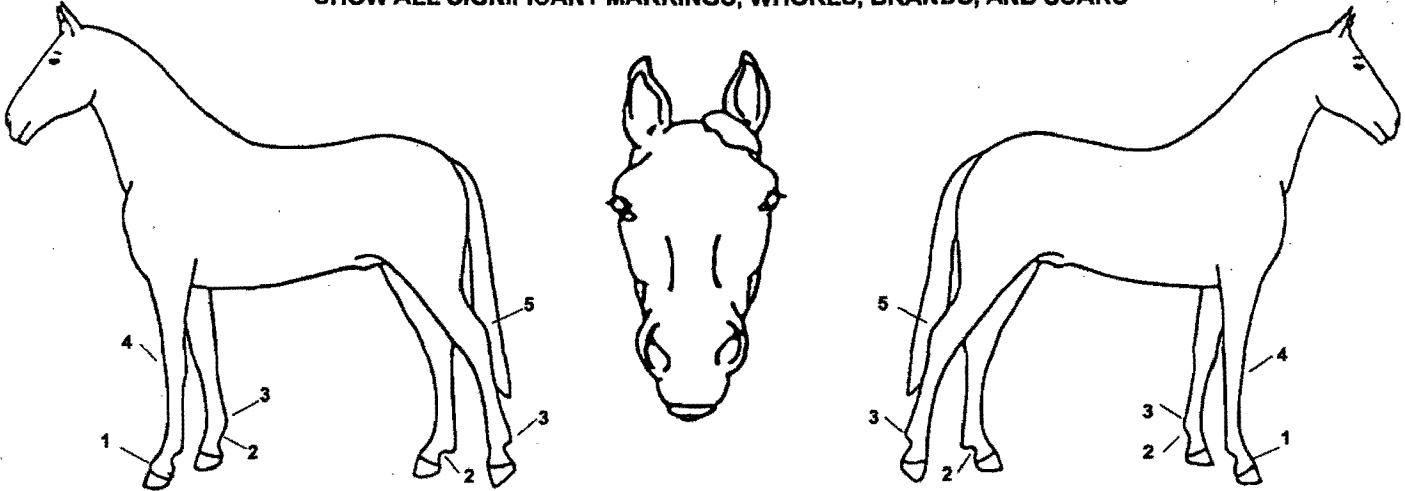
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse 981100002697832	20. Color BAY QU	21. Breed	22. Electronic I.D. No.	23. Age or DOB 2/11	24. Sex M	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 9/1/11	33. DATE REPORTED OUT 9/1/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0081987

1. ACCESSION NUMBER

ACL 17144

2. DATE BLOOD DRAWN

9/11/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING

Market Change of Ownership Retest Show First Test Export

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

N/A

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

1167

6. TEST TYPE

ELISA
 AGID

Zip Code

Tel No.

County

8. NAME AND ADDRESS OF OWNER (Please print or type)

DENNIS CHAVEZ
6 S/W LIVESTOCK AUCTION
LOS LUNAS, NM

Zip Code

Tel No.

County

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

C.Y. BRASNER DVM
5900 JONES PLACE NW
ALBUQUERQUE, NM

Zip Code 87120

Tel No. (505) 610-4711

County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that the blood sample submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

(b)(6)

VETERINARIAN

11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASNER DVM.

12. SIGNATURE DATE

9/11/11

CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

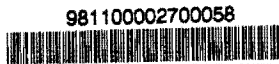
13. SIGNATURE OF OWNER OR OWNER'S AGENT

I certify

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

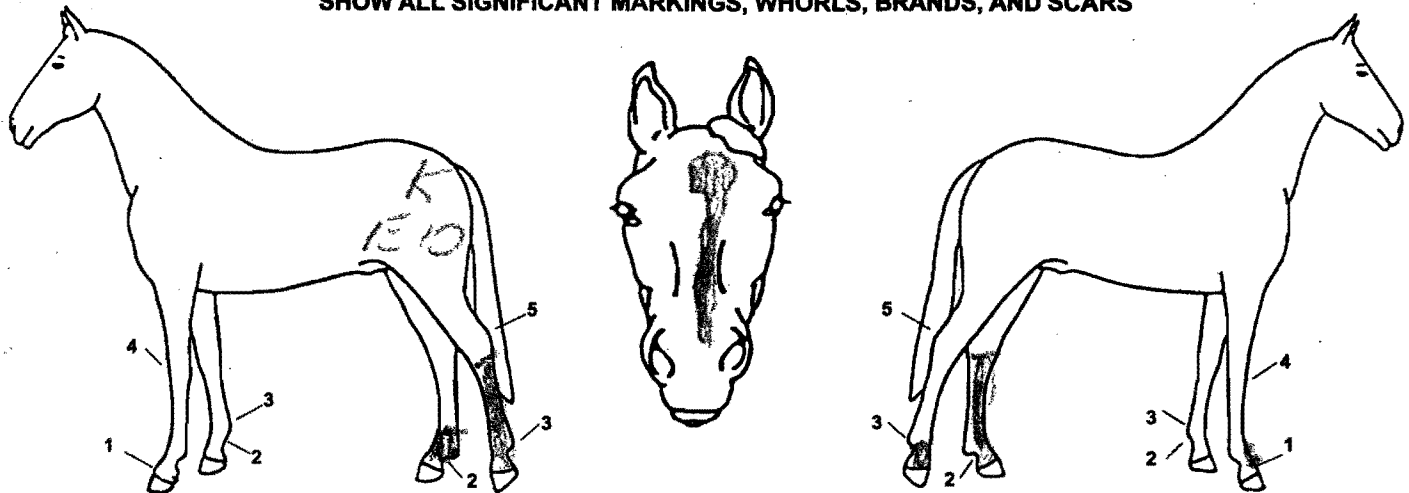
16. Tube No.	17. Official Tag No.	18. Tattoo/Brand



19. Name of Horse

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS

20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
Gray	Quarter Horse		2/1	G	



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip

27. LEFT FORELIMB

29. LEFT HINDLIMB Sock

26. OTHER MARKS AND BRANDS K ED L/H

28. RIGHT FORELIMB Coronet

30. RIGHT HINDLIMB Sock

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE JOGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 9/11/11	33. DATE REPORTED OUT 9/11/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
	35. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST**
(VS Memorandum 555.18)

SERIAL NO.

R 0081988

1. ACCESSION NUMBER

ACL. 17145 9871111

2. DATE BLOOD DRAWN

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING

- Market Change of Ownership Retest Show First Test Export

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

N/A

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

1167

6. TEST TYPE

- ELISA
 AGID

Zip Code

Tel No.

County

8. NAME AND ADDRESS OF OWNER (Please print or type)

BENNIS CHAVEZ

@ S/W LIVESTOCK AUCTION

LOS LUNAS, NM

Zip Code

Tel No.

County

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

C.Y. BRASHER DVM

5900 JONES PLACE NW

ALBUQUERQUE, NM

Zip Code 87120

Tel No. (505) 510-4771

County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that the sample submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

(b)(6)

11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASHER DVM

12. SIGNATURE DATE

9/11/11

CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.

17. Official Tag No.

18. Tattoo/Brand

19. Name of Horse

20. Color

21. Breed

22. Electronic I.D. No.

23. Age or DOB

24. Sex

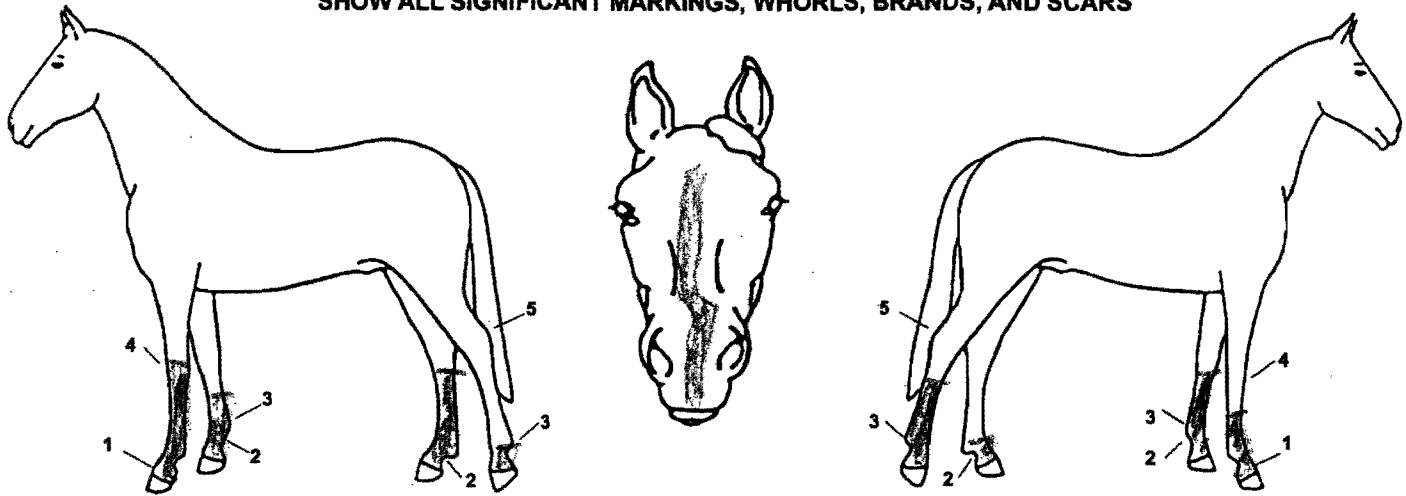
- M - Male
 F - Female
 G - Gelding
 N - Neuter



DUN QU

24/11

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD *Strip*
27. LEFT FORELIMB *Soch*
29. LEFT HINDLIMB *Soch*

26. OTHER MARKS AND BRANDS
28. RIGHT FORELIMB *Soch*
30. RIGHT HINDLIMB *Soch*

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LLC ALBUQUERQUE, NM	32. DATE RECEIVED 9/11/11	33. DATE REPORTED OUT 9/11/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TESTER (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0081989

1. ACCESSION NUMBER

ACL. 17146

2. DATE BLOOD DRAWN

9/1/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		8. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/ S/R LIVESTOCK AUCTION LOS LUNAS, NM			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM		
Tel No.		County		Zip Code	
Tel No.		County		Zip Code	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM.	12. SIGNATURE DATE 9/1/11
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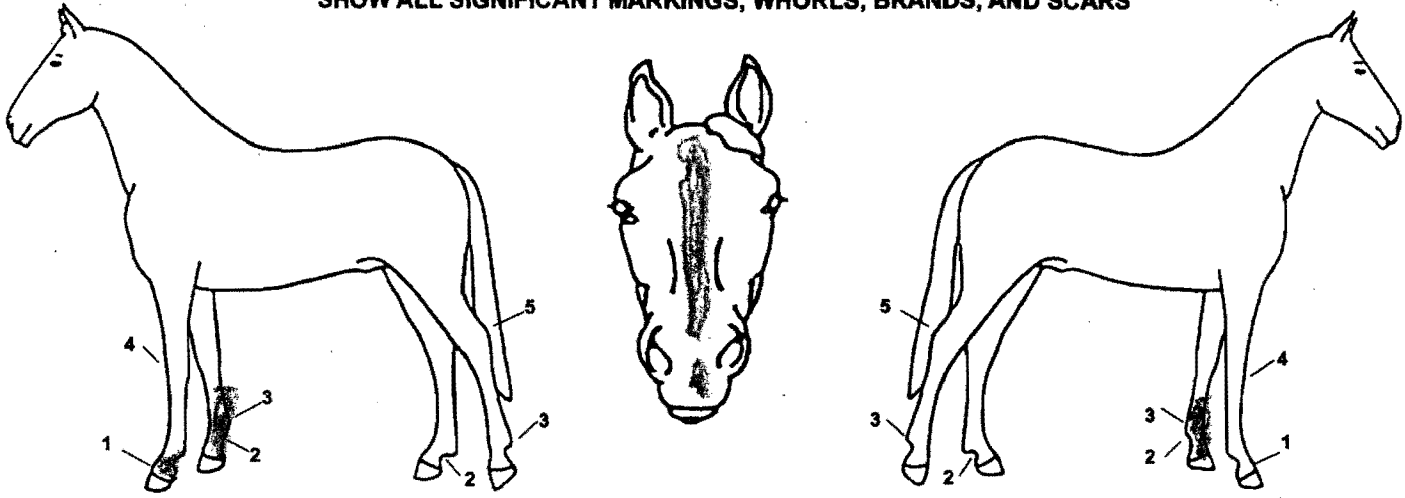
CERTIFICATION OF OWNER OR OWNER'S AGENT

I examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse  981100002698847	20. Color Sorrel	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 246	24. Sex G	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip Sings	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB Coronet	28. RIGHT FORELIMB Socks
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 9/1/11	33. DATE REPORTED OUT 9/1/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **R 0081990** 1. ACCESSION NUMBER **ACL 17147** 2. DATE BLOOD DRAWN **9/11/11**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM Zip Code Tel No. County			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM Zip Code 87120 Tel No. (505)610-4711 County BERNALILLO		

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify (b)(6) submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL VETERINARIAN		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM.		12. SIGNATURE DATE 9/11/11	
---------------------------------------	--	--	--	--------------------------------------	--

CERTIFICATION OF OWNER OR OWNER'S AGENT

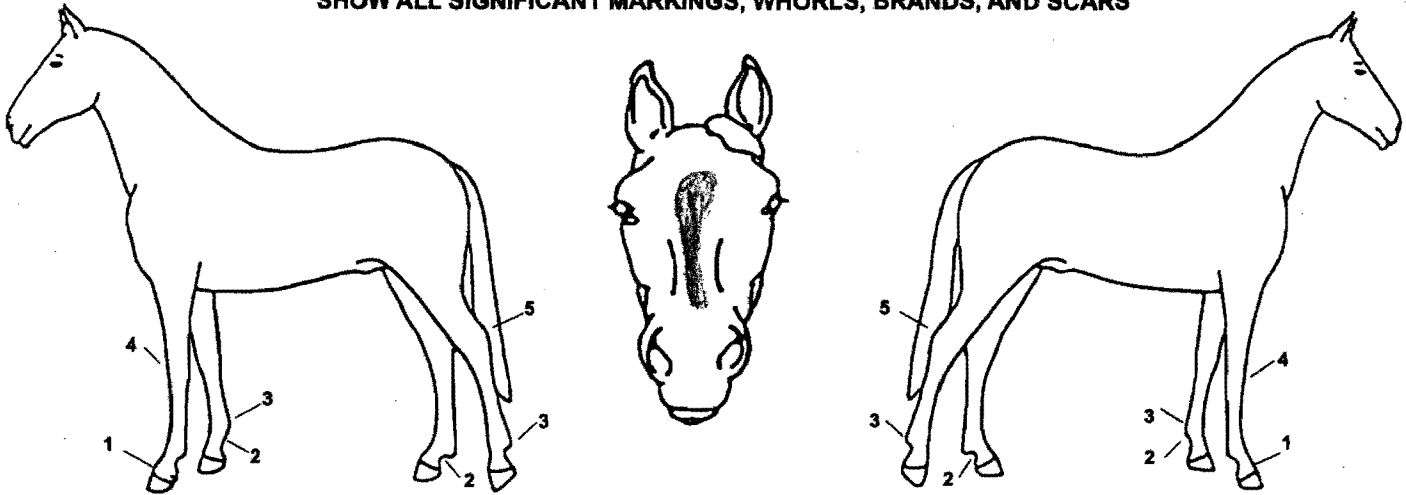
I certify examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE	
---	--	----------------------------------	--	--------------------	--

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color Red	21. Breed Roan	22. Electronic I.D. No.	23. Age or DOB 2/1	24. Sex <input checked="" type="checkbox"/> M - Male <input checked="" type="checkbox"/> F - Female <input type="checkbox"/> G - Gelding <input type="checkbox"/> N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip		26. OTHER MARKS AND BRANDS	
27. LEFT FORELIMB		28. RIGHT FORELIMB	
29. LEFT HINDLIMB		30. RIGHT HINDLIMB	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COLLENS LAE ALBUQUERQUE, NM		32. DATE RECEIVED 9/11/11	33. DATE REPORTED OUT 9/11/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA	
36. SIGNATURE (b)(6)		35. REMARKS			

Falsification of this form or knowingly using a falsified form is an offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST**
(VS Memorandum 555.16)

SERIAL NO. R 0081991	1. ACCESSION NUMBER ACL 17148	2. DATE BLOOD DRAWN 9/1/11
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W LIVESTOCK AUCTION LOS LUNAS, NM			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. KRASNER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM		
Tel No.		County	Tel No. (505) 610-4711		County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

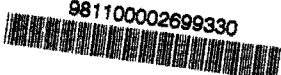
(b)(6) specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. KRASNER DVM.	12. SIGNATURE DATE 9/1/11
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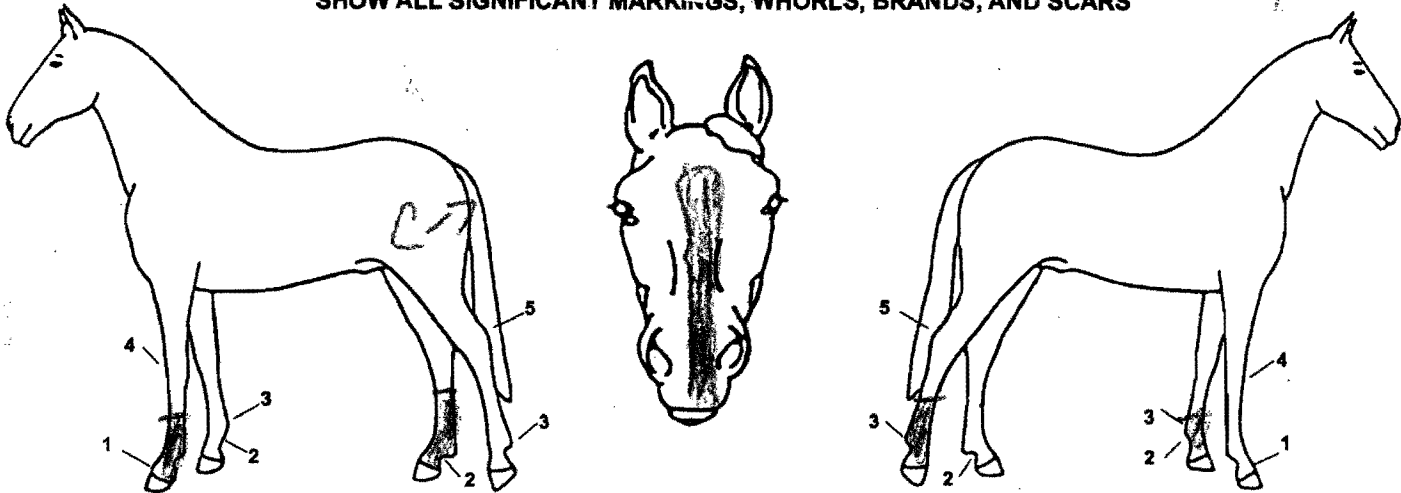
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
--	---	---------------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse 981100002699330 	20. Color Sor	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 5/6	24. Sex G (Gelding)	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip	26. OTHER MARKS AND BRANDS C-7 L/H
27. LEFT FORELIMB Soc	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB Soc

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COUGLINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 9/1/11	33. DATE REPORTED OUT 9/1/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
	36. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **R 0081992** 1. ACCESSION NUMBER **AGL 17149** 2. DATE BLOOD DRAWN **9/1/11**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W LIVESTOCK AUCTION LUB LUNAS, NR.			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASNER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM (505) 610-4711		
Tel No.		County	Tel No.		County

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

A specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASNER DVM.		12. SIGNATURE DATE 9/1/11	
--	--	---	--	------------------------------	--

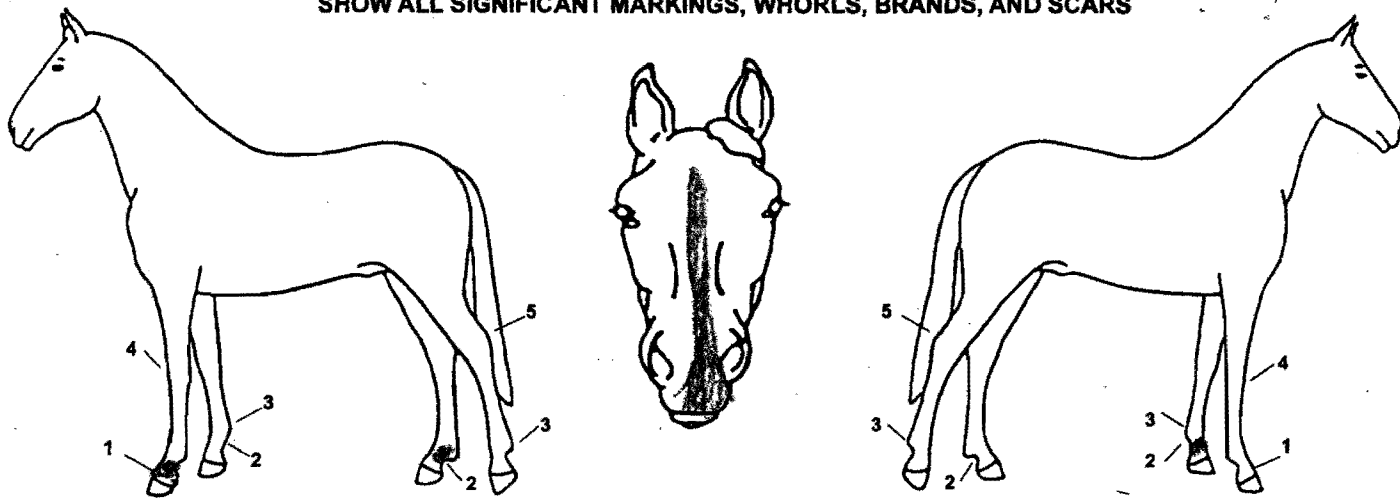
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT			14. TYPE OR PRINT SIGNATURE NAME			15. SIGNATURE DATE		
---	--	--	----------------------------------	--	--	--------------------	--	--

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse 981100002627029	20. Color Dun/QR	21. Breed	22. Electronic I.D. No.	23. Age or DOB 2/11	24. Sex M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Stamp		26. OTHER MARKS AND BRANDS	
27. LEFT FORELIMB Coronet		28. RIGHT FORELIMB	
29. LEFT HINDLIMB		30. RIGHT HINDLIMB Coronet	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM		32. DATE RECEIVED 9/1/11	33. DATE REPORTED OUT 9/1/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA	
36. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS			

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. R 0081993	1. ACCESSION NUMBER ACT. 17/50	2. DATE BLOOD DRAWN 9/11/11
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CRAVEE @ S/W LIVESTOCK AUCTION LOS LUNAS, NM Zip Code Tel No. County			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHEK DVM 5900 JONES PLACE NW ALBUQUERQUE, NM Zip Code 87120 Tel No. (505)610-4711 County BERNALILLO		

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify that the information submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHEK DVM.	12. SIGNATURE DATE 9/11/11
--	---	-------------------------------

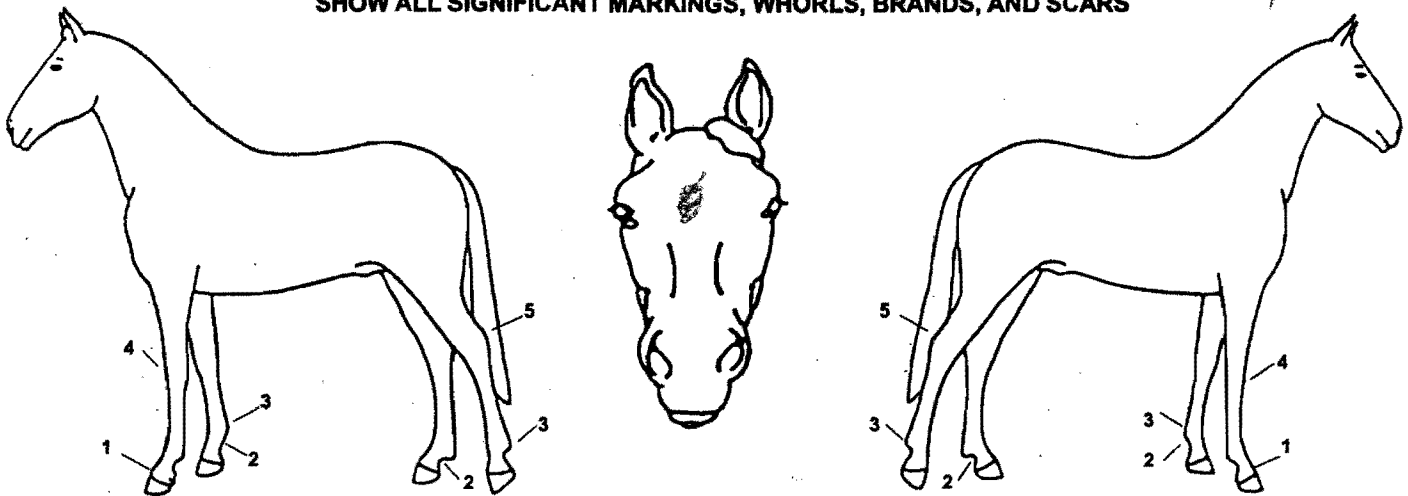
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse 981100002626608 	20. Color Bay	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 4y	24. Sex G	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Stone	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM	32. DATE RECEIVED 9/11/11	33. DATE REPORTED OUT 9/11/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. SIGNATURE (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST**
(VS Memorandum 555.16)

SERIAL NO.

R 0081994

1. ACCESSION NUMBER

ACL. 17151

2. DATE BLOOD DRAWN

9/1/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS, NM Zip Code			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM Zip Code 87120		
Tel No.		County	Tel No. (505)610-4711		County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.		12. SIGNATURE DATE 9/1/11	
---	--	--	--	-------------------------------------	--

CERTIFICATION OF OWNER OR OWNER'S AGENT

I examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

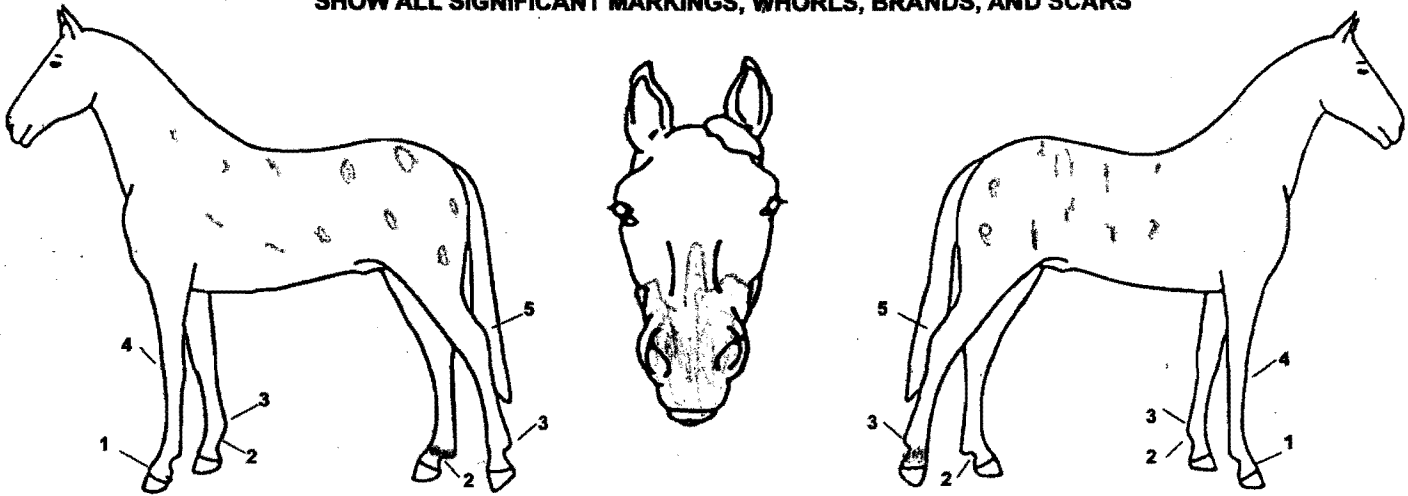
13. SIGNATURE OF OWNER OR OWNER'S AGENT		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE	
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
				Bay	App		10	M	

981100002698702



SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD SNIP		26. OTHER MARKS AND BRANDS	
27. LEFT FORELIMB		28. RIGHT FORELIMB	
29. LEFT HINDLIMB		30. RIGHT HINDLIMB Coronet	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM		32. DATE RECEIVED 9/1/11	33. DATE REPORTED OUT 9/1/11	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA	
36. SIGNATURE (b)(6)		35. REMARKS			

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

R 0081995

1. ACCESSION NUMBER

ACL. 14152

2. DATE BLOOD DRAWN

9/1/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING

- Market
- Change of Ownership
- Retest
- Show
- First Test
- Export

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

N/A

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

1167

6. TEST TYPE

- ELISA
- AGID

Zip Code

Tel No.

County

8. NAME AND ADDRESS OF OWNER (Please print or type)

DENNIS CHAVEZ
@ S/W LIVESTOCK AUCTION
LOS LUNAS, NM

Zip Code

Tel No.

County

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

C.Y. BRASHER DVM
5900 JONES PLACE NW
ALBUQUERQUE, NM

Zip Code 87120

Tel No. (505)610-4711

County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

(b)(6)

11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASHER DVM

12. SIGNATURE DATE

9/1/11

CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.

17. Official Tag No.

18. Tattoo/Brand

19. Name of Horse

20. Color

21. Breed

22. Electronic I.D. No.

23. Age or DOB

24. Sex

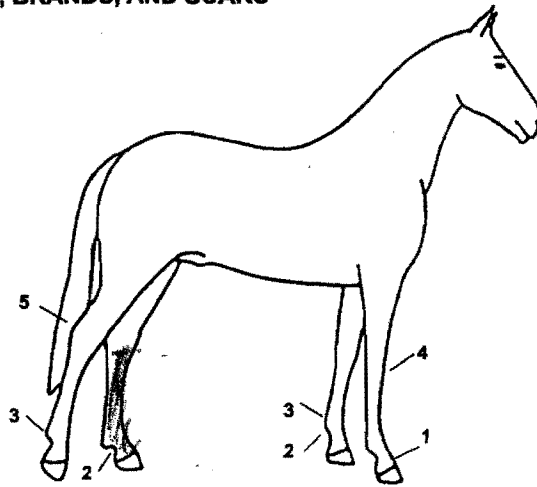
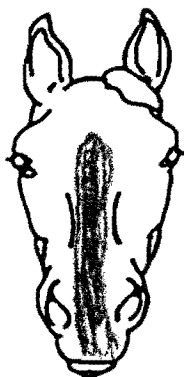
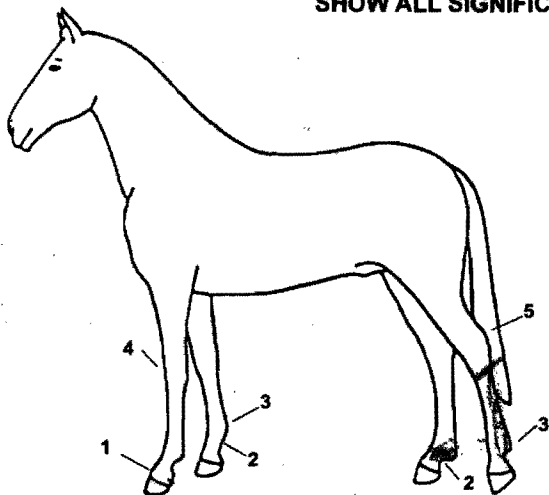
M - Male
F - Female
G - Gelding
N - Neuter



502 QN

2/1

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip

26. OTHER MARKS AND BRANDS

27. LEFT FORELIMB

28. RIGHT FORELIMB

29. LEFT HINDLIMB Sock

30. RIGHT HINDLIMB Coronet

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB
ALBUQUERQUE, NM

32. DATE RECEIVED

9/1/11

33. DATE REPORTED OUT

9/1/11

34. TEST RESULTS

Negative Positive AGID ELISA

36. SIGNATURE (b)(6)

35. REMARKS

Falsification of this form or knowingly using a falsified form for not me

offense and may result in a fine of not more than \$10,000 or imprisonment both (U.S.C. Section 1001).

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICES
STATEMENT OF SERVICES

Originating Office Phone

505-761-3160

Dennis Chavez

P.O. Box 700

Los Lunas

NM 87031

Control Number: 3501B0632

Office Id: 973501

Service Date(s)

Begin: 07-SEP-11

End: 07-SEP-11

Reference NR: NM-11518

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	1759735177 0250	52.00	1.00	52.00

Total Due \$ 52.00

Remarks: 64 Slaughter Horses to MX.
C/O Dr. C Y Brasmer.

Payment Information

Nfc Id 999999999V

Date	Amount	Payment Type	Account/Check #
07-SEP-11	\$ 58.00	Money Order	R203129702710

This invoice reflects an overpayment of \$6.00. Submit your refund request along with a copy of this invoice, your tax id number (SSN/EIN) and your bank electronic funds transfer information to: USDA, APHIS, FMD, P.O. Box 3334, Minneapolis, MN 55403-0334. If you have any questions, please call the APHIS helpline toll free at (877)777-2128 or email the abshelpline@aphis.usda.gov

Attention: Customers with government credit accounts - A consolidated monthly bill will be issued by the USDA, APHIS (signature accepting payment terms is on file). Upon receipt of the monthly bill, mail your payment to: USDA/APHIS, P.O. Box 979039 St. Louis, MO 63197-9000.

Notice to Payer: If payment of this Statement of Service is something other than cash or a US postal Money Order, the Statement of Service will not be considered paid in full until such tender has been cleared. If you have any questions, please contact the originating office listed above.

⑆091900533⑆2031 29702710⑈90

MONEY ORDER NUMBER
R203129702710
 CALL 1-800-542-3590 TO VERIFY

MoneyGram
 Money Order

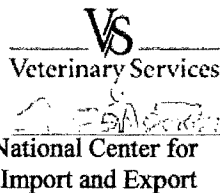
Pay to the order of:
 NAME AND ADDRESS
 ORDER NO.
 EXPIRES IN
 CASH ON DELIVERY

FOR SECURITY, SIGN THE STRIP SIGN HERE WHICH I MADE AND RECEIVED

PAY EXACTLY

⑆091900533⑆2031 29702710⑈90

Valid Money Order includes: 1. Heat sensitive, red stop sign AND 2. MoneyGram image visible on the other side when held at an angle or rubbed with coin.



Health Certificate No. NM-11518 (b)(6)
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
 FROM THE UNITED STATES OF AMERICA TO MEXICO
 CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

Note: Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

Nota: México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.

- Name and Address of Exporter: DENNIS CHAVEZ
 Nombre y Dirección del Exportador: 24 DALIES RD LOS LUNAS, NM 87031
- Name and Address of Importer: BERTHA RUIZ PACHECO
 Nombre y Dirección del Importador: COLONIA INDEPENDENCIA 2, ELISA GRIENSEN 7741 JUAREZ, CHIHUAHA, MEXICO
- Identification of the animals to be exported / Identificación de los animales a ser exportados.

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
981100002629312	MARE	5 YEARS	981100002597931	MARE	8 YEARS
981100002612253	MARE	7 YEARS	981100002692838	MARE	7 YEARS
981100002627921	MARE	5 YEARS	981100002701847	MARE	6 YEARS
981100002629892	GELDING	9 YEARS	981100002596446	GELDING	5 YEARS
981100002611800	GELDING	5 YEARS	981100002627792	MARE	7 YEARS
981100002695373	GELDING	4 YEARS	981100002603506	MARE	5 YEARS
981100002628214	MARE	6 YEARS	981100002621445	GELDING	7 YEARS
981100002629795	MARE	7 YEARS	981100002627120	GELDING	5 YEARS
981100002697559	MARE	7 YEARS	981100002601277	GELDING	7 YEARS
981100002626817	GELDING	5 YEARS	981100002621301	GELDING	5 YEARS
981100002698017	MARE	6 YEARS	981100002596508	MARE	6 YEARS
981100002604727	GELDING	8 YEARS	981100002619215	MARE	8 YEARS
981100002620437	MARE	6 YEARS	981100002698436	GELDING	8 YEARS
981100002601282	MARE	8 YEARS	981100002610533	GELDING	6 YEARS
981100002697138	GELDING	5 YEARS	981100002630192	GELDING	7 YEARS
981100005355199	MARE	7 YEARS	981100002594075	GELDING	6 YEARS
981100002603232	MARE	8 YEARS	981100002692658	GELDING	7 YEARS
981100002697615	MARE	5 YEARS	981100002629926	MARE	5 YEARS

Mexico, Slaughter horse HC

350180632



VS
Veterinary Services

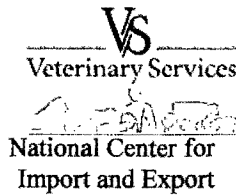
Health Certificate No. NM-11518
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

(b)
(6)

National Center for
Import and Export

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
981100002611931	MARE	6 YEARS	981100002700188	MARE	7 YEARS
981100002592867	MARE	5 YEARS	981100002694655	MARE	8 YEARS
981100002610690	MARE	8 YEARS	981100002606720	MARE	5 YEARS
981100002593483	MARE	5 YEARS	981100002619265	GELDING	8 YEARS
981100002623671	MARE	6 YEARS	981100002613756	GELDING	5 YEARS
981100002701177	GELDING	8 YEARS	981100002627621	MARE	8 YEARS
981100002619931	GELDING	6 YEARS	981100002590514	MARE	7 YEARS
981100002597450	MARE	7 YEARS	981100002693285	GELDING	8 YEARS
981100002617382	MARE	6 YEARS	981100002594322	MARE	6 YEARS
981100002609235	GELDING	8 YEARS	981100002625294	GELDING	8 YEARS
981100002627123	GELDING	6 YEARS	981100002613076	MARE	7 YEARS
981100002701411	GELDING	8 YEARS	981100002693460	GELDING	9 YEARS
981100002618165	MARE	7 YEARS	981100002701604	MARE	6 YEARS
981100002625865	MARE	5 YEARS	981100002602413	GELDING	8 YEARS

Mexico, Slaughter horse HC



Health Certificate No. **NM-11518**
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

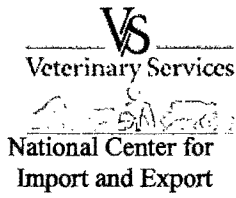
(b)(6)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada

CERTIFICATION STATEMENTS / CERTIFICACIONES

- Horses originate from the United States.
Los animales son originarios de Estados Unidos.
- Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.
A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.
 Inspection date / Fecha de inspección SEPTEMBER 7TH, 2011
- Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.
Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.
- During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.
Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.

Mexico, Slaughter horse HC



Health Certificate No. NM-11518
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

(b)(6)

(Delete as appropriate / *Remueva lo que no aplique*)

5.

Within 5 days prior to export, the animals were dipped in coumaphos at 400 ppm. Spraying of the product is only authorized using a motor pump with coumaphos at 400 ppm.]

(b)(6) 09/1/2011

[Los animales fueron tratados dentro de los 5 días previos al embarque con un baño de inmersión con coumaphos a concentración de 400 ppm. Solamente se autoriza el baño de aspersion cuando se utilice bomba de motor y se aplique una dosis de 400 ppm de coumaphos]

(b)(6) 09/1/2011

CY Brasmer

USDA, APHIS, Veterianry Services
6200 Jefferson St., NE, Suite 117
Albuquerque, New Mexico 87109
Paul Scigliabaglio D.V.M.

Name of Accredited Veterinarian
*Nombre del Médico Veterinario
Acreditado*

Name of Endorsing Federal Veterinarian
*Nombre del Médico Veterinario Area Veterinarian in
Federal que endosa. Charge, New Mexico*

(b)(6) 09/7/2011
Signature of Accredited Veterinarian and Date
*Firma del Médico Veterinario Acreditado
y Fecha*

(b)(6) te: 09-07-2011
Signature of Endorsing Federal Veterinarian
and Date
*Firma del Médico Veterinario que endosa
y Fecha*

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) (*Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal*).

Mexico, Slaughter horse HC

**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
NM-11518 (b)(6)

TIME HORSES LOADED ON CONVEYANCE LOAD 1: 2:00PM, LOAD 2: 2:00PM	DATE 9/7/11	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE LOS LUNAS, NEW MEXICO
VEHICLE LICENSE NO. AND DRIVER'S NAME LOAD 1: (b)(6) LOAD 2: (b)(6) MONTOYA TRUCKING	NAME OF AUCTION/MARKET SOUTHWEST LIVESTOCK AUCTION	
CONSIGNOR (OWNER/SHIPPER) NAME DENNIS CHAVEZ	CONSIGNEE (RECEIVER/DESTINATION) NAME BERTHA RUIZ PACHECO	
STREET ADDRESS 24 DALIES RD	STREET ADDRESS ELISA GRIENSEN 7741 COL INDEPENDENCIA 2	
CITY, STATE, ZIP CODE LOS LUNAS, NM 87031	CITY, STATE, ZIP CODE JUAREZ, CHIHUAHA, MEXICO	
AREA CODE & TELEPHONE NO. 505-865-4600	AREA CODE & TELEPHONE NO. 915-252-6614	

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

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

1	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions		
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geid				
	USGE	8401	X									X				X			98110000	2629312
2		8402	X									X				X			98110000	2597931
3		8403							SORR			X				X			98110000	2612253
4		8404							SORR			X				X			98110000	2692838
5		8405		X									X			X			98110000	2627921
6		8406				X						X				X			98110000	2701847
7		8407							PALO			X					X		98110000	2629892
8		8408	X									X					X		98110000	2596446
9		8409							SORR					X			X		98110000	2611800
10		8410							SORR			X				X			98110000	2627792
11		8411							SORR			X					X		98110000	2695373
12		8412		X									X		X				98110000	2603506
13		8413				X						X				X			98110000	2628214
14		8414							BROWN				X				X		98110000	2621445
15	↓	8415	X										X		X				98110000	2629795

HORSES HAVE BEEN INSPECTED FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY PRIOR TO DEPARTURE.	(b)(6)	SIGNATURE	(b)(6)	STATEMENT FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY PRIOR TO DEPARTURE.	(b)(6)	CANADIAN FOOD INSPECTION AGENCY (CFIA) EST. _____ DATE _____ TIME _____
I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).						DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF) EST. _____ DATE _____ TIME _____
SIGNATURE OF OWNER	(b)(6)	the best of my knowledge	(b)(6)	Statement contained in this form is true and correct to the best of my knowledge	(b)(6)	

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(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
NM-11518

(b)(6)

Tag No.	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	USGE	8416				X								x			X	98110000	2627120
17		8417						SORR		X						X		98110000	2697559
18		8418				X				X							X	98110000	2601277
19		8419						SORR					x				X	98110000	2626817
20		8420						PALO		X							X	98110000	2621301
21		8421	X										x	X				98110000	2698017
22		8422						BROWN		X						X		98110000	2596508
23		8423	X							X							X	98110000	2604727
24		8424						SORR		X					X			98110000	2619215
25		8425		X						X					X			98110000	2620437
26		8426						SORR		X							X	98110000	2698436
27		8427	X							X					X			98110000	2601282
28		8428						BROWN	X								X	98110000	2610533
29		8429						BROWN	X								X	98110000	2697138
30		8430																	
31		8431						BROWN	X								X	98110000	2630192
32		8432						SORR					x	X				98110000	5355199
33		8433						SORR					x				X	98110000	2594075
34		8434					X						x	X				98110000	2603232
35		8435				X				X							X	98110000	2692658
36		8436				X				X					X			98110000	2697615
37		8437						SORR		X					X			98110000	2629926
38		8438						B. SKIN		X					X			98110000	2611931
39		8439						ROAN		X					X			98110000	2700188
40		8440		X									x	X				98110000	2592867
41		8441						DUN		X					X			98110000	2694655
42		8442						SORR		X					X			98110000	2610690
43		8443						BROWN		X					X			98110000	2606720
44		8444						BROWN					x	X				98110000	2593483
45		8445	X						X								X	98110000	2619265

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

(b)(6)

Information contained in this form is true and correct to the best of my knowledge.

VS FORM

**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
NM-11518

(b)(6)

	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	USGE	8446	X											X				98110000	2623671
17		8447						SORR									X	98110000	2613756
18		8448						DUN					x				X	98110000	2701177
19		8449		X					X					X				98110000	2627621
20		8450						SORR		X							X	98110000	2619931
21		8451						SORR		X				X				98110000	2590514
22		8452				X							x	X				98110000	2597450
23		8453	X							X							X	98110000	2693285
24		8454						SORR					X	X				98110000	2617382
25		8455																	
26		8456		X						X				X				98110000	2594322
27		8457						SORR					x				X	98110000	2609235
28		8458			X								x				X	98110000	2625294
29		8459		X						X							X	98110000	2627123
30		8460						SORR		X				X				98110000	2613076
31		8461						SORR		X							X	98110000	2701411
32		8462	X							X							X	98110000	2693460
33		8463				X				X				X				98110000	2618165
34		8464						SORR		X				X				98110000	2701604
35		8465						BROWN		X				X				98110000	2625865
36	↓	8466						SORR		X							X	98110000	2602413
37																			
38																			
39																			
40																			
41																			
42																			
43																			
44																			
45																			

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SIGNATURE

(b)(6)

at the information contained in this form is true and correct to the best of my knowledge.)

**AFFIDAVIT
DECLARACIÓN JURADA**

I (print) DENNIS CHAVEZ declare that the horses included in this shipment and accompanied by the health certificate number _____ have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número _____ no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

1. *Aristolochia spp* and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.

Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.

Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.

3. The following thirosthatatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.

Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.

Date and signature of the exporter _____ 09/7/2011
Fecha y firma del exportador

Date and signature of the Notary Public _____ 09/7/2011
Fecha y firma del Notario Público
EAF. 2/11/2014

CHRISTOPHER BRASMER
DBA C.Y. BRASMER, D.V.M.
5900 JONES PL NW
ALBUQUERQUE, NM 87120-2006

95-660/1070
8090739211

1756

DATE 10/6/08

Control Number: 350190039

Office Id: 973501

PAY TO THE
ORDER OF

USDA - APHIS - US

\$ 263

Two Hundred and Sixty - Three - 00/100



BANK OF ALBUQUERQUE
Albuquerque, New Mexico
www.bankofalbuquerque.com

(b)(6)

(b)(4)

Service Date(s)
Begin: 06-OCT-08
End: 06-OCT-08

Reference NR: I43503

of Units Total Dollars

1.00 76.00

44.00 187.00

9759759177 0250

4.25

Mailed
10-7-08
(31)

Total Due \$ 263.00

Remarks: 45 horses to Mexico re SW Livestock Auction
re Asociacion de Charros

Payment Information

Nfc Id
9999999999V

Date	Amount	Payment Type	Account/Check #
06-OCT-08	\$ 263.00	Check	1756

Attention: Customers with government credit accounts - A consolidated monthly bill will be issued by the USDA, APHIS (signature accepting payment terms is on file). Upon receipt of the monthly bill, mail your payment to: USDA/APHIS, P.O. Box 979039 St. Louis, MO 63197-9000.

Notice to Payer: If payment of this Statement of Service is something other than cash or a US postal Money Order, the Statement of Service will not be considered paid in full until such tender has been cleared. If you have any questions, please contact the originating office listed above.

UNITED STATES DEPARTMENT OF AGRICULTURE
 ANIMAL AND PLANT HEALTH INSPECTION SERVICES
 STATEMENT OF SERVICES

Originating Office Phone
 505-761-3160

Control Number: 350190039
 Office Id: 973501

Christopher Brasmer, D V M
 5900 Jones Place N W
 Albuquerque NM 87120

Service Date(s)
 Begin: 06-OCT-08
 End: 06-OCT-08

Reference NR: I43503

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
105	1-2 Tests Basic - 1st Animal	9759735177 0250	76.00	1.00	76.00
106	1-2 Tests - Additional Animal	9759735177 0250	4.25	44.00	187.00

Total Due \$ 263.00

Remarks: 45 horses to Mexico re SW Livestock Auction
 re Asociacion de Charros

Payment Information

Nfc Id 9999999999V

Date	Amount	Payment Type	Account/Check #
06-OCT-08	\$ 263.00	Check	1756

Attention: Customers with government credit accounts - A consolidated monthly bill will be issued by the USDA, APHIS (signature accepting payment terms is on file). Upon receipt of the monthly bill, mail your payment to: USDA/APHIS, P.O. Box 979039 St. Louis, MO 63197-9000.

Notice to Payer: If payment of this Statement of Service is something other than cash or a US postal Money Order, the Statement of Service will not be considered paid in full until such tender has been cleared. If you have any questions, please contact the originating office listed above.

CHRISTOPHER BRASMER
DBA C.Y. BRASMER, D.V.M.
5900 JONES PL. NW
ALBUQUERQUE, NM 87120-2006

95-660/1070
8090739211

1756

DATE

10/6/18

PAY TO THE
ORDER OF

USDA - Aphis - US

\$ 263 -

Two Hundred and Sixty - Three & 00/100

ARS



BANK OF ALBUQUERQUE
Albuquerque, New Mexico
www.bankofalbuquerque.com

(b)(6)

(b)(4)

MP

REPRODUCTION OF THIS DOCUMENT IS PROHIBITED

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST**
(VS Memorandum 555.16)

SERIAL NO.

M953346

1. ACCESSION NUMBER

ACL 16541

2. DATE BLOOD DRAWN

9/22/8

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export				7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC.			
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID			
8. NAME AND ADDRESS OF OWNER (Please print or type) Demie Chavez @ SW Livestock Auction Zip Code County				9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO			

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.		12. SIGNATURE DATE 9/22/8	
---	--	--	--	-------------------------------------	--

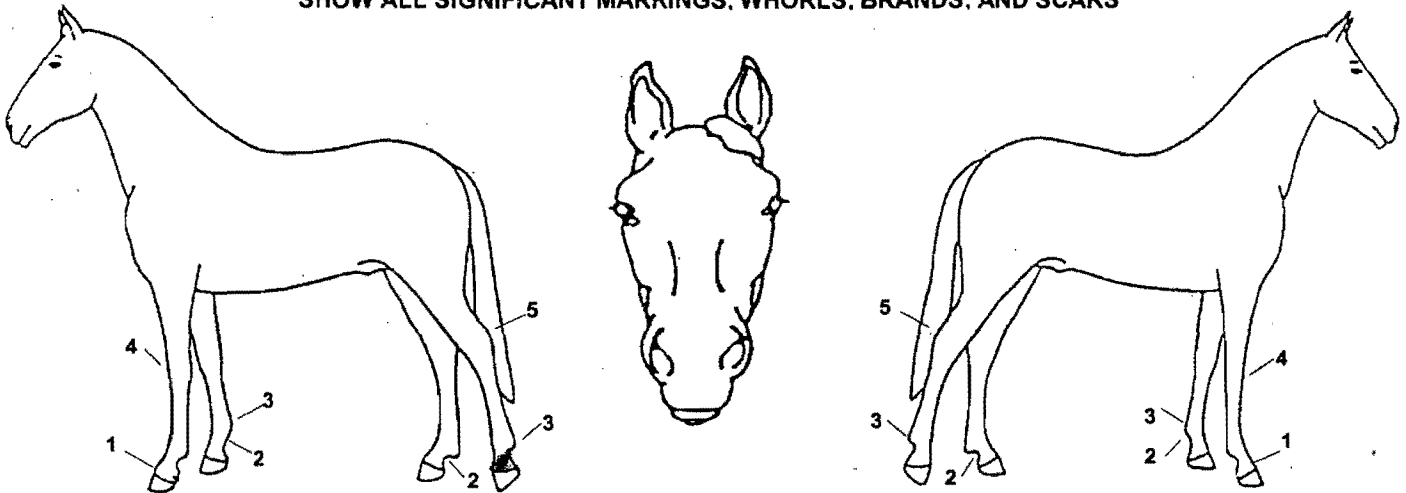
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE	
--	--	---	--	---------------------------	--

16. Tube No.	17. Official Tan No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
				BL	6		2	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD ✓		26. OTHER MARKS AND BRANDS ✓	
27. LEFT FORELIMB ✓		28. RIGHT FORELIMB ✓	
29. LEFT HINDLIMB SOCK		30. RIGHT HINDLIMB	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.		32. DATE RECEIVED 9/22/8		33. DATE REPORTED OUT 9/22/8		34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA	
36. SIGNATURE (b)(6)		35. REMARKS					

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

M 953347

1. ACCESSION NUMBER

ACL1 0542

2. DATE BLOOD DRAWN

9/22/18

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC. 14 DALLIES RD. LOS LUNAS, NM. Zip Code 87031-7208 Tel No (505) 865-4600 County VALERDIA	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		8. NAME AND ADDRESS OF OWNER (Please print or type) Dennis Chavez Cow 4/2-A Zip Code Los Lunas County NM	
9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No (505) 610-4711 County BERNALILLO			

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VET (b)(6)		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.		12. SIGNATURE DATE 9/22/18	
--	--	--	--	--------------------------------------	--

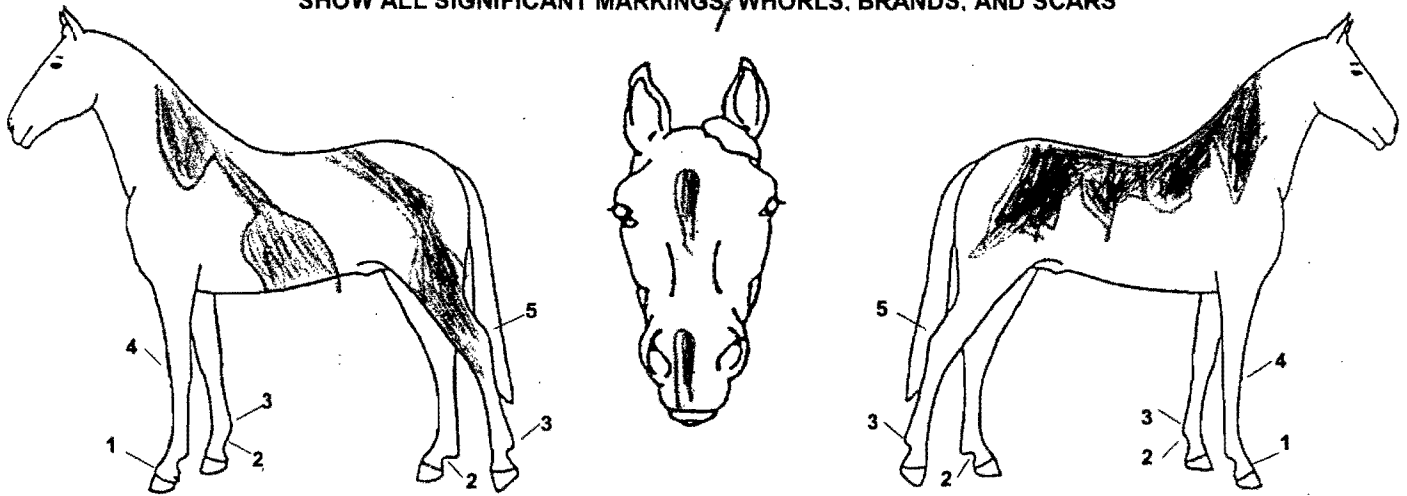
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE	
--	--	---	--	---------------------------	--

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Breed	21. Electronic I.D. No.	22. Age or DOB	23. Sex	M - Male F - Female G - Gelding N - Neuter
			Paint	6		5	M	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD		26. OTHER MARKS AND BRANDS	
27. LEFT FORELIMB Paint		28. RIGHT FORELIMB Paint	
29. LEFT HINDLIMB		30. RIGHT HINDLIMB	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.		32. DATE RECEIVED 9/22/18		33. DATE REPORTED OUT 9/22/18		34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA	
36. SIGN (b)(6)		35. REMARKS					

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

M 953053

1. ACCESSION NUMBER

ACL/6514

2. DATE BLOOD DRAWN

9/22/18

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW (GROUP) LOCATION, INC. 14 DAMES RD. LITTLE ROCK, AR Tel No. (501) 265-4600 County VALENTINE	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. PRAKAPICIA, DVM 5900 JONES PI. NW MIDG, NM Tel No. (505) 610-4711 County VALLE
8. NAME AND ADDRESS OF OWNER (Please print or type) George Chavez c/o SW LISTADO TOWN NM. Zip Code		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. PRAKAPICIA, DVM 5900 JONES PI. NW MIDG, NM Tel No. (505) 610-4711 County VALLE	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VET (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. PRAKAPICIA, DVM	12. SIGNATURE DATE 9/22/18
--	--	-------------------------------

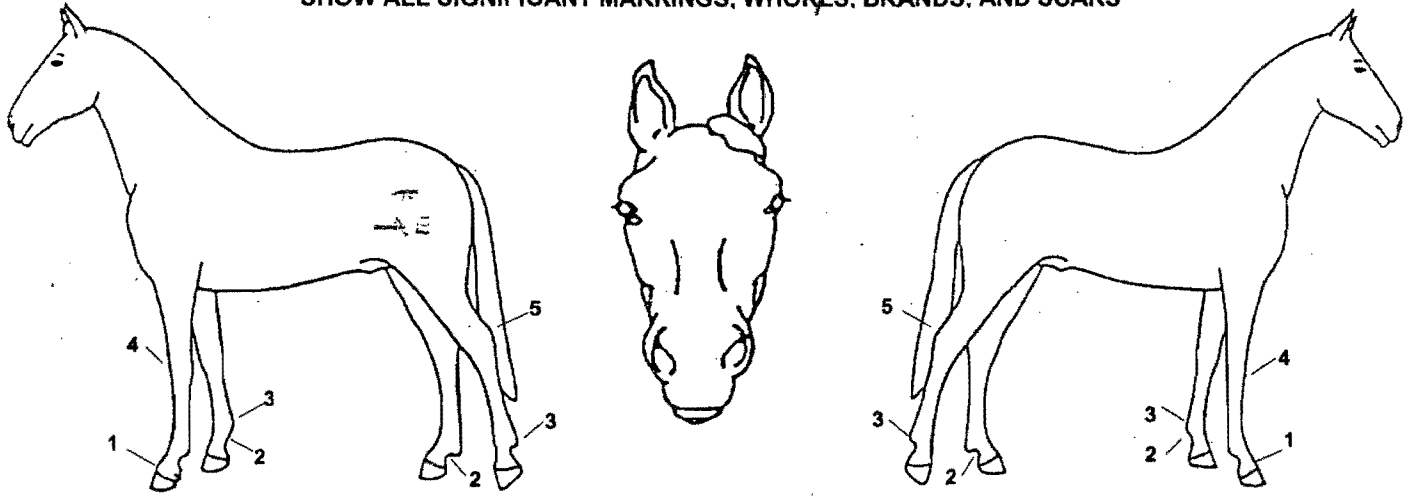
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined the horse and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
				Bay	G		4	M	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS AK LH
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE Hennepin County Lab 11291 NM	32. DATE RECEIVED 9/22/18	33. DATE REPORTED OUT 9/22/18	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TESTER (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a crime and may result in a fine of not more than \$10,000 or imprisonment (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

M 953480

1. ACCESSION NUMBER

ACL 10748

2. DATE BLOOD DRAWN

9/22/18

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	8. NAME AND ADDRESS OF OWNER (Please print or type) Dennis Clarke 14 DALLIES RD. LOS LUNAS, NM. Tel No. (505) 865-4000 Zip Code 87031-7200 County VALENCIA
9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM. 5900 JONES PLACE SW. ALBUQUERQUE, NM. Tel No. (505) 610-4711 Zip Code 87120 County BERNALILLO			

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted (b)(6) Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM.	12. SIGNATURE DATE 9/22/18
--	---	-------------------------------

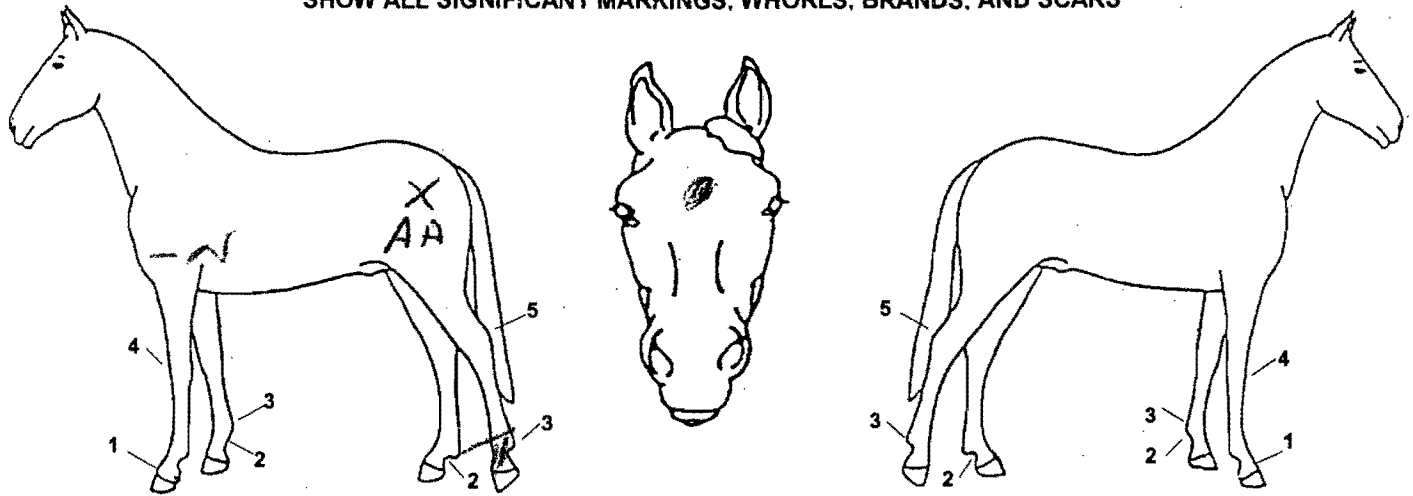
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined (b)(6) and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
6748				Bwn	G			5F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD SPOK	26. OTHER MARKS AND BRANDS -N/LS; #1LH
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB SOCK

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.	32. DATE RECEIVED 9/22/18	33. DATE REPORTED OUT 9/22/18	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TESTER (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a crime and may result in a fine of not more than \$10,000 or imprisonment (U.S.C. Section 1001).

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)

Southwest L/S Auction
Asociacion de Charros "La Herradura"

2. CERTIFICATE NO

I 43503

3. PAGE NO.

1 OF 2

4. DATE ISSUED

9/30/8

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

Santa Teresa, NM

6. STATE CODE

35

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)

14 Dalies Rd.

8. CONSIGNOR'S CITY (or Town)

Los Lunas

12. CONSIGNOR'S STATE

New Mexico

13. STATE CODE

35

14. ZIP CODE

87031

9. SEMEN (Check if yes)

10. NO. DOSES OF SEMEN

11. TRANSPORTATION CLASS

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

2

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)

Compro Casa Sarelite
Calle Casas Martin 3838

DESTINATION COUNTRY

Mexico

ENTER CODE

MX

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

EIA

TYPE TEST TYPE TEST TYPE TEST

Elisa

DATE DATE DATE

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

17. FARM ORIGIN

Owner's name (Last name, two initials, or business name)

Owner's street address

Owner's city/town, state code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

(Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	CERTIFIED BRUCELLOSIS FREE AREA					DATE M	DATE N	DATE O	
							DATE H	VAC I	1/25 J	1/50 K	1/100 L				
Asociacion de Charros "La Herradura" @ SW L/S Auction 14 Dalies Rd. Los Lunas, NM 87031	Palomino	2	F	g	ACL- 6541		Albuquerque	Coggins	Lab	9/22/8					
	Paint	5	F	"	6542		"	"	"	"	"	"			
	Bay	4	F	"	6544		"	"	"	"	"	"			
	Cremello	4	F	"	6545		"	"	"	"	"	"			
	Buckskin	5	G	"	6546		"	"	"	"	"	"			
	Black	11	F	"	6547		"	"	"	"	"	"			
	Appaloosa	8	G	"	6548		"	"	"	"	"	"			
	Sorrell	8	F	"	6549		"	"	"	"	"	"			
	Black	6	G	"	6550		"	"	"	"	"	"			
	Dun	3	G	"	6551		"	"	"	"	"	"			
	Buckskin	3	M	"	6552		"	"	"	"	"	"			
	Black	4	F	"	6553		"	"	"	"	"	"			
	Gray	3	G	"	6554		"	"	"	"	"	"			
	Dun	2	F	"	6555		"	"	"	"	"	"			
	Paint	5	M	"	6556		"	"	"	"	"	"			
	Bay	6	G	"	6557		"	"	"	"	"	"			
	Chestnut	2	M	"	6558		"	"	"	"	"	"			
	Sorrell	4	G	"	6559		"	"	"	"	"	"			

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

USDA, APHIS, VS
6200 Jefferson St., NE
Suite 117
Albuquerque, NM 87109

(b)(6)

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED

10-6-2008

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

Brasmer, C.Y.

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)

45

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

Paul Scigliaglio, D.V.M., AVIC

25. SIGNATURE OF ISSUING VETERINARIAN

(b)(6)

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)
Southwest W/S Auction
Asociacion de Charros "La Herradura"
16. CONSIGNEE'S NAME
Comercial Casa Satelite
Cl. Cesar Martino #3838 Col. La Playa, Cd. Juarez

2. CERTIFICATE NO. FROM VS FORM 17-140
I 43503
3. PAGE NO.
2 OF 2

BRUCELLOSIS BLOOD SAMPLE COLLECTED
NEGATIVE RESULTS OF OTHER TESTS

CHINESE TUBERCULIN READING
48 HRS. 72 HRS.

17. FARM ORIGIN Owner's name (Last name, two initials, or business name) Owner's street address Owner's city/town, state code & zip code	18. INDIVIDUAL IDENTIFICATION				DATE	CERTIFIED BRUCELLOSIS FREE AREA				DATE	DISEASE	TYPE TEST	DATE	DISEASE	TYPE TEST	DATE	DISEASE	TYPE TEST	DATE	DISEASE	TYPE TEST	DATE	
	ID NO. OR DESCRIPTION A	AGE	SEX C F	BREED D G		DATE F ACT-6560	DATE H G	VAC.	1/25														1/50
Asociacion de Charros "La Herradura"	Roan	5	M	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"
@ SW L/S Auction	Sorrell	5	M	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"
14 Dalies rd.	Sorrell	6	F	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"
Los Lunas, NM 87031	Dun	3	G	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"
	Bay	8	F	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"
	Bay	3	F	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"
	Roan	4	F	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"
	Dun	2	F	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"
	Sorrell	10	F	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"
	Sorrell	10	F	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"
	Paint	8	G	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"
	Roan	7	G	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"
	Sorrell	9	F	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"
	Paint	5	F	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"
	Sorrell	5	F	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"
	Bay	6	F	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"
	Paint	3	F	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"
	Roan	2	G	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"
	Bay	3	F	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"
	Bay	5	F	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"
	Paint	7	F	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"
	Sorrell	3	F	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"
	Paint	5	G	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"
	Gray	4	F	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"
	Roan	5	F	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"
	Black	5	F	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"
	Brown	5	F	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"	"

CERTIFICATION STATEMENTS
CERTIFICACIONES

Appendix

1. The horse(s) were vaccinated at least 15 days but within 12 months prior to shipment against equine eastern and western equine encephalitis with Encevac-T (name of product) on 9/22/8 (date).

Los equinos fueron vacunados al menos 15 días pero dentro de los 12 meses antes de la fecha de exportación contra encefalomiélitis equina del este y del oeste _____ (nombre del producto) el _____ (fecha).

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

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

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

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

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

4. Horses were tested for equine infectious anemia using [the ELISA] ~~[the agar-gel immunodiffusion test]~~ with negative results on a sample taken on 9/22/8 (date) and tested at the Albuquerque Coggins laboratory.

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

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

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

C.Y. Brasmer, DVM
Name of Issuing USDA Accredited Veterinarian
(b)(6)
Signature and Date 10/2/8

Paul Scigliabaglio, D.V.M., AVIC
Name of Endorsing Federal Official
(b)(6)

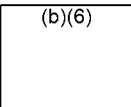
Date: 10-6-2008
USDA, APHIS, VS
6200 Jefferson St., NE, Suite 117
Albuquerque, NM 87109


U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **M 953054** 1. ACCESSION NUMBER **ACL/6545** 2. DATE BLOOD DRAWN **9/22/8**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

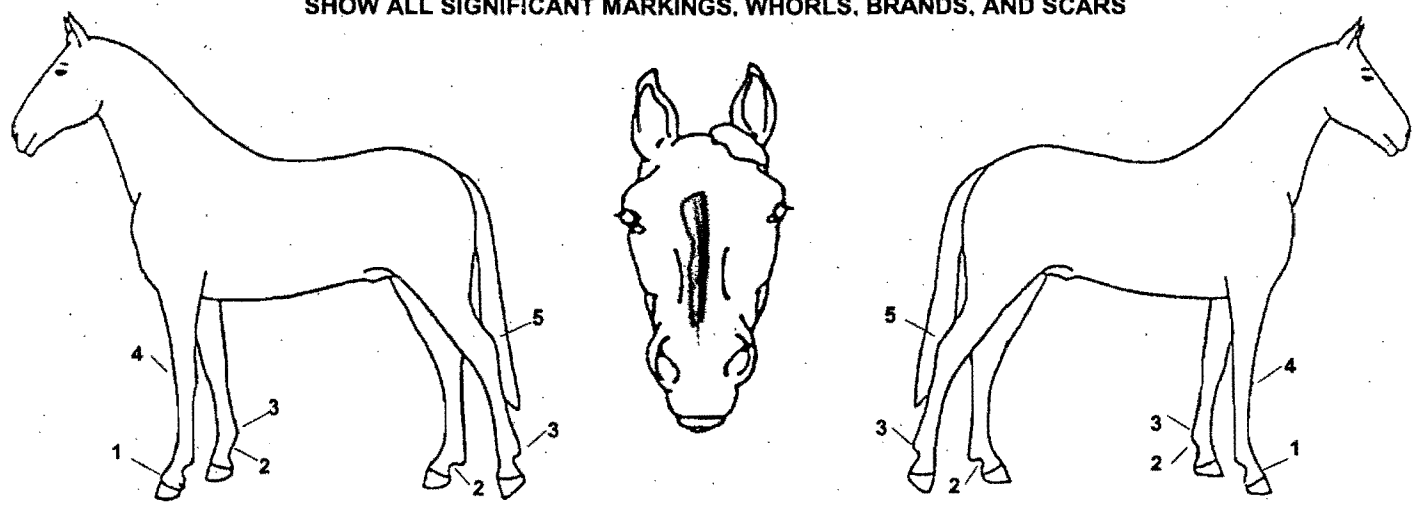
3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: _____ LONG: _____		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) 145 DDILES RD. LOS TUNAS, NM Zip Code 87031 Tel No. 505-865-1600 County VALLENUELA	
8. NAME AND ADDRESS OF OWNER (Please print or type) WOMIS CHAVEZ 10 SW. L/S. A. LOS TUNAS NM Zip Code _____		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C. Y. BILSATER DVM 5900 JONES PL. NW 1120 @ NM Zip Code 87102 Tel No. (505) 610-4711 County DEWELINE	

I certify the specimen with this Form was drawn by me from the horse described below on the date indicated above.	
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN 	11. TYPE OR PRINT SIGNATURE NAME C. Y. BILSATER DVM
12. SIGNATURE DATE 9/22/8	

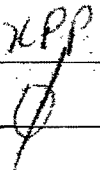
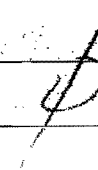
I certify that I have filled out this form and, to the best of my knowledge and belief, this form is true, correct and complete.	
13. SIGNATURE OF OWNER OR OWNER'S AGENT 	14. TYPE OR PRINT SIGNATURE NAME WOMIS CHAVEZ
15. SIGNATURE DATE 9/22/8	

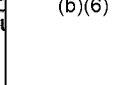
16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
6545				Cremello	6		4	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

25. HEAD SIXPP		26. OTHER MARKS AND BRANDS	
27. LEFT FORELIMB 		28. RIGHT FORELIMB 	
29. LEFT HINDLIMB		30. RIGHT HINDLIMB	

FOR LABORATORY USE ONLY			
31. LABORATORY NAME/CITY/STATE Albuquerque Colorado ASL/ELI/NM	32. DATE RECEIVED 9/22/8	33. DATE REPORTED OUT 9/22/8	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. SIGNATURE 		35. REMARKS	

Falsification of this form or knowingly using a falsified form for not more than one year is an offense and may result in a fine of not more than \$10,000 or imprisonment for not more than one year or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **M 953055** 1. ACCESSION NUMBER **ACL/6546** 2. DATE BLOOD DRAWN **9/22/18**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW. LIVESTOCK AUCTION INC 14 TALLIES RD. LOS LUNAS NM Zip Code 87031-7200 Tel No. (505) 865-4600 County VALLEJO	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C. Y. PARRAMER DVM 9900 TONES PL NW ADDON NM Zip Code 87120 Tel No. (505) 610-4711 County PIEDMONT
8. NAME AND ADDRESS OF OWNER (Please print or type) Emilia Chavez SW. USA LOS LUNAS NM Zip Code Tel No. County		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C. Y. PARRAMER DVM 9900 TONES PL NW ADDON NM Zip Code 87120 Tel No. (505) 610-4711 County PIEDMONT	

I certify the specimen submitted is from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)

11. TYPE OR PRINT SIGNATURE NAME **C. Y. PARRAMER DVM** 12. SIGNATURE DATE **9/22/18**

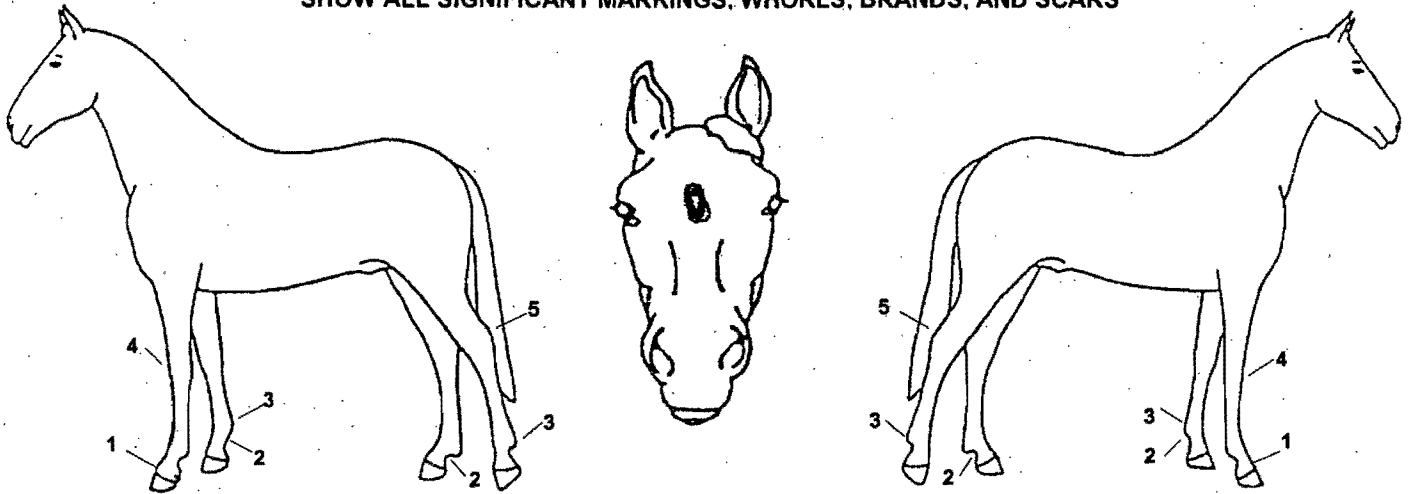
I certify that I have examined the horse and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)

14. TYPE OR PRINT SIGNATURE NAME 15. SIGNATURE DATE

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
				Buck G			5	6	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STORY	26. OTHER MARKS AND BRANDS ∅
27. LEFT FORELIMB ∅	28. RIGHT FORELIMB ∅
29. LEFT HINDLIMB ∅	30. RIGHT HINDLIMB ∅

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE APPOQUON COGSINS LAB ADDON NM	32. DATE RECEIVED 9/22/18	33. DATE REPORTED OUT 9/22/18	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. SIGNATURE (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a violation of the Animal and Plant Health Inspection Service Act and may result in a fine of not more than \$10,000 or imprisonment for not more than 1 year (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

M 953056

1. ACCESSION NUMBER

ACL/0577

2. DATE BLOOD DRAWN

9/22/18

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC. 14 DALLIES RD. LOS ALAMOS, NM Zip Code 87031-7708 Tel No. (505) 651-4600 County VALLE CLAY		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO.		6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) Dennis Chavez 6 SW USA LOS ALAMOS, NM Zip Code Tel No. County			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.V. BASKINER 6900 SONO PL. NW ALBUQUERQUE, NM Zip Code 87102 Tel No. (505) 610-4711 County DELANO		

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL (b)(6)	VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.V. BASKINER DVM	12. SIGNATURE DATE 9/22/18
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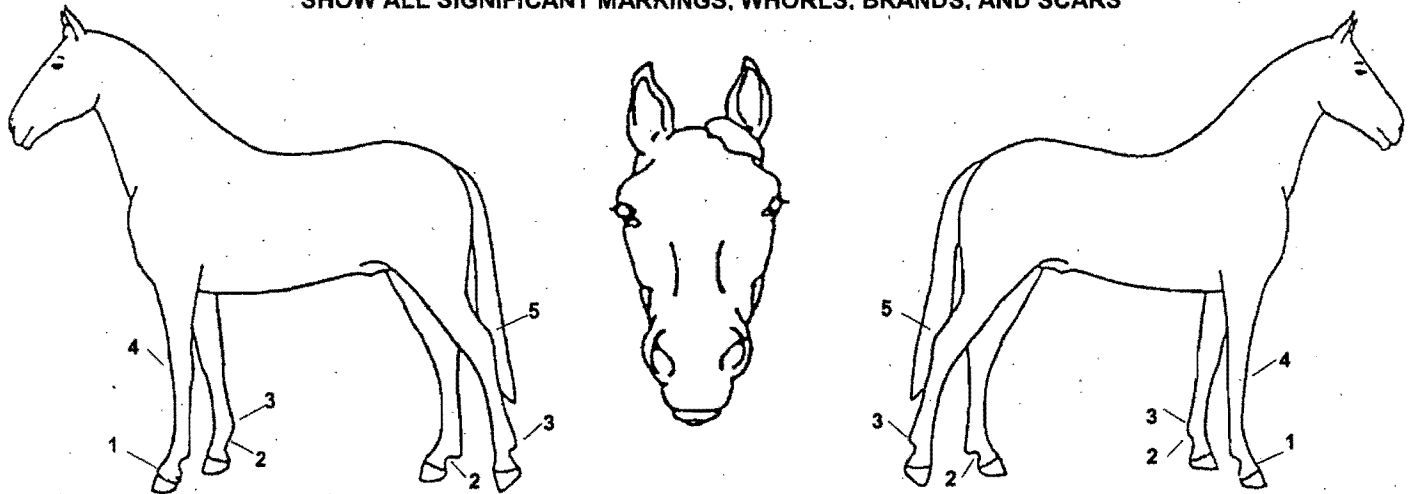
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
6507				BLK G			11	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE Albuquerque Diagnostic Lab Albu, NM	32. DATE RECEIVED 9/22/18	33. DATE REPORTED OUT 9/22/18	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

M 953057

1. ACCESSION NUMBER

ACL/6548

2. DATE BLOOD DRAWN

9/22/8

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC 14 DDHIES RD LOS TUNIS, NM Zip Code 87031-7008 Tel No. 505-265-4600 County VALLEJO	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		8. NAME AND ADDRESS OF OWNER (Please print or type) Dennis Chavez SW USA LOS TUNIS, NM Zip Code Tel No. County	
9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.V. PARAMORE DVM 5400 JONES PL. NW P.O. BOX, NM Zip Code 87130 Tel No. (505) 610-4711 County BERNALILLO			

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)		11. TYPE OR PRINT SIGNATURE NAME C.V. PARAMORE DVM		12. SIGNATURE DATE 9/22/8	
---	--	--	--	-------------------------------------	--

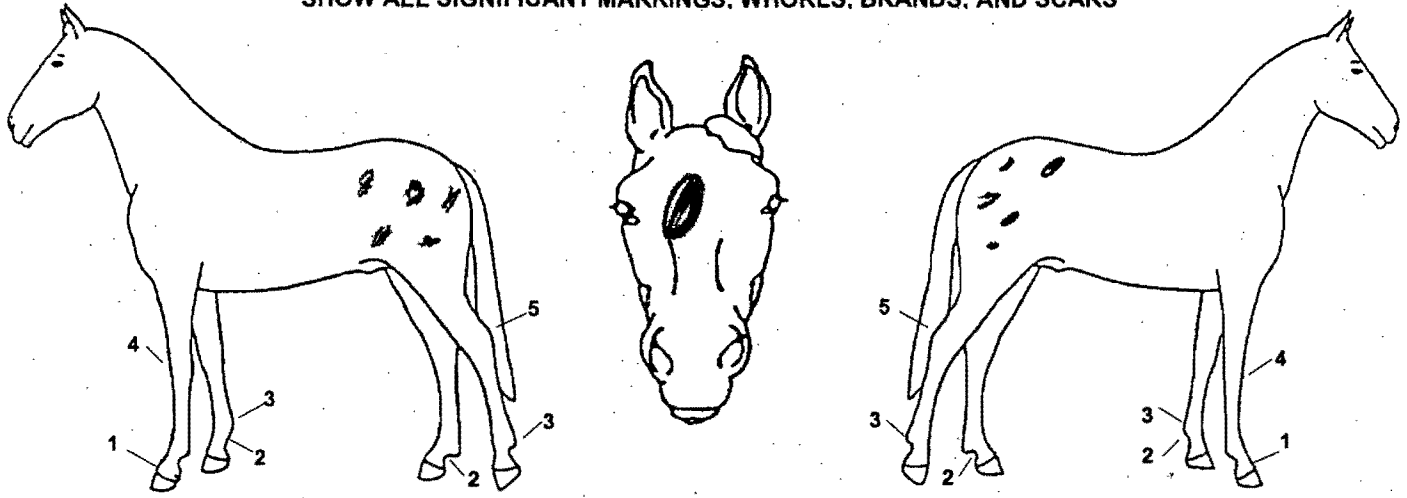
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined the horse and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE	
--	--	---	--	---------------------------	--

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
6518				App	G		8/6	G	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD SICK		26. OTHER MARKS AND BRANDS φ	
27. LEFT FORELIMB φ		28. RIGHT FORELIMB	
29. LEFT HINDLIMB		30. RIGHT HINDLIMB	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ACQUA SPEC COG SINS COIN ANTONIOM		32. DATE RECEIVED 9/22/8		33. DATE REPORTED OUT 9/22/8		34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA	
35. SIGNATURE OF (b)(6)		35. REMARKS					

Falsification of this form or knowingly using a falsified form is prohibited and may result in a fine of not more than \$10,000 or imprisonment for not more than 1 year (U.S.C. Section 1001).

Falsification of this form or knowingly using a falsified form is prohibited and may result in a fine of not more than \$10,000 or imprisonment for not more than 1 year (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

M 953350

1. ACCESSION NUMBER

ACL 16549 -

2. DATE BLOOD DRAWN

9/22/18

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input type="checkbox"/> Export <input type="checkbox"/>		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC. 14 DALLIES RD. LOS LUNAS, NM. Zip Code 87031-7208 Tel No (505) 865-4600 County VALENCIA	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
8. NAME AND ADDRESS OF OWNER (Please print or type) [Handwritten: Chavez, Los Lunas NM]		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

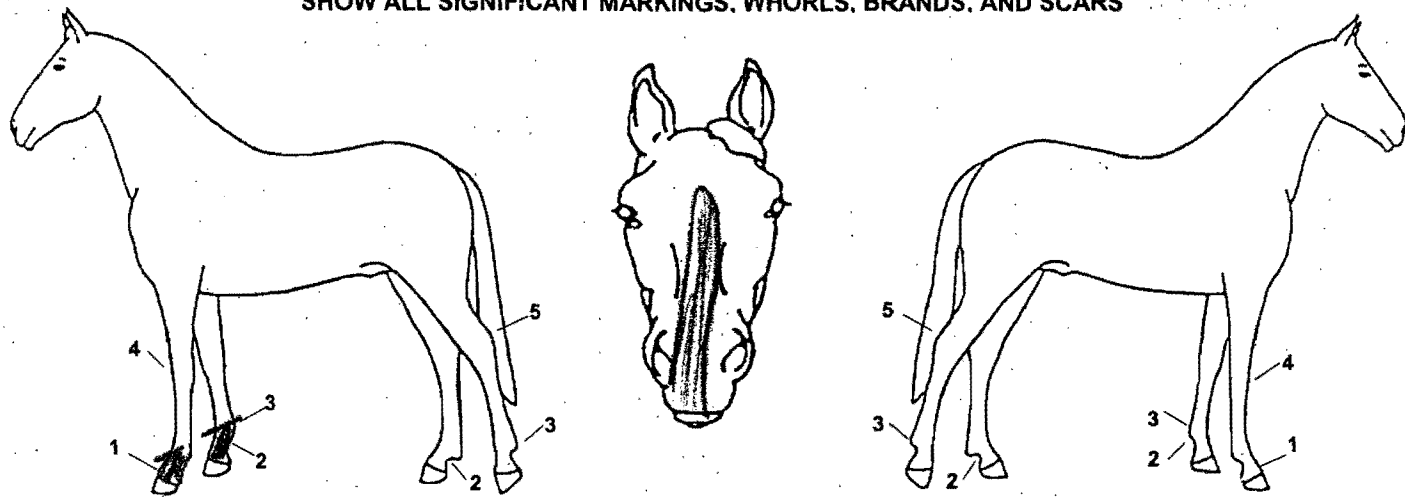
I certify the specimen (b)(6) Form was drawn by me from the horse described below on the date indicated above.	
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN [Signature]	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.
12. SIGNATURE DATE 9/22/18	

CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have and, to the best of my knowledge and belief, this form is true, correct and complete.	
13. SIGNATURE OF OWNER OR OWNER'S AGENT [Signature]	14. TYPE OR PRINT SIGNATURE NAME [Blank]
15. SIGNATURE DATE [Blank]	

16. Tube No.	17. Official Tap No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
[Blank]	[Blank]	[Blank]	[Blank]	SOB	G	[Blank]	8	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAPP	26. OTHER MARKS AND BRANDS [Blank]
27. LEFT FORELIMB SOCK	28. RIGHT FORELIMB SOCK
29. LEFT HINDLIMB [Blank]	30. RIGHT HINDLIMB [Blank]

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.	32. DATE RECEIVED 9/22/18	33. DATE REPORTED OUT 9/22/18	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE [Blank]	35. REMARKS [Blank]		

Falsification of this form or knowingly using a falsified form for not more than \$10,000 or Imprisonment (S.C. Section 1001).

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.18)**

SERIAL NO.

M 953345

1. ACCESSION NUMBER

ACL 6550

2. DATE BLOOD DRAWN

9/22/18

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input type="checkbox"/> Export <input type="checkbox"/> AGID		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC. 14 DALLIES RD. LOS LUNAS, NM. Zip Code 87031-7208 Tel No. (505) 865-4600 County VALENCIA	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		8. NAME AND ADDRESS OF OWNER (Please print or type) <i>Dennis Clowz</i> <i>@ SW LHA</i> <i>LOS LUNAS NM</i> Zip Code	
9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505) 610-4711 County BERNALLILLO		10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.	

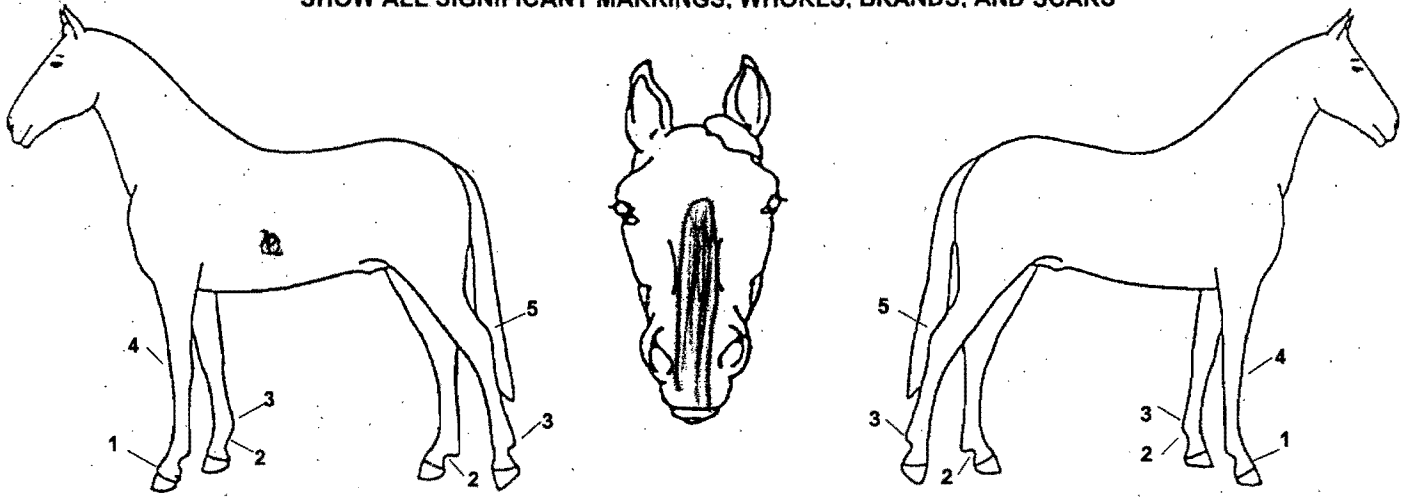
CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.		12. SIGNATURE DATE <i>9/22/18</i>	
13. SIGNATURE OF OWNER OR OWNER'S AGENT I certify that I have examined the specimen and, in my opinion, the best of my knowledge and belief, this form is true, correct and complete.		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE	

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
<i>6550</i>				<i>BLK</i>	<i>G</i>		<i>6</i>	<i>6</i>	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD <i>SALP?</i>		26. OTHER MARKS AND BRANDS <i>Ø</i>	
27. LEFT FORELIMB		28. RIGHT FORELIMB	
29. LEFT HINDLIMB		30. RIGHT HINDLIMB	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.		32. DATE RECEIVED <i>9/22/18</i>		33. DATE REPORTED OUT <i>9/22/18</i>		34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA	
35. SIGNATURE OF TESTER (b)(6)		35. REMARKS					

Falsification of this form or knowingly using a falsified form is a crime and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

M 953418

1. ACCESSION NUMBER

ACL 6557

2. DATE BLOOD DRAWN

9/22/18

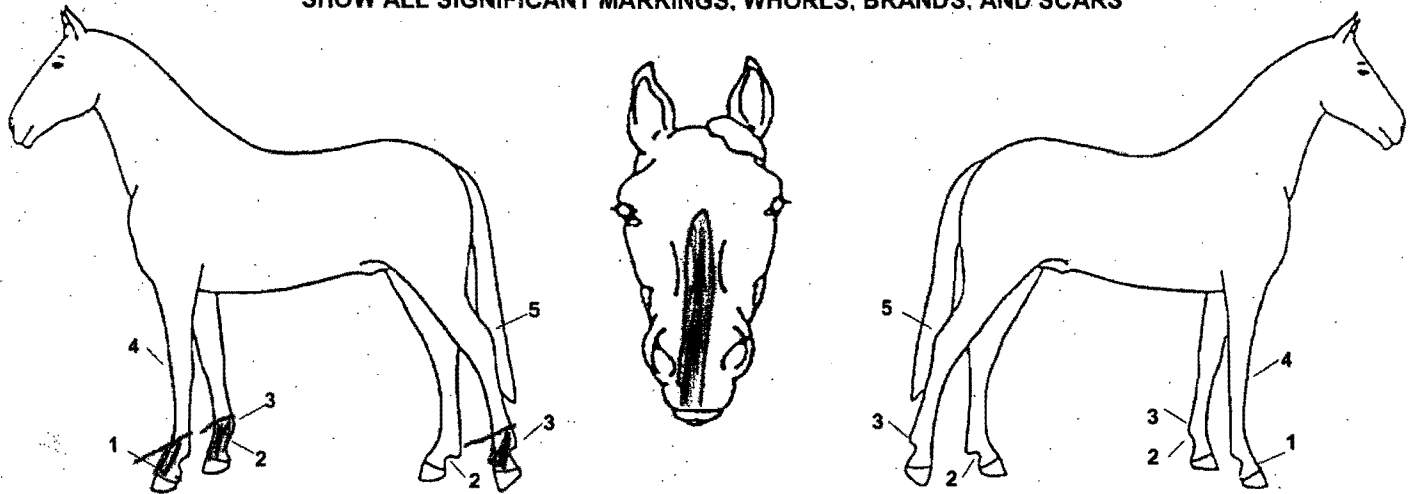
Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		14 DALLIES RD. LOS LUNAS, NM. Zip Code 87031-7203 Tel No (505) 865-4600 County VALENCIA	
8. NAME AND ADDRESS OF OWNER (Please print or type) Glennis Chavez @ SW. L/S A. LOS LUNAS, NM Zip Code		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) G.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No (505) 610-4711 County BERNALILLO	

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN I certify the specimen submitted was drawn by me from the horse described below on the date indicated above. (b)(6)		11. TYPE OR PRINT SIGNATURE NAME G.Y. BRASMER DVM.		12. SIGNATURE DATE 9/22/18	
13. SIGNATURE OF OWNER OR OWNER'S AGENT I certify that I have examined the form and, to the best of my knowledge and belief, this form is true, correct and complete.		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE	

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
6557					DUNG			36	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD SIPP	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB SOCK	28. RIGHT FORELIMB SOCK
29. LEFT HINDLIMB SOCK	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.	32. DATE RECEIVED 9/22/18	33. DATE REPORTED OUT 9/22/18	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. SIGNATURE (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **M 953467**
1. ACCESSION NUMBER **ACL1 0552**
2. DATE BLOOD DRAWN **9/22/18**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		14 DALLIES RD. LOS LUNAS, NM. Zip Code 87031-7208 Tel No. (505) 865-4600 County VALENCIA	
8. NAME AND ADDRESS OF OWNER (Please print or type) Gennis Clupe 3 @ SW. LISA LOS LUNAS, NM Zip Code		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted on this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 9/22/18
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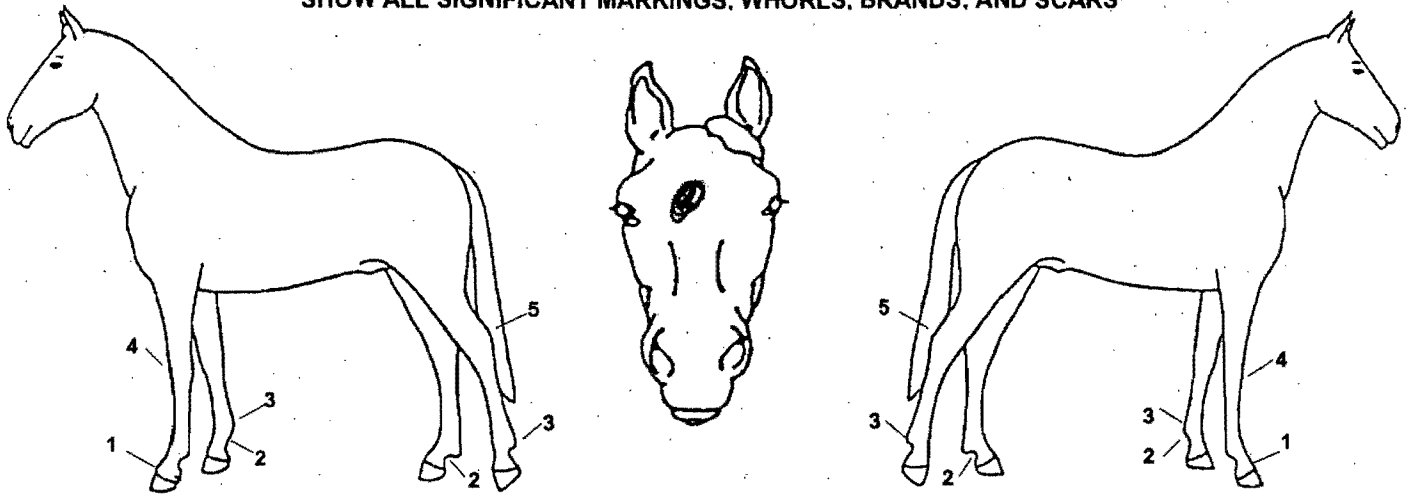
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined the specimen and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
--	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
6552				Buck G			3 M	M	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Star	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB f	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.	32. DATE RECEIVED 9/22/18	33. DATE REPORTED OUT 9/22/18	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TESTER (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a crime and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

M 953468

1. ACCESSION NUMBER

ACL/6563

2. DATE BLOOD DRAWN

9/22/8

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		14 DALLIES RD. LOS LUNAS, NM. Zip Code 87031-7206 Tel No (505) 865-4600 County VALENCIA	
8. NAME AND ADDRESS OF OWNER (Please print or type) Wennis Chavez SW. L/S A LOS LUNAS, NM Zip Code		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCR (b)(6) RIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 9/22/8
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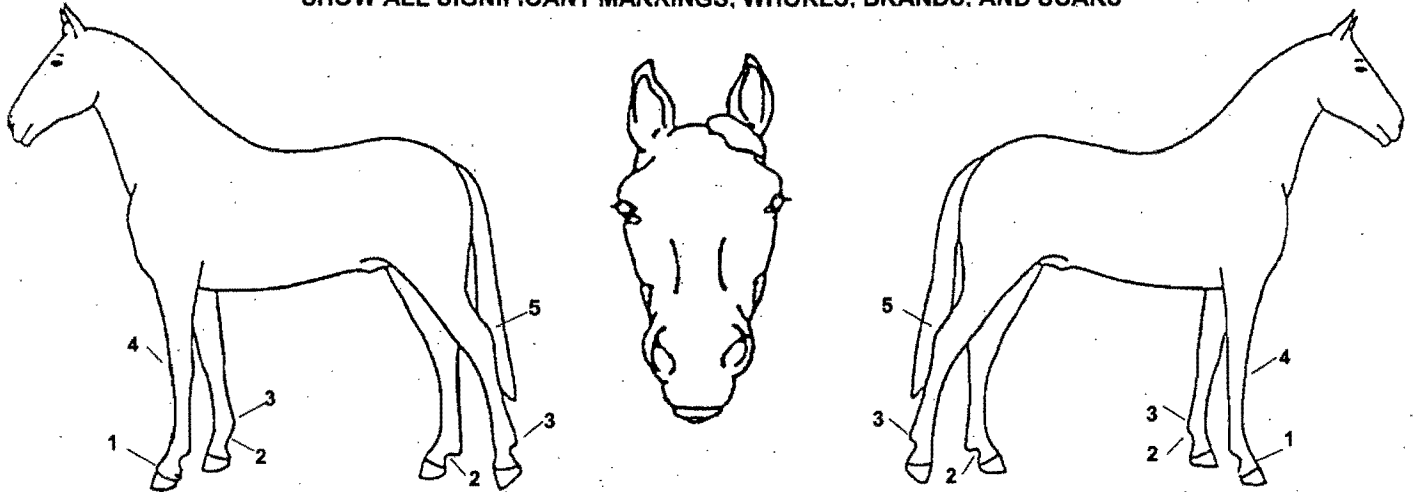
CERTIFICATION OF OWNER OR OWNER'S AGENT

this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNE	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
--------------------------------	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
				BLK	G			4/12	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.	32. DATE RECEIVED 9/22/8	33. DATE REPORTED OUT 9/22/8	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. SIGNATURE (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form and may result in a fine of not more than \$10,000 or imprisonment for not more than three years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

M 953469

1. ACCESSION NUMBER

ACLI 6557

2. DATE BLOOD DRAWN

9/22/18

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC. 14 DALLIES RD. LOS LUNAS, NM. Zip Code 87031-7294 Tel No. (505) 865-4600 County VALLENUELA	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		8. NAME AND ADDRESS OF OWNER (Please print or type) C. COOPER CHECK 2 SW. LIS # LOS LUNAS, NM Zip Code Tel No. County	
9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO			

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.		12. SIGNATURE DATE 9/22/18	
---	--	--	--	--------------------------------------	--

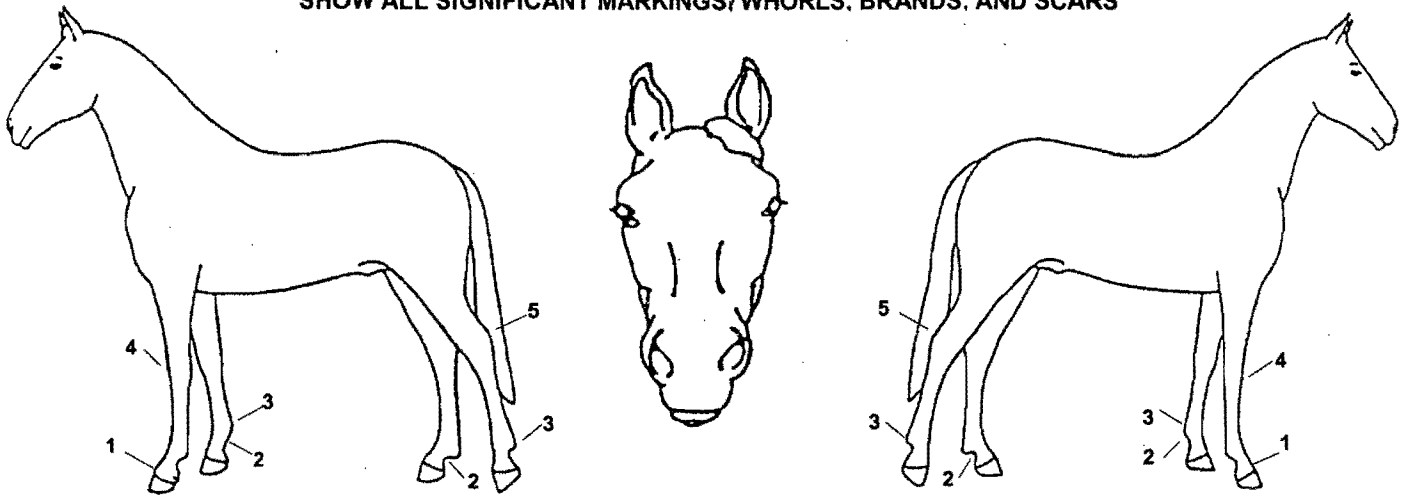
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined the specimen and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE	
--	--	---	--	---------------------------	--

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
				gray	G		3	♂	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD φ		26. OTHER MARKS AND BRANDS φ	
27. LEFT FORELIMB φ		28. RIGHT FORELIMB φ	
29. LEFT HINDLIMB φ		30. RIGHT HINDLIMB φ	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.		32. DATE RECEIVED 9/22/18		33. DATE REPORTED OUT 9/22/18		34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA	
35. SIGNATURE (b)(6)		35. REMARKS					

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 1 year, or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

M 953470

1. ACCESSION NUMBER

ACL/6655

2. DATE BLOOD DRAWN

9/22/18

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		8. NAME AND ADDRESS OF OWNER (Please print or type) SW LIVESTOCK AUCTION INC. LOS LUNAS, NM Zip Code _____ County _____	
9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASNER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM Zip Code 87126 County BERNALILLO		10. NAME AND ADDRESS OF STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC. LOS LUNAS, NM Zip Code _____ County _____	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASNER DVM.		12. SIGNATURE DATE 9/22/18	
---	--	--	--	--------------------------------------	--

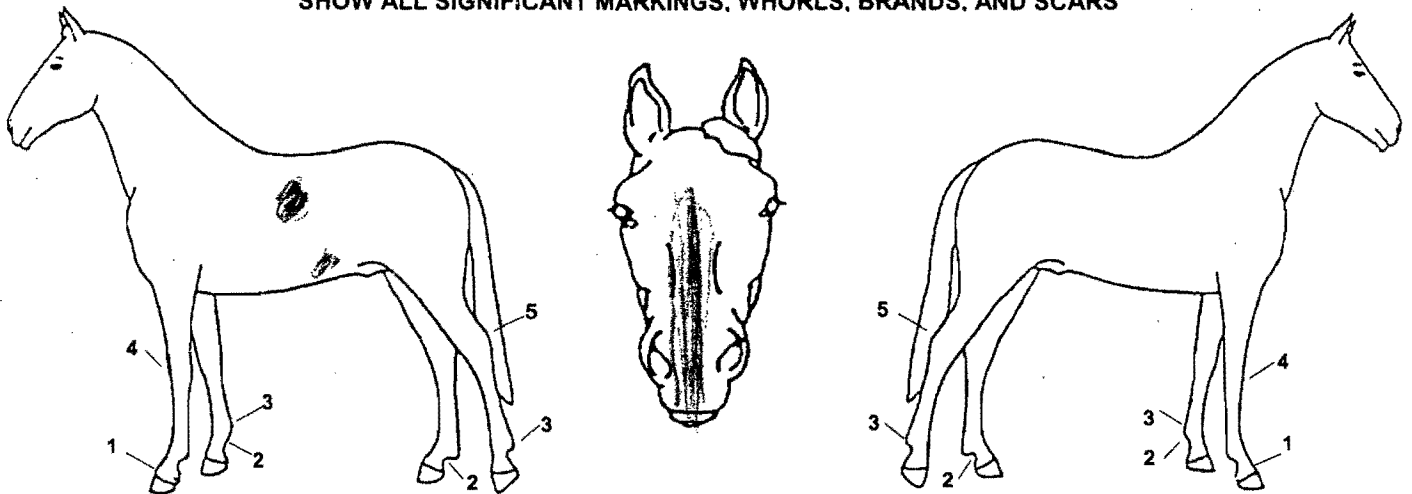
CERTIFICATION OF OWNER OR OWNER'S AGENT

I, the undersigned, and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT I certify that I have examined the horse described above and, to the best of my knowledge and belief, this form is true, correct and complete.		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE	
--	--	---	--	---------------------------	--

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
6589				Dun	G		2	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD SLAPP		26. OTHER MARKS AND BRANDS WHITE SPOTS	
27. LEFT FORELIMB		28. RIGHT FORELIMB	
29. LEFT HINDLIMB		30. RIGHT HINDLIMB	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.		32. DATE RECEIVED 9/22/18		33. DATE REPORTED OUT 9/22/18		34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA	
36. SIGNATURE (b)(6)		35. REMARKS		37. SIGNATURE		38. DATE	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. M 953471	1. ACCESSION NUMBER <i>ACL/6556</i>	2. DATE BLOOD DRAWN <i>9/22/8</i>
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: _____ LONG: _____		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		14 DALLIES RD. LOS LUNAS, NM. Zip Code 87031-7700 Tel No. (505) 865-4600 County VALEREA	
8. NAME AND ADDRESS OF OWNER (Please print or type) <i>W. C. ...</i> Zip Code _____ County _____		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE <i>9/22/8</i>
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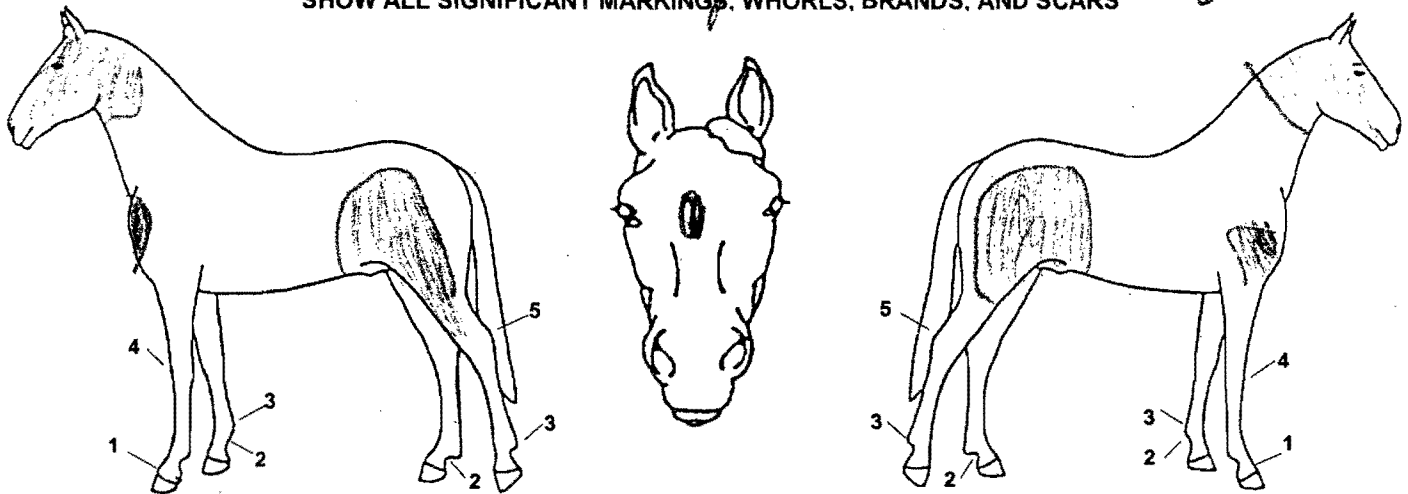
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have read the information on this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT I certify that I have read the information on this form and, to the best of my knowledge and belief, this form is true, correct and complete.	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
--	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
<i>6</i>				<i>B/W</i>	<i>PNT G</i>			<i>5 M</i>	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.	32. DATE RECEIVED <i>9/22/8</i>	33. DATE REPORTED OUT <i>9/22/8</i>	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF _____ (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a crime and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

M 953472

1. ACCESSION NUMBER

ACL/6557.

2. DATE BLOOD DRAWN

9/22/8

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		8. NAME AND ADDRESS OF OWNER (Please print or type) DOMINIC CHAVEZ # 500 LJA LOS LUNAS NM Zip Code Tel No. County	
9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASNER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505) 610-4711 County BERNARD			

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen (b)(6) in this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASNER DVM.	12. SIGNATURE DATE 9/22/8
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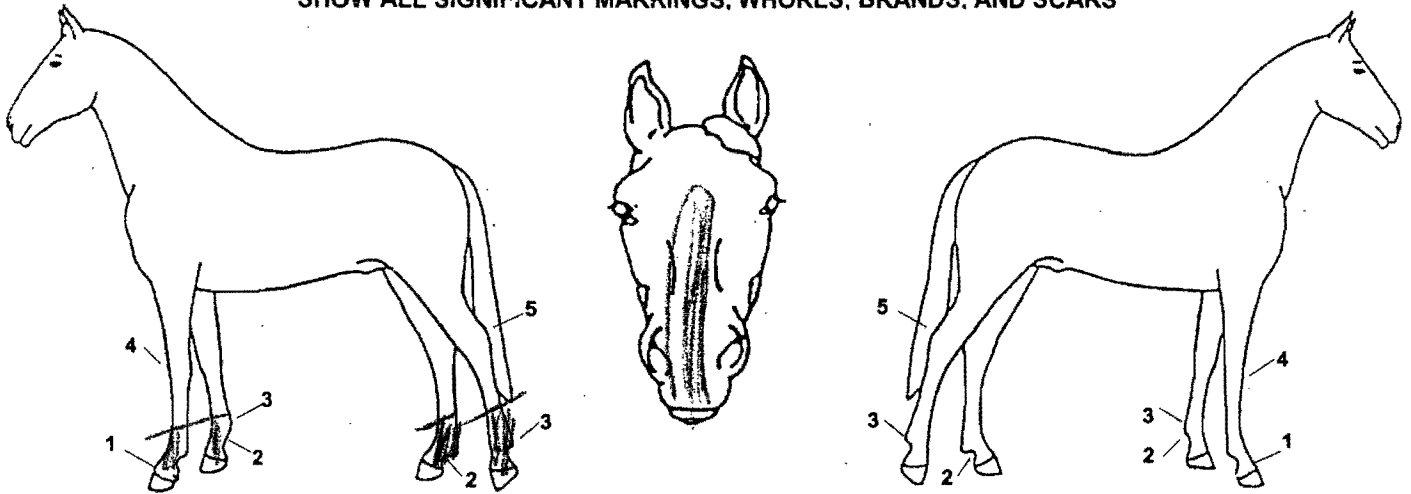
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
6517				Bay	G		6	6	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD SINPP	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB SOCK	30. RIGHT HINDLIMB SOCK

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.	32. DATE RECEIVED 9/22/8	33. DATE REPORTED OUT 9/22/8	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TESTER (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a crime and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

M 953473

1. ACCESSION NUMBER

ACL/6558

2. DATE BLOOD DRAWN

9/22/18

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC. 14 DALLIES RD. LOS LUNAS, NM. Zip Code 87031-7200 Tel No. (505) 865-4600 County VALENCIA	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87106 Tel No. (505) 610-4711 County BERKLEY
8. NAME AND ADDRESS OF OWNER (Please print or type) C. COMPTON CLYDE C. COMPTON CLYDE LOS LUNAS, NM. Zip Code		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87106 Tel No. (505) 610-4711 County BERKLEY	

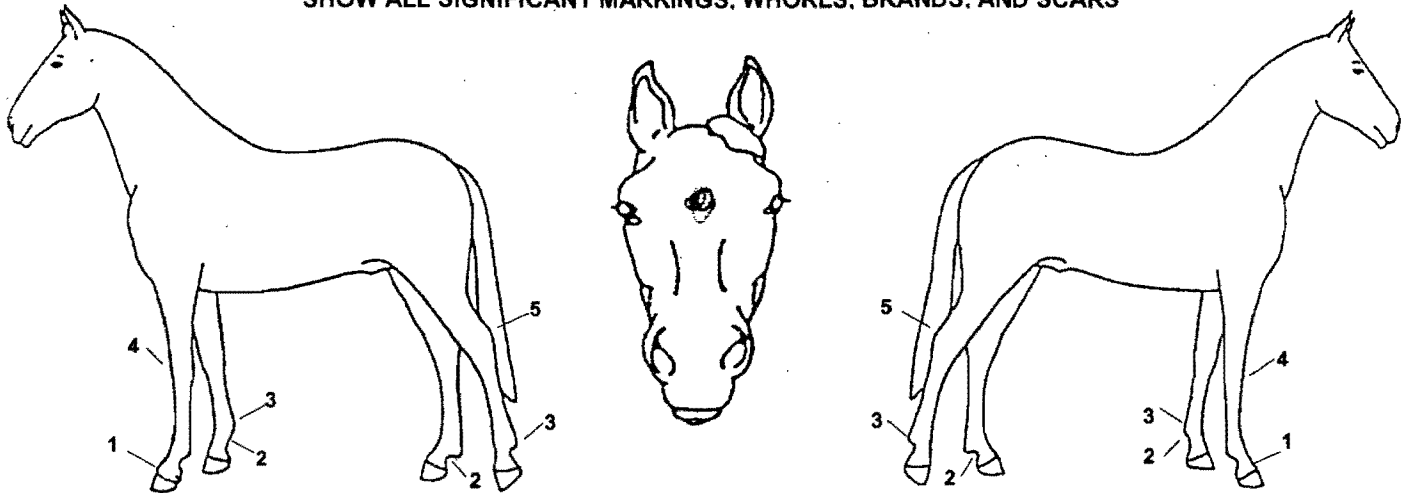
CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted (b)(6) was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN I certify that I have examined t	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 9/22/18
13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse Chest G	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB 2	24. Sex M	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STON	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.	32. DATE RECEIVED 9/22/18	33. DATE REPORTED OUT 9/22/18	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a crime and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. M 953474	1. ACCESSION NUMBER ACT/ 6459	2. DATE BLOOD DRAWN 9/22/8
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC. 14 DALLIES RD. LOS LUNAS, NM. Zip Code 87051-1100 Tel No. (505) 865-4000 County VALLEJO	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: 5. VETERINARY LICENSE OR ACCREDITATION NO. 1187 LONG:		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) [Handwritten: SW 1/8 A, Los Lunas, NM] Zip Code		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted was drawn by me from the horse described below on the date indicated above.

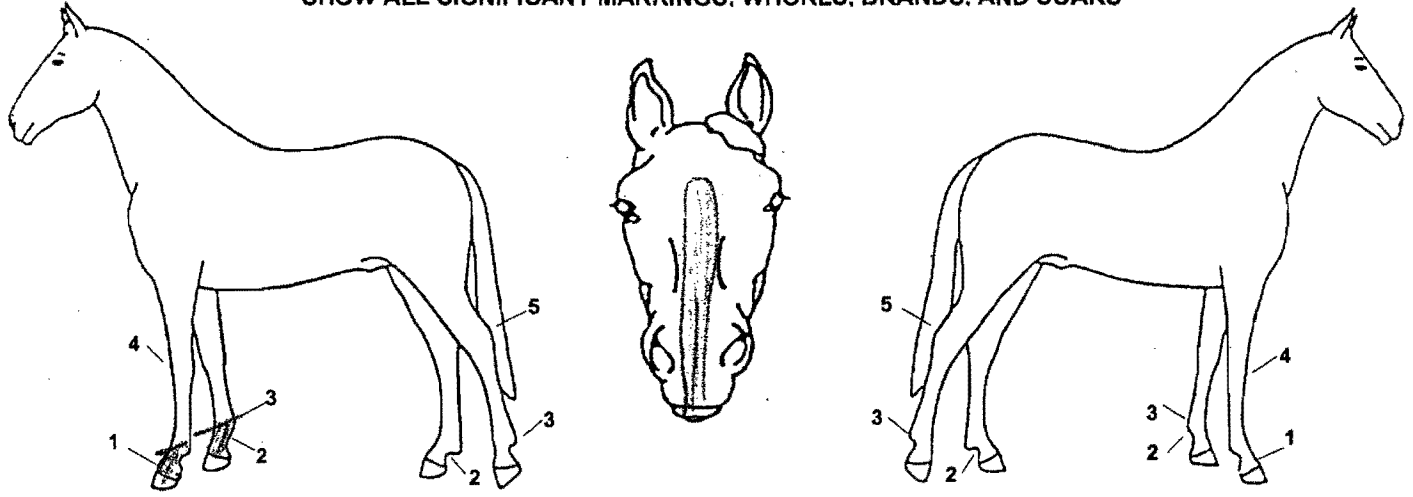
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN [Handwritten: (b)(6)]	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 9/22/8
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I certify that I have examined the specimen to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT [Handwritten: C.Y. Brasmer]	14. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	15. SIGNATURE DATE 9/22/8
--	---	------------------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
559				SOB	G		4	G	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD [Handwritten: SOB]	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB [Handwritten: SOB]	28. RIGHT FORELIMB [Handwritten: SOB]
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.	32. DATE RECEIVED 9/22/8	33. DATE REPORTED OUT 9/22/8	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF [Handwritten: (b)(6)]		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a crime and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

M 953475

1. ACCESSION NUMBER

ACL 10560

2. DATE BLOOD DRAWN

9/22/16

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING
 Market Change of Ownership Retest Export
 Show First Test

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)
SW LIVESTOCK AUCTION INC.

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)
LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.
1167

6. TEST TYPE
 ELISA
 AGID

14 DALLIES RD.
LOS LUNAS, NM. Zip Code 87031-7206
Tel No. (505) 865-4600 County VALENCIA

8. NAME AND ADDRESS OF OWNER (Please print or type)
C SW LOS A Ranch
LOS Lunas NM Zip Code
Tel No. County

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)
C.Y. BRASNER DVM.
5900 JONES PLACE NW.
ALBUQUERQUE, NM. Zip Code 87120
Tel No. (505) 610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen (b)(6) this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED

11. TYPE OR PRINT SIGNATURE NAME
C.Y. BRASNER DVM.

12. SIGNATURE DATE
9/22/16

CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have read the information on this form and, to the best of my knowledge and belief, this form is true, correct and complete.

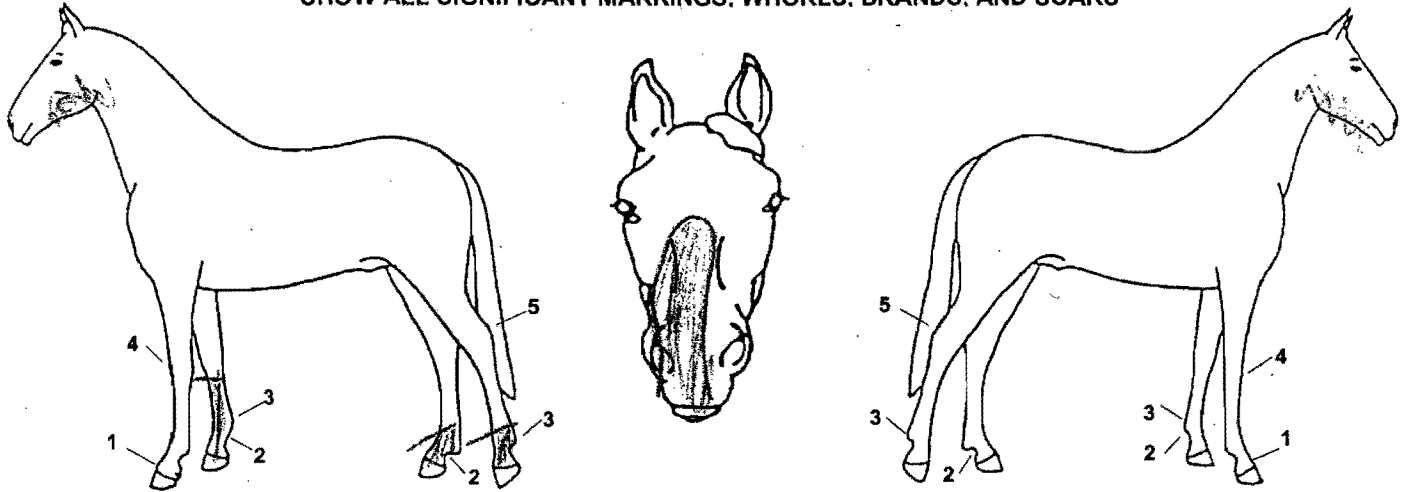
13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
0560				Roan G			5	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD
Slight

27. LEFT FORELIMB

29. LEFT HINDLIMB
sock

26. OTHER MARKS AND BRANDS
white Hoins - 1/2

28. RIGHT FORELIMB
sock

30. RIGHT HINDLIMB
sock

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE
ALBUQUERQUE COGGINS LAB
ALBUQUERQUE, NM.

32. DATE RECEIVED

33. DATE REPORTED OUT

34. TEST RESULTS
 Negative Positive AGID ELISA

36. SIGNATURE OF (b)(6)

35. REMARKS

Falsification of this form or knowingly using a falsified form is a crime and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

M 953476

1. ACCESSION NUMBER

ACL 16501

2. DATE BLOOD DRAWN

9/22/18

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		14. DALLIES RD. LOS LUNAS, NM. Zip Code 87031-7400	
8. NAME AND ADDRESS OF OWNER (Please print or type) <i>Wagon Wheel</i> <i>10000 N. ...</i>		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUEQUE, NM. Zip Code 87120	
Tel No. County		Tel No. (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted on this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>(b)(6)</i>	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE <i>9/22/18</i>
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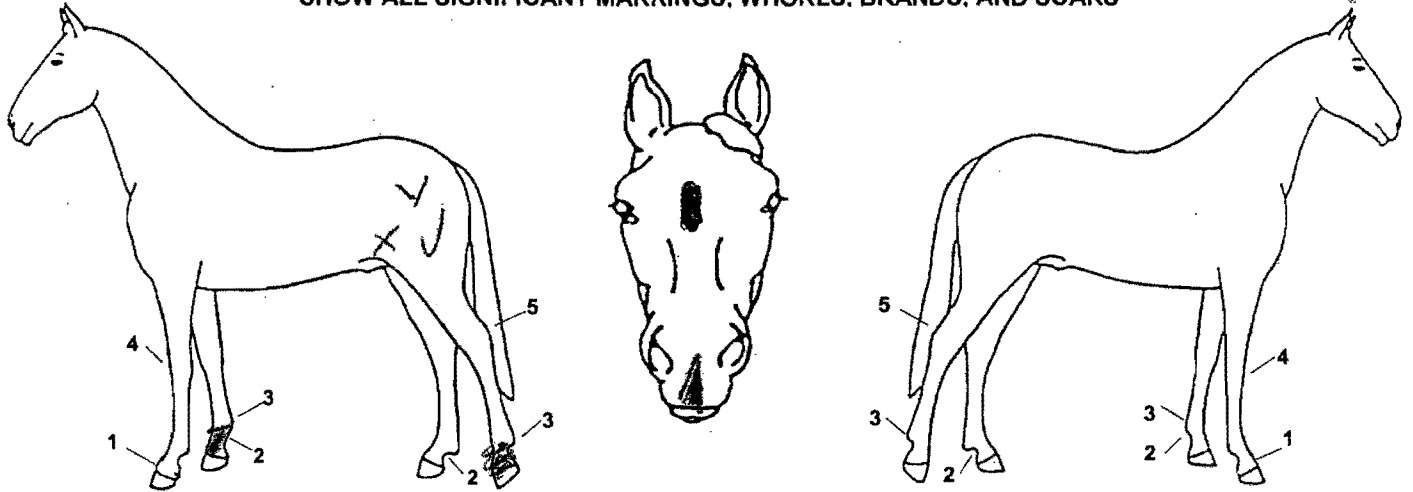
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined the specimen and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT <i>(b)(6)</i>	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
<i>6501</i>				<i>SOB</i>	<i>G</i>		<i>5</i>	<i>M</i>	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD <i>Star, Snip</i>	26. OTHER MARKS AND BRANDS <i>Y / L / H</i>
27. LEFT FORELIMB	28. RIGHT FORELIMB <i>FOCK</i>
29. LEFT HINDLIMB <i>SOCK</i>	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUEQUE COGGINS LAB ALBUQUEQUE, NM.	32. DATE RECEIVED <i>9/22/18</i>	33. DATE REPORTED OUT <i>9/22/18</i>	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE <i>(b)(6)</i>	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

M 953477

1. ACCESSION NUMBER

ACL/0562

2. DATE BLOOD DRAWN

9/22/8

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC. 14 DALLIES RD. LOS LUNAS, NM. Zip Code 87031-7200 Tel No. (505) 865-4600 County VALLENUELA	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		8. NAME AND ADDRESS OF OWNER (Please print or type) 18001 Avenue 2 SW L.P. A LOS LUNAS, NM Zip Code Tel No. County	
9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO			

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM.		12. SIGNATURE DATE 9/22/8	
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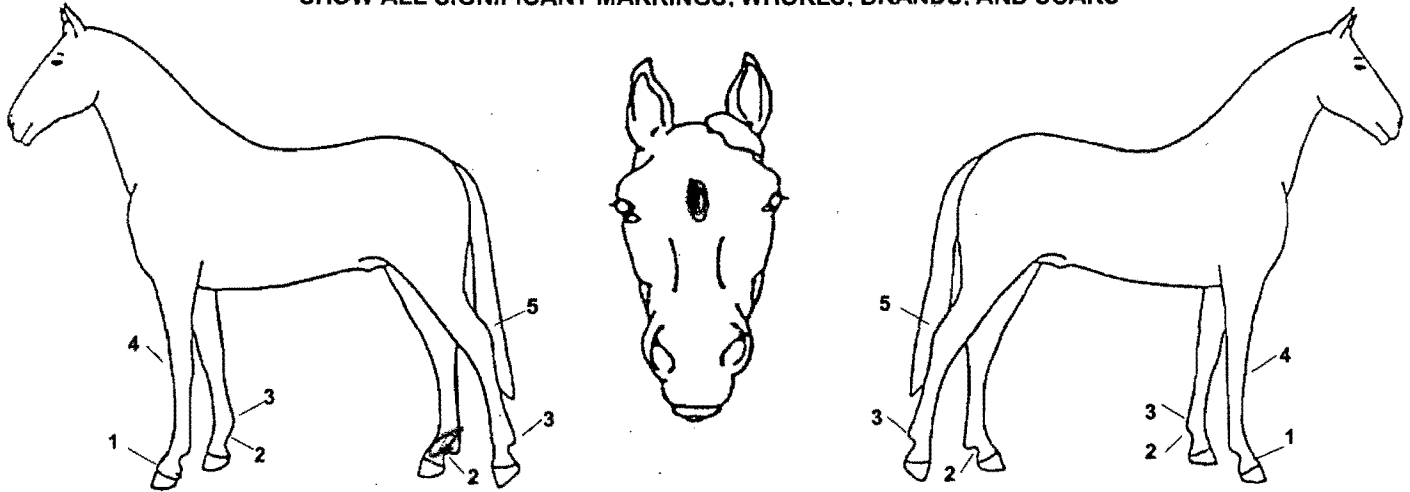
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined the specimen and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE	
--	--	---	--	---------------------------	--

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
6162				SON G				6 F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD SIDR		26. OTHER MARKS AND BRANDS	
27. LEFT FORELIMB		28. RIGHT FORELIMB	
29. LEFT HINDLIMB		30. RIGHT HINDLIMB SOCK	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, AR.		32. DATE RECEIVED 9/22/8		33. DATE REPORTED OUT 9/22/8		34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA	
36. SIGNATURE OF (b)(6)		35. REMARKS					

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

M953478

1. ACCESSION NUMBER

ACL/ 6563

2. DATE BLOOD DRAWN

9/22/18

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC. 14 DALLIES RD. LOS LUNAS, NM. Zip Code 87031-7100 Tel No. (505) 865-4600 County VALENUELA		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		8. NAME AND ADDRESS OF OWNER (Please print or type) Dennis L. Zip Code County
9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASNER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO					

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASNER DVM.		12. SIGNATURE DATE 9/22/18	
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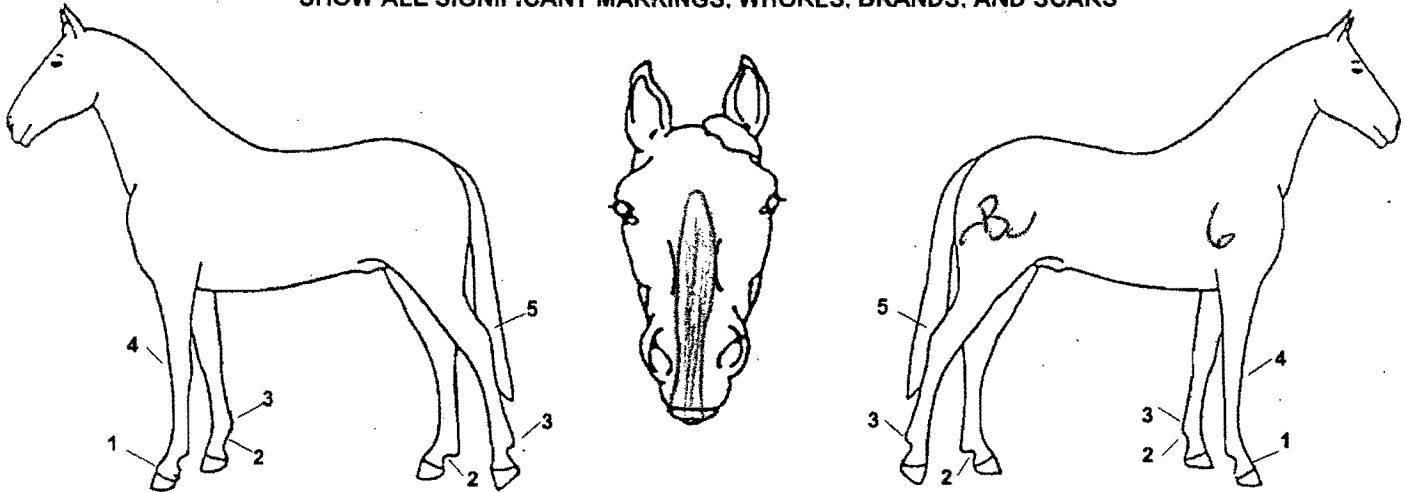
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined the form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT			14. TYPE OR PRINT SIGNATURE NAME			15. SIGNATURE DATE		
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
6563				Dun	G		3	G	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Sharp		26. OTHER MARKS AND BRANDS ...	
27. LEFT FORELIMB ...		28. RIGHT FORELIMB	
29. LEFT HINDLIMB		30. RIGHT HINDLIMB	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.		32. DATE RECEIVED 9/22/18	33. DATE REPORTED OUT 9/22/18	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA	
36. SIGNATURE (b)(6)		35. REMARKS			

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST**
(VS Memorandum 555.16)

SERIAL NO.

M 953479

1. ACCESSION NUMBER

ACL16564

2. DATE BLOOD DRAWN

9/22/18

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC. 14 DALLIES RD. LOS LUNAS, NM. Zip Code <i>87031-2000</i> Tel No. (505) 865-4600 County <i>VALLEJUNTA</i>	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
5. VETERINARY LICENSE OR ACCREDITATION NO. <i>1167</i>		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code <i>87100</i> Tel No. (505) 610-4711 County <i>BENAVENUE</i>	
8. NAME AND ADDRESS OF OWNER (Please print or type) <i>JEFFREY COGGINS</i> <i>SW Livestock</i> <i>Los Lunas NM</i> Zip Code _____ Tel No. _____ County _____			

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.		12. SIGNATURE DATE <i>9/22/18</i>	
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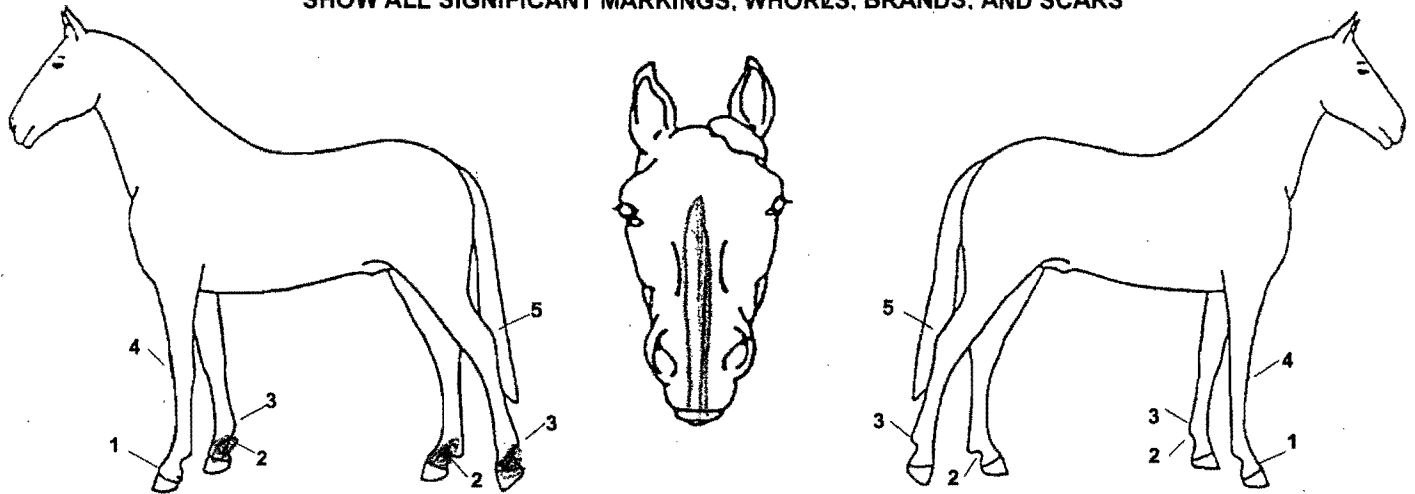
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I am the owner or agent of the horse described on this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE	
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
<i>6564</i>				<i>Bay</i>	<i>G</i>			<i>♂</i>	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD <i>Snap</i>		26. OTHER MARKS AND BRANDS	
27. LEFT FORELIMB		28. RIGHT FORELIMB <i>Sock</i>	
29. LEFT HINDLIMB <i>Sock</i>		30. RIGHT HINDLIMB <i>Sock</i>	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.		32. DATE RECEIVED <i>9/22/18</i>		33. DATE REPORTED OUT <i>9/22/18</i>		34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA	
36. SIGNATURE (b)(6)		35. REMARKS					

Falsification of this form or knowingly using a falsified form for not more

than the truth is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. M 953348	1. ACCESSION NUMBER ACL/ 6543	2. DATE BLOOD DRAWN 9/22/12
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	14 DALLIES RD. LOS LUNAS, NM. Zip Code 87031-7200 Tel No (505) 865-4600 County VALENCIA
8. NAME AND ADDRESS OF OWNER (Please print or type) Dennis Chavez @ SW/Livestock Auction Zip Code County ALM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VET	(b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM.	12. SIGNATURE DATE 9/22/12
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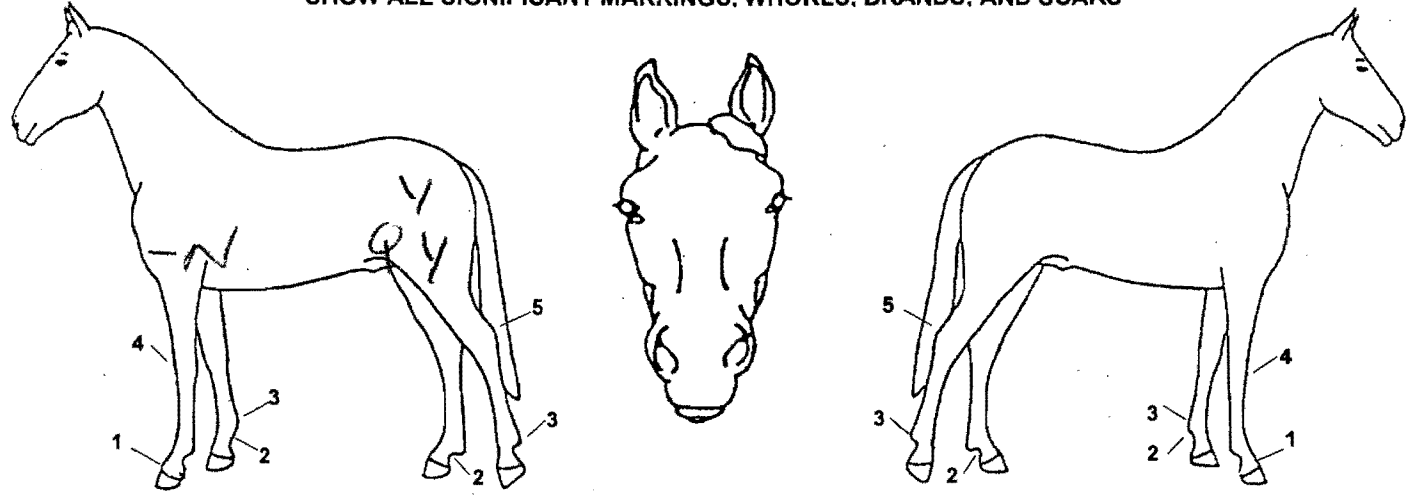
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined the specimen and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
6013				Bay	G		3	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS -N/LS QY/LH
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.	32. DATE RECEIVED 9/22/12	33. DATE REPORTED OUT 9/22/12	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified specimen for not m... fense and may result in a fine of not more than \$10,000 or imprisonment both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

M 953481

1. ACCESSION NUMBER

ACL/6565

2. DATE BLOOD DRAWN

9/22/08

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC. 14 DAILIES RD. LOS LUNAS, NM. Zip Code 87031-7200 Tel No. (505) 865-4600 County VALENZUELA		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		8. NAME AND ADDRESS OF OWNER (Please print or type) C. COGINS (owner) SW LIVESTOCK AUCTION LOS LUNAS, NM. Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) C. Y. BRASMER DVM, 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)		

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen (b)(6) with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.		12. SIGNATURE DATE 9/22/08	
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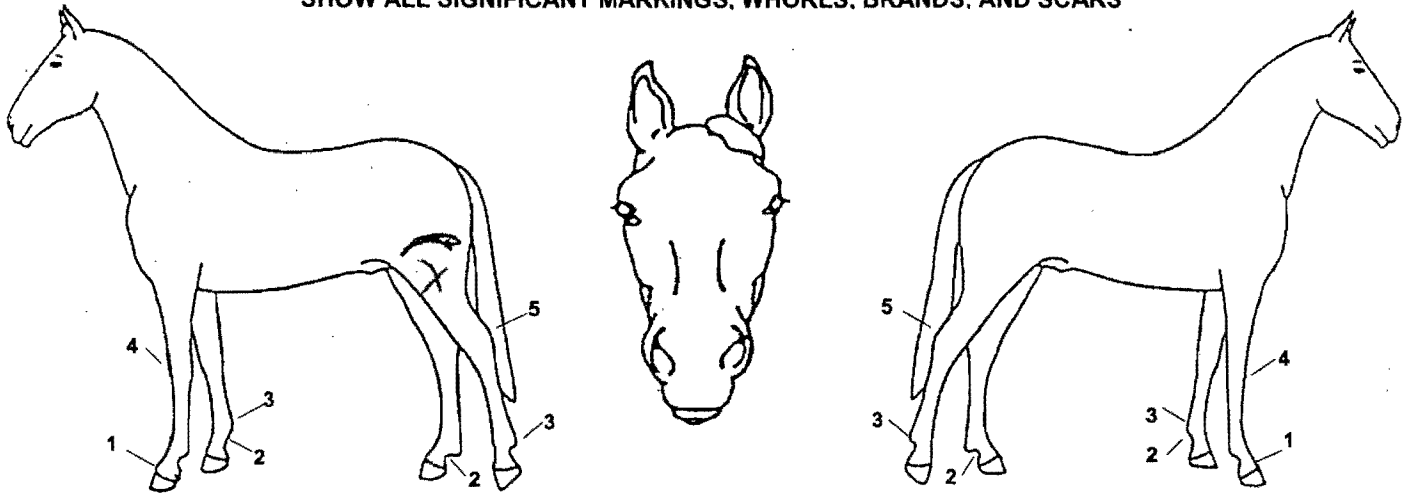
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have read the information on this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE	
--	--	---	--	---------------------------	--

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
6565				Red	Paint		4	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD (b)(6)		26. OTHER MARKS AND BRANDS R/LH	
27. LEFT FORELIMB (b)(6)		28. RIGHT FORELIMB	
29. LEFT HINDLIMB (b)(6)		30. RIGHT HINDLIMB	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.		32. DATE RECEIVED 9/22/08	33. DATE REPORTED OUT 9/22/08	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA	
35. SIGNATURE (b)(6)		35. REMARKS			

Falsification of this form or knowingly using a falsified form for not more than 30 days and may result in a fine of not more than \$10,000 or imprisonment for not more than 1 year (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. M 953482	1. ACCESSION NUMBER <i>ACL 10/30/08</i>	2. DATE BLOOD DRAWN <i>9/22/08</i>
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	14 DALLIES RD. LOS LUNAS, NM. Zip Code 87051-7200 Tel No (505) 865-4600 County VALENUE
8. NAME AND ADDRESS OF OWNER (Please print or type) <i>Dennis Chavez</i> <i>PO Box 1104</i> <i>Los Lunas NM</i> Zip Code _____ Tel No. _____ County _____		8. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM. 5900 JONES PLACE NW. Zip Code 87120 ALBUQUERQUE, NM. County BERNARD Tel No (505) 810-4711	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VET <i>(b)(6)</i>	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM.	12. SIGNATURE DATE <i>9/22/08</i>
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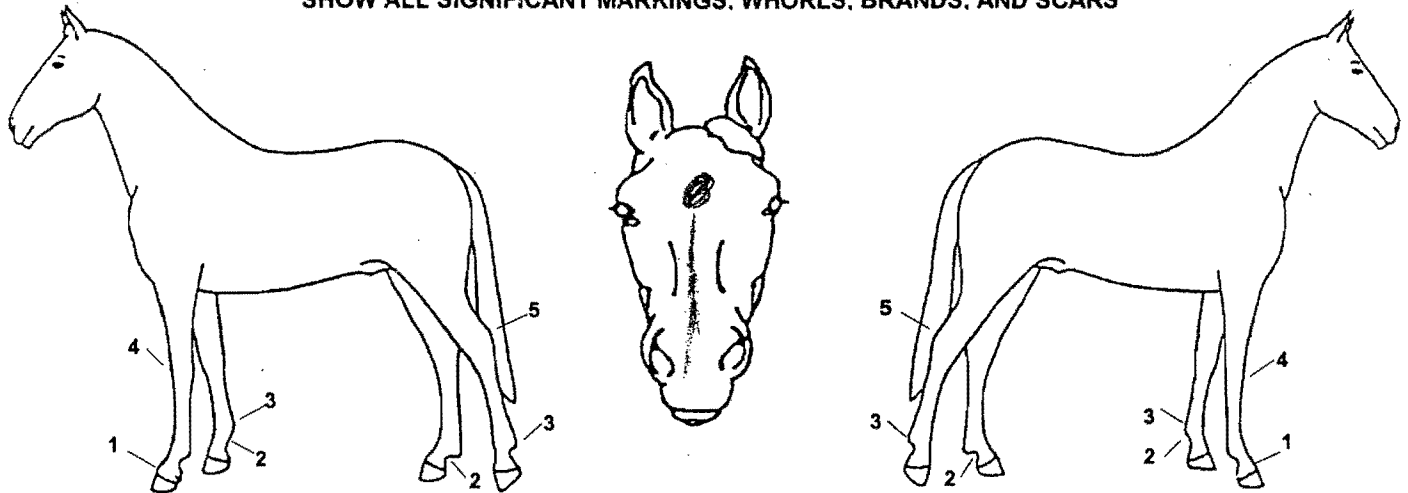
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined the horse and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
				<i>DN G</i>				<i>2 F</i>	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD <i>210H - SPAPP</i>	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB <i>(mark)</i>	28. RIGHT FORELIMB <i>(mark)</i>
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.	32. DATE RECEIVED <i>9/22/08</i>	33. DATE REPORTED OUT <i>9/22/08</i>	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a crime and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. M 953483	1. ACCESSION NUMBER ACI/6567	2. DATE BLOOD DRAWN 9/22/8
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC. 14 DALLIES RD. LOS LURAS, NM. Zip Code 87031-7400 Tel No. (505) 865-4000 County VALENCL	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	8. NAME AND ADDRESS OF OWNER (Please print or type) C. Y. BRASNER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASNER DVM.	12. SIGNATURE DATE 9/22/8
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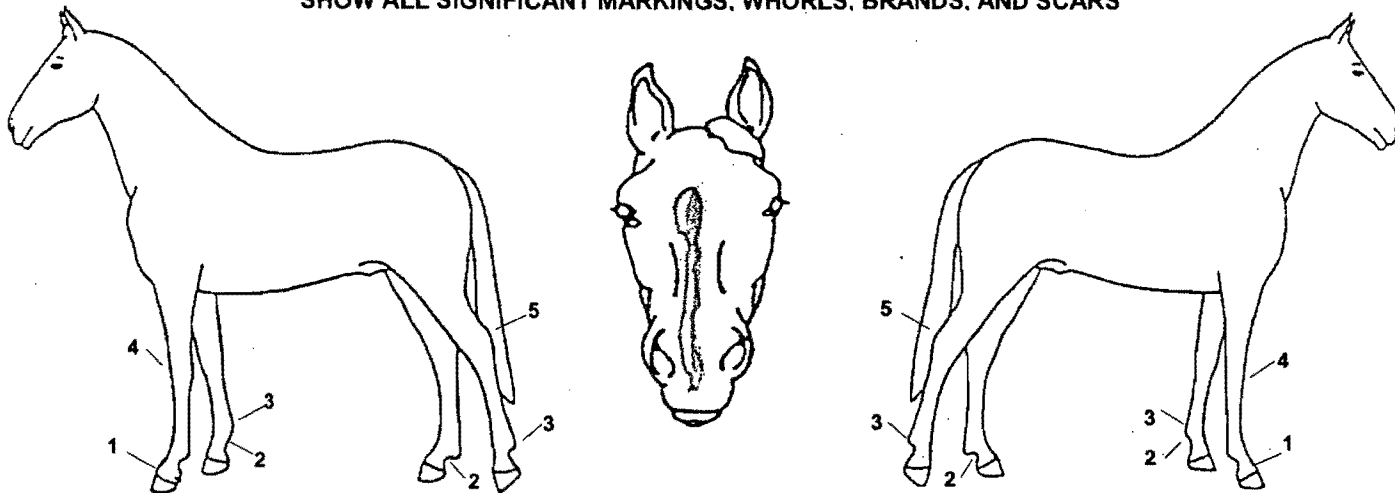
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined the specimen and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tap No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
0517			Son	6			10/1		

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD GIRRY	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.	32. DATE RECEIVED 9/22/8	33. DATE REPORTED OUT 9/22/8	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

M 953484

1. ACCESSION NUMBER

ACL/0528

2. DATE BLOOD DRAWN

9/22/8

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		14 DALLIES RD. LOS LUNAS, NM. Zip Code 87031-7000 Tel No. (505) 865-4600 County VALENCIA	
8. NAME AND ADDRESS OF OWNER (Please print or type) GORDON CHOW SW Livestock Albuquerque, NM Zip Code Tel No.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen is (b)(6)		Form was drawn by me from the horse described below on the date indicated above.	
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	
		12. SIGNATURE DATE 9/22/8	

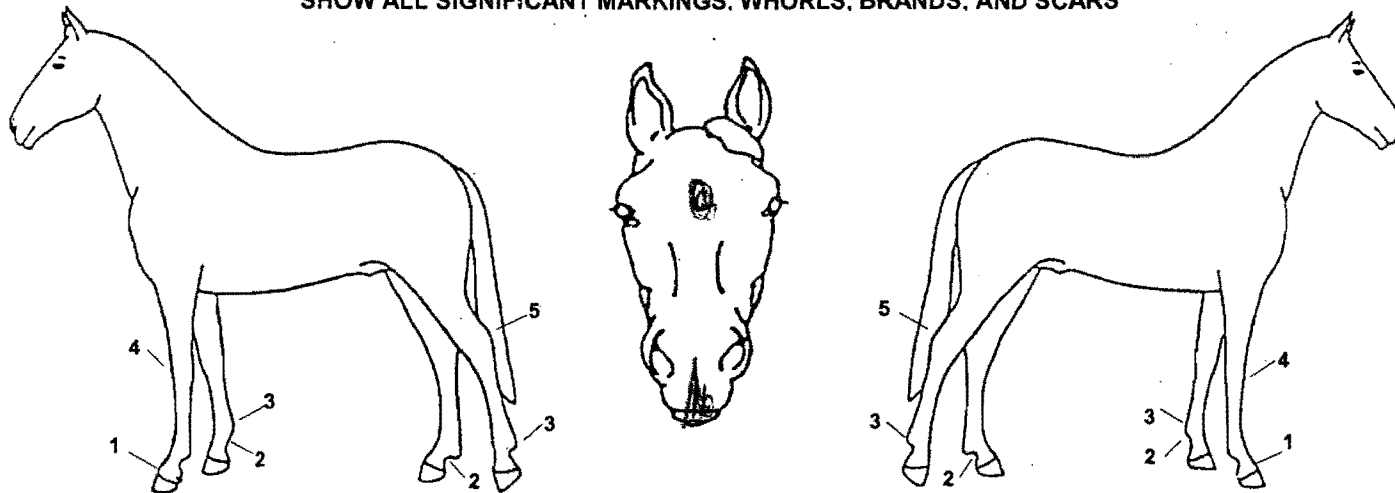
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined the specimen and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE	
---	--	----------------------------------	--	--------------------	--

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
6568				SOB	G		10	M	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAR - SOB		26. OTHER MARKS AND BRANDS	
27. LEFT FORELIMB		28. RIGHT FORELIMB	
29. LEFT HINDLIMB		30. RIGHT HINDLIMB	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COCCIAS LAB ALBUQUERQUE, NM.		32. DATE RECEIVED 9/22/8		33. DATE REPORTED OUT 9/22/8		34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA	
36. SIGNATURE (b)(6)				35. REMARKS			

Falsification of this form or knowingly using a falsified form and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

M 953485

1. ACCESSION NUMBER

ACT 1 6569

2. DATE BLOOD DRAWN

9/22/18

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

<p>3. REASON FOR TESTING</p> <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Export		<p>7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)</p> SW LIVESTOCK AUCTION INC. 14 DALLIES RD. LOS LUNAS, NM. Zip Code 87031-7300 Tel No. (505) 865-4600 County VALLENUELA	
<p>4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)</p> LAT: LONG:		<p>5. VETERINARY LICENSE OR ACCREDITATION NO.</p> 1167	
<p>6. TEST TYPE</p> <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		<p>8. NAME AND ADDRESS OF OWNER (Please print or type)</p> C. Y. BRASLER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505) 610-4711 County KERN	
<p>9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)</p> C. Y. BRASLER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505) 610-4711 County KERN		<p>10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN</p> [Signature]	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted on (b)(6) was drawn by me from the horse described below on the date indicated above.

<p>11. TYPE OR PRINT SIGNATURE NAME</p> C.Y. BRASLER DVM.		<p>12. SIGNATURE DATE</p> 9/22/18	
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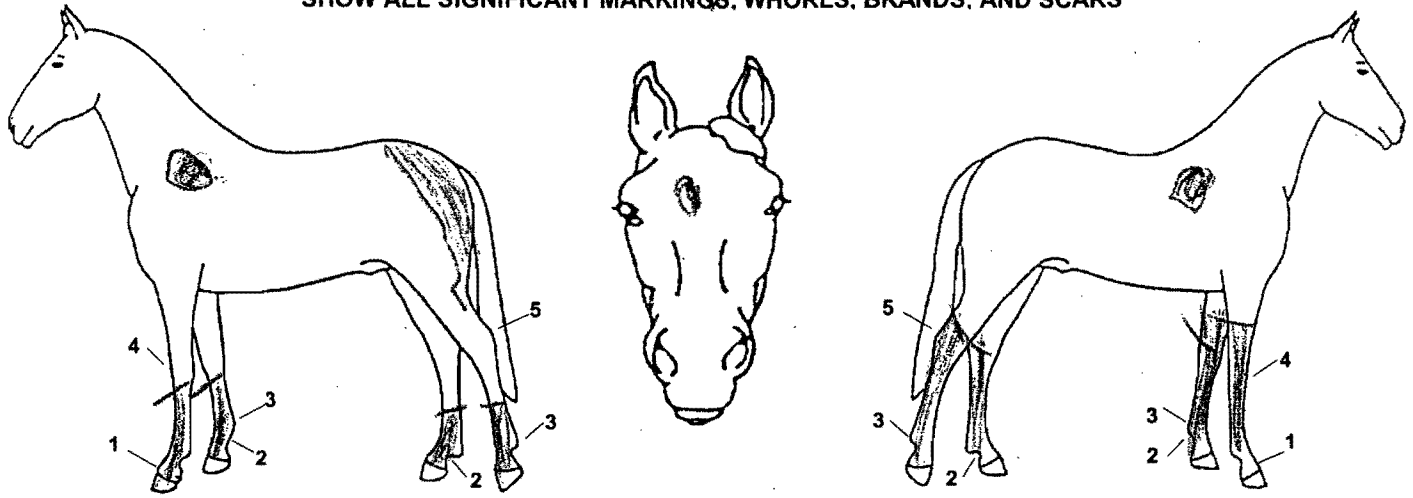
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined the specimen and, to the best of my knowledge and belief, this form is true, correct and complete.

<p>13. SIGNATURE OF OWNER OR OWNER'S AGENT</p> [Signature]		<p>14. TYPE OR PRINT SIGNATURE NAME</p> [Signature]		<p>15. SIGNATURE DATE</p> [Date]	
--	--	---	--	----------------------------------	--

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
1169				Buck	Paint		8	6	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

<p>25. HEAD</p>		<p>26. OTHER MARKS AND BRANDS</p>	
<p>27. LEFT FORELIMB</p> Paint		<p>28. RIGHT FORELIMB</p> Paint	
<p>29. LEFT HINDLIMB</p>		<p>30. RIGHT HINDLIMB</p>	

FOR LABORATORY USE ONLY

<p>31. LABORATORY NAME/CITY/STATE</p> ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.		<p>32. DATE RECEIVED</p> 9/22/18		<p>33. DATE REPORTED OUT</p> 9/22/18		<p>34. TEST RESULTS</p> <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA	
<p>35. SIGNATURE OF</p> [Signature]		<p>36. SIGNATURE OF</p> [Signature]		<p>37. REMARKS</p>		<p>38. REMARKS</p>	

Falsification of this form or knowingly using a falsified form is a crime and may result in a fine of not more than \$10,000 or imprisonment (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

M 953486

1. ACCESSION NUMBER

ACL/6370

2. DATE BLOOD DRAWN

9/22/18

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING

- Market
- Change of Ownership
- Retest
- Export
- Show
- First Test

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

SW LIVESTOCK AUCTION INC.

4. GEOGRAPHIC INFORMATION SYSTEMS (IGIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

1167

6. TEST TYPE

- ELISA
- AGID

14 DALLIES RD.

LOS LUNAS, NM.

Zip Code 87031

Tel No. (505) 805-4600

County VALENCIA

8. NAME AND ADDRESS OF OWNER (Please print or type)

C. G. Coggins
300 W. 4th St
Los Lunas, NM

Zip Code

Tel No.

County

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

C.Y. BRASLER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code 87129

Tel No. (505) 610-4711

County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASLER DVM.

12. SIGNATURE DATE

9/22/18

I certify that I have examined the specimen to the best of my knowledge and belief, this form is true, correct and complete.

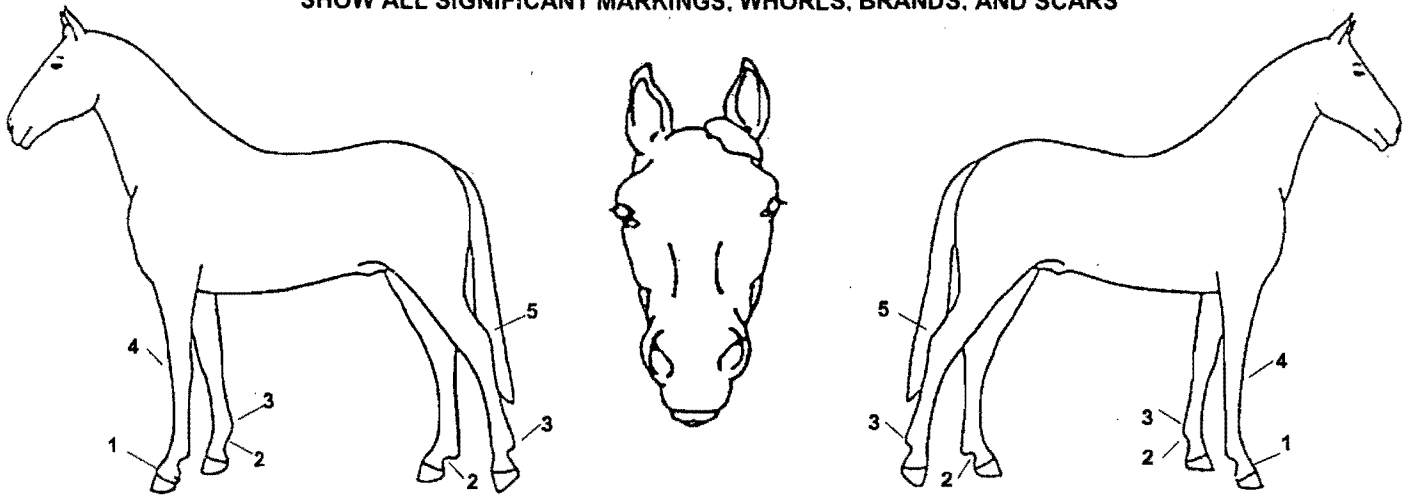
13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
65				Roan	G		7	G	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.	32. DATE RECEIVED 9/22/18	33. DATE REPORTED OUT 9/22/18	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a crime and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

M953487

1. ACCESSION NUMBER

ACL/ 6635

2. DATE BLOOD DRAWN

9/22/18

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

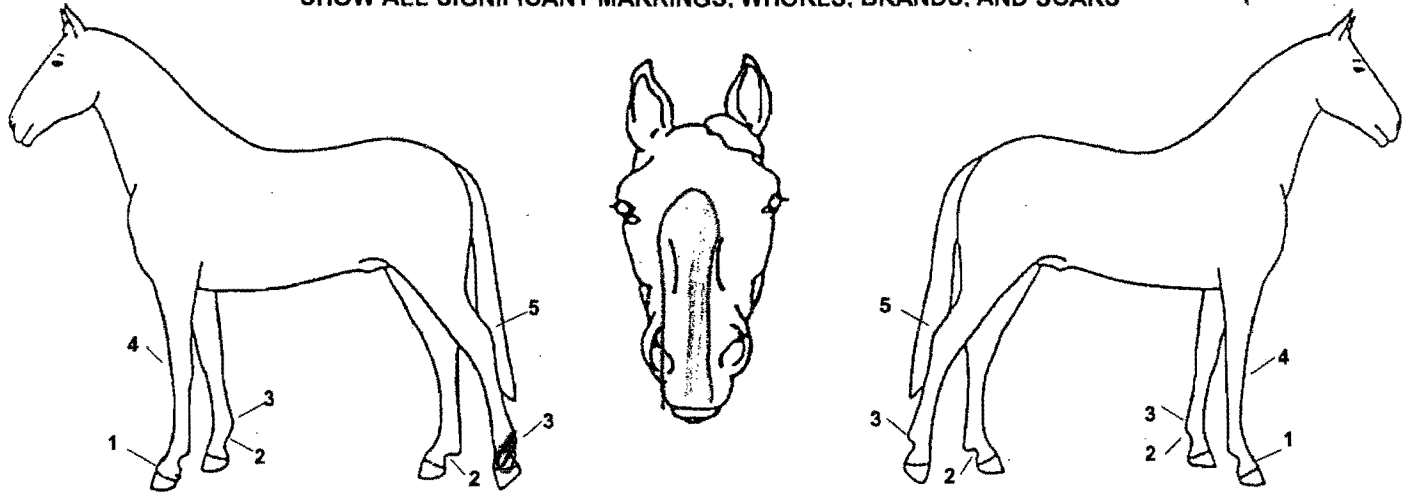
3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		14 DALLIES RD. LOS LUNAS, NM. Zip Code 87031-7200 Tel No. (505) 865-4600 County VALERCO	
8. NAME AND ADDRESS OF OWNER (Please print or type) C. Y. BRASLER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505) 810-4711 County BERNALILLO		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C. Y. BRASLER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505) 810-4711 County BERNALILLO	

I certify the specimen (b)(6) this Form was drawn by me from the horse described below on the date indicated above.	
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C. Y. BRASLER DVM.
	12. SIGNATURE DATE 9/22/18

I certify that I have read and, to the best of my knowledge and belief, this form is true, correct and complete.	
13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME
	15. SIGNATURE DATE

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse Soul G	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex M - Male F - Female G - Gelding N - Neuter
								9/22/18

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD SIMP	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB SOUL	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.	32. DATE RECEIVED 9/22/18	33. DATE REPORTED OUT 9/22/18	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form for not more

offense and may result in a fine of not more than \$10,000 or imprisonment both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

M 953488

1. ACCESSION NUMBER

ACL/6636

2. DATE BLOOD DRAWN

9/22/8

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC. 14 DALLIES RD. LOS LUNAS, NM. Zip Code 87031-7206 Tel No. (505) 865-4600 County VALENCIA	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	8. NAME AND ADDRESS OF OWNER (Please print or type) <i>Dennis Clive L C/O Jim L... A Los Lunas, NM</i> Zip Code Tel No. County
9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO			

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN
I certify the specimen submitted was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN: (b)(6)

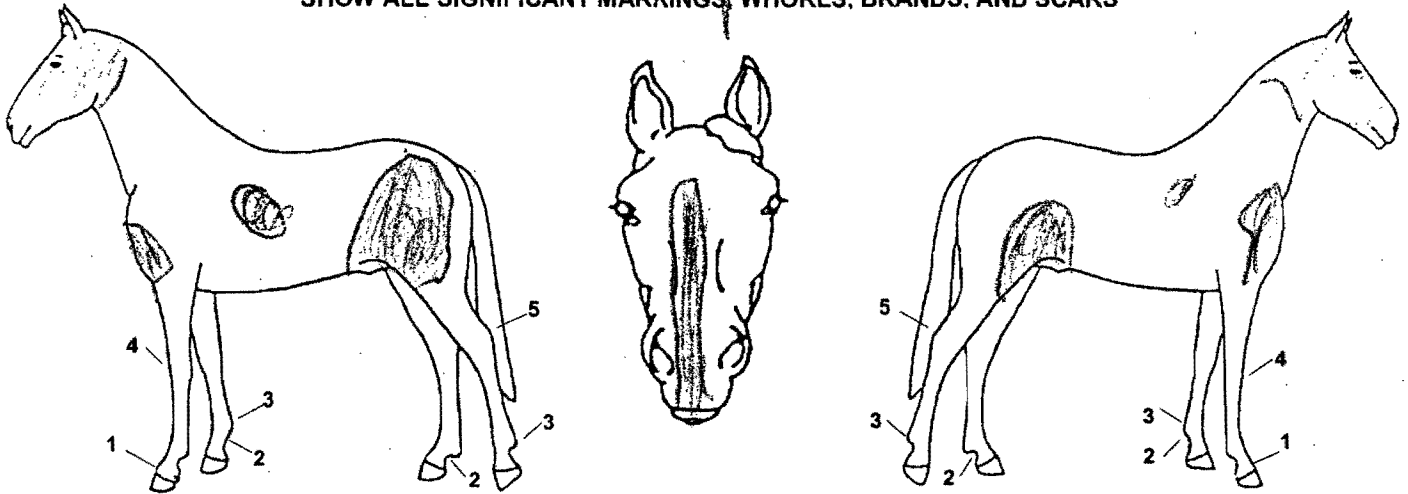
11. TYPE OR PRINT SIGNATURE NAME: C.Y. BRASMER DVM.

12. SIGNATURE DATE: *9/22/8*

CERTIFICATION OF OWNER OR OWNER'S AGENT
I certify that I have examined the specimen and to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE	
16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed
<i>6636</i>				<i>Paint</i>	<i>G</i>
					22. Electronic I.D. No.
					23. Age or DOB
					<i>5</i>
					24. Sex
					<i>M</i>
					M - Male F - Female G - Gelding N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGLINS LAB ALBUQUERQUE, NM.	32. DATE RECEIVED <i>9/22/8</i>	33. DATE REPORTED OUT <i>9/22/8</i>	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

M 953489

1. ACCESSION NUMBER

ACLI 0637

2. DATE BLOOD DRAWN

9/22/18

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		14 DALLIES RD. LOS LUNAS, NM. Zip Code 87031-7201 Tel No. (505) 865-4600 County VALERIE	
8. NAME AND ADDRESS OF OWNER (Please print or type) C. Y. BRASHER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505) 810-4711 County BERNALILLO		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C. Y. BRASHER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505) 810-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted on this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C. Y. BRASHER DVM.	12. SIGNATURE DATE 9/22/18
--	--	-------------------------------

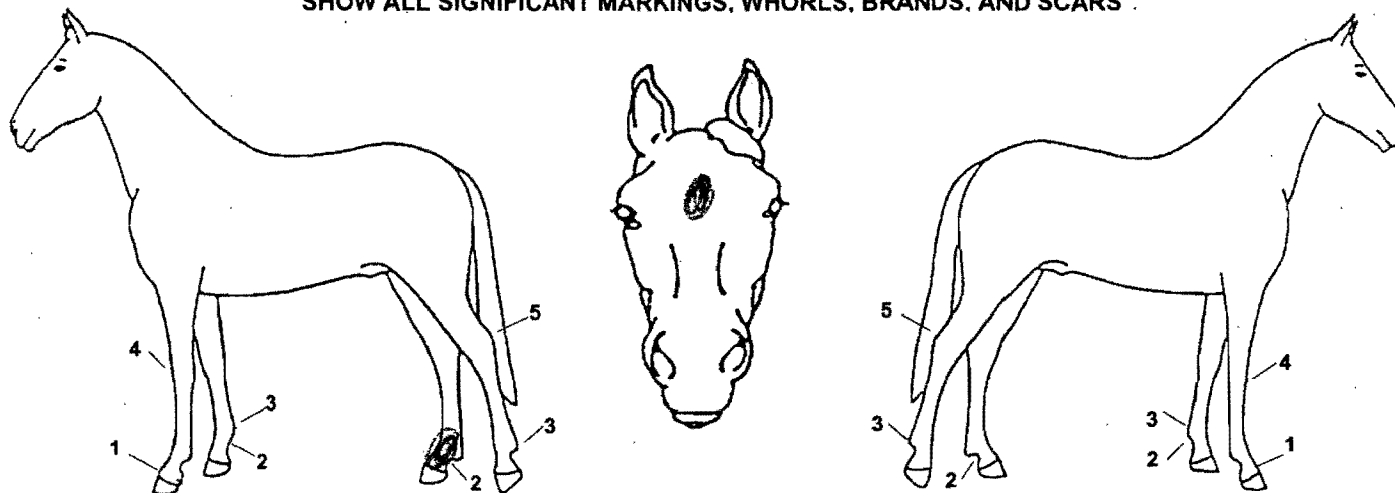
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined the specimen and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
37				Sor	G			5 F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS.



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD short	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB short

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.	32. DATE RECEIVED 9/22/18	33. DATE REPORTED OUT 9/22/18	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a crime under 18 U.S.C. Section 1001 and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years.

Falsification of this form or knowingly using a falsified form is a crime under 18 U.S.C. Section 1001 and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.
M 953490

1. ACCESSION NUMBER

ACL/6638

2. DATE BLOOD DRAWN

9/22/18

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
5. VETERINARY LICENSE OR ACCREDITATION NO. <i>1167</i>		14 DALLIES RD. LOS LUNAS, NM. Zip Code <i>87051-7206</i> Tel No. <i>(505)865-4600</i> County <i>VALENUE</i>	
8. NAME AND ADDRESS OF OWNER (Please print or type) <i>Yonnis Cline</i> <i>Los Lunas NM</i> Zip Code		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code <i>87120</i> Tel No. <i>(505)610-4711</i> County <i>BERNALILLO</i>	
Tel No.		County	

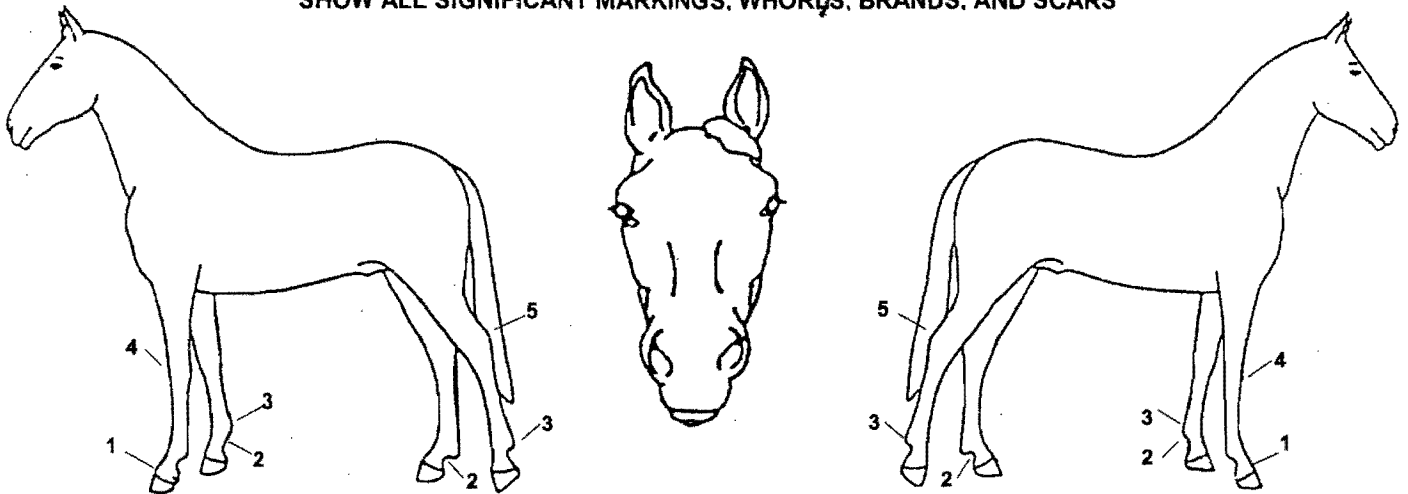
I certify the specimen submitted for testing was drawn by me from the horse described below on the date indicated above.	
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>(b)(6)</i>	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.
	12. SIGNATURE DATE <i>9/22/18</i>

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tap No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
<i>6638</i>				<i>Bay</i>	<i>G</i>		<i>6/17</i>		

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.	32. DATE RECEIVED <i>9/22/18</i>	33. DATE REPORTED OUT <i>9/22/18</i>	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
	36. SIGNATURE <i>(b)(6)</i>		35. REMARKS

Falsification of this form or knowingly using a falsified form for not more than 30 days is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

M953492

1. ACCESSION NUMBER

ACL 6639

2. DATE BLOOD DRAWN

9/22/18

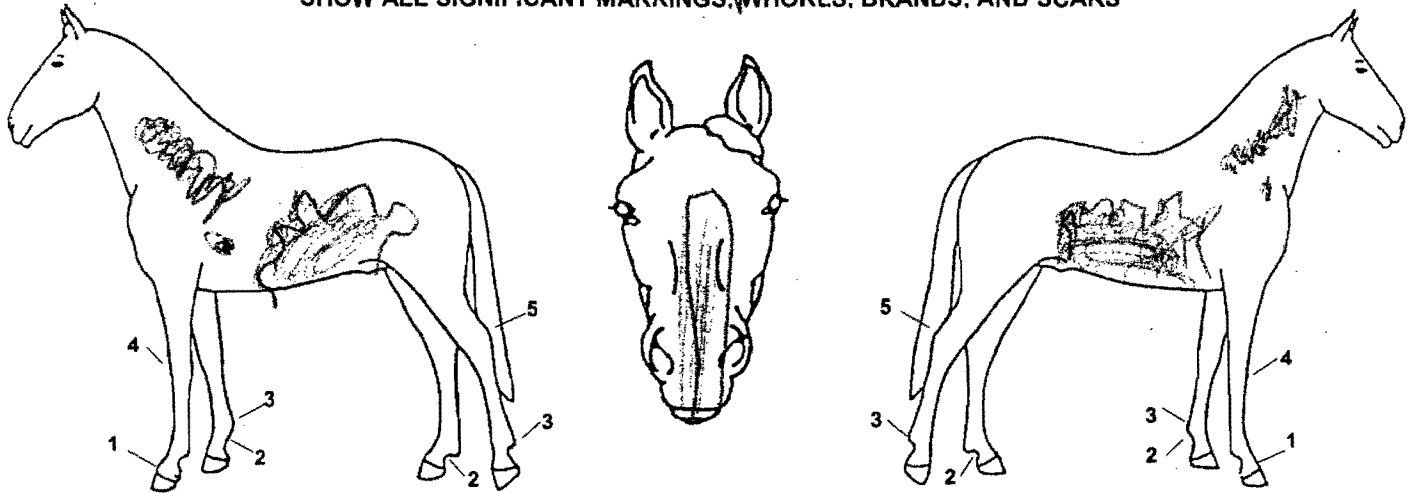
Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		14 DALLIES RD. LOS LUNAS, NM. Zip Code 87031-7400 Tel No. (505) 865-4600 County VALLE	
8. NAME AND ADDRESS OF OWNER (Please print or type) <i>James Clune</i> <i>2000 A</i> <i>Los Lunas NM</i> Zip Code		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN I certify the specimen submitted as drawn by me from the horse described below on the date indicated above.		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.		12. SIGNATURE DATE 9/22/18	
13. SIGNATURE OF OWNER OR OWNER'S AGENT I certify that I have examined the best of my knowledge and belief, this form is true, correct and complete.		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE	

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
6639				POINT G			3	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE GUGGINS LAB ALBUQUERQUE, NM.	32. DATE RECEIVED 9/22/18	33. DATE REPORTED OUT 9/22/18	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a crime and may result in a fine of not more than \$10,000 or imprisonment (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

M 953493

1. ACCESSION NUMBER

ACL/6640

2. DATE BLOOD DRAWN

9/22/8

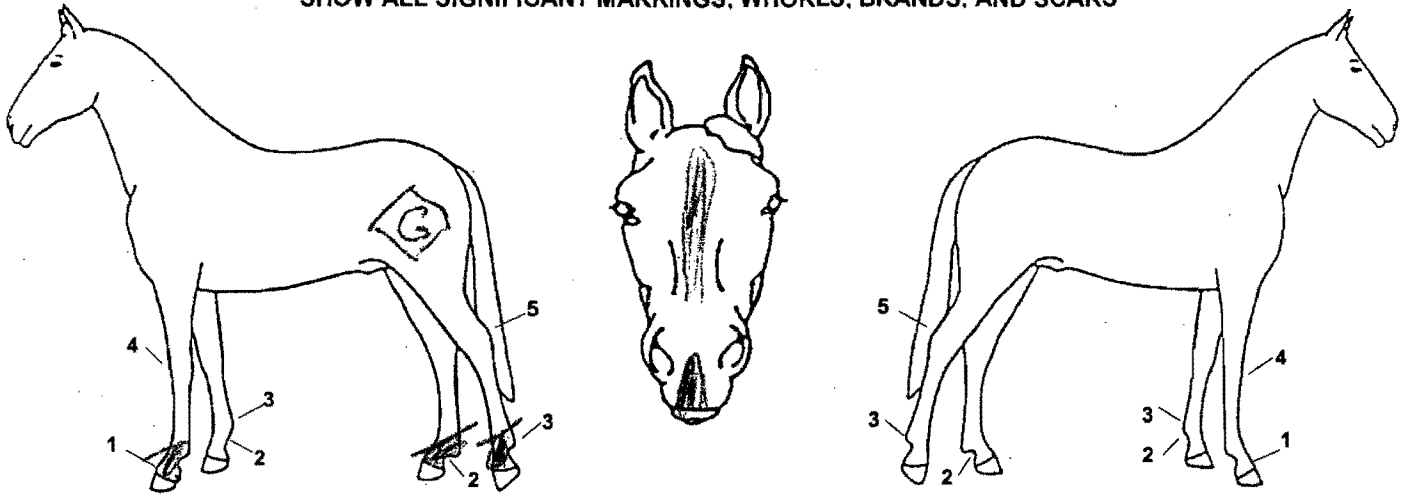
Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC. 14 DALLIES RD. LOS LUNAS, NM. Zip Code 87031-7200 Tel No. (505) 865-4000 County VALENCIA	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		8. NAME AND ADDRESS OF OWNER (Please print or type) C. Y. BRASNER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	

I certify the specimen submitted was drawn by me from the horse described below on the date indicated above.		10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	
I certify that I have examined the specimen to the best of my knowledge and belief, this form is true, correct and complete.		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASNER DVM.	
12. SIGNATURE DATE 9/22/8		13. SIGNATURE OF OWNER OR OWNER'S AGENT	
14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE	

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
6640				Blue	Road G		26		

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	STAMP STAMP	26. OTHER MARKS AND BRANDS	G/LH
27. LEFT FORELIMB	B	28. RIGHT FORELIMB	SOCK
29. LEFT HINDLIMB	SOCK	30. RIGHT HINDLIMB	SOCK

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.		32. DATE RECEIVED 9/22/8	33. DATE REPORTED OUT 9/22/8	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE (b)(6)		35. REMARKS		

Falsification of this form or knowingly using a falsified form for not more than \$10,000 or imprisonment both (U.S.C. Section 1001).

Falsification of this form or knowingly using a falsified form for not more than \$10,000 or imprisonment both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

M 953494

1. ACCESSION NUMBER

ACL1 0641

2. DATE BLOOD DRAWN

9/22/18

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input type="checkbox"/> Export <input type="checkbox"/>			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC. 14 DALLIES RD. LOS LUNAS, N.M. Zip Code 87031-7206 Tel No. (505) 865-4600 County VALENCIA		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) [Handwritten: ...] ... Zip Code County			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO		

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted on form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN [Redacted Signature]		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM.		12. SIGNATURE DATE 9/22/18	
---	--	--	--	--------------------------------------	--

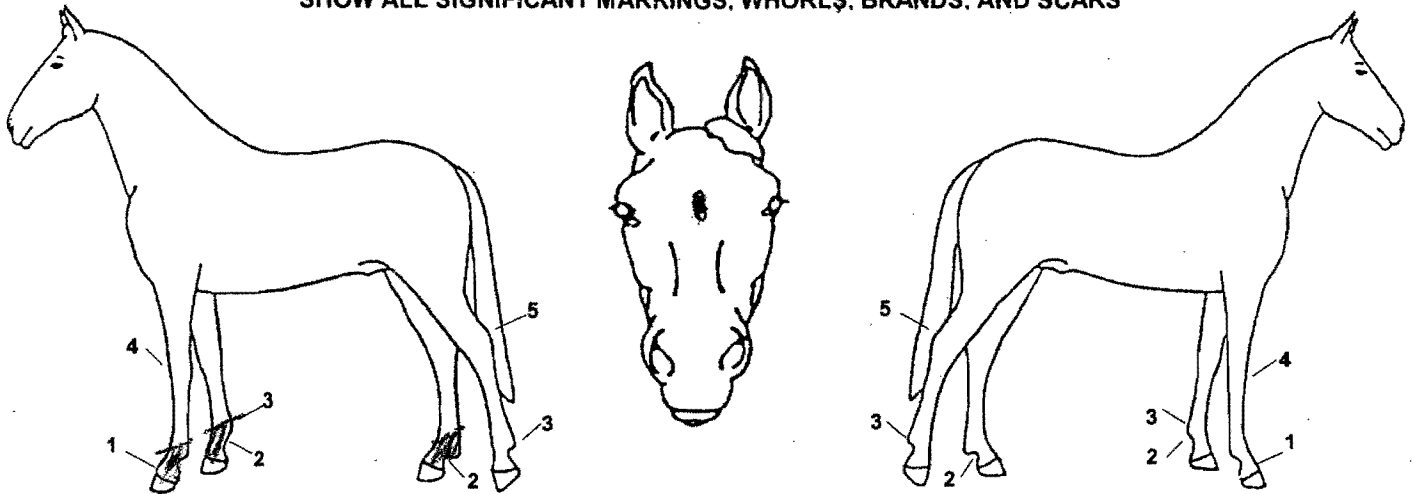
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined the specimen and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT [Redacted Signature]		14. TYPE OR PRINT SIGNATURE NAME [Redacted Name]		15. SIGNATURE DATE [Redacted Date]	
--	--	--	--	--	--

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
				Bay	G		3	M	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD SHIRK		26. OTHER MARKS AND BRANDS [Blank]	
27. LEFT FORELIMB SOCK		28. RIGHT FORELIMB SOCK	
29. LEFT HINDLIMB [Blank]		30. RIGHT HINDLIMB FEEL	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.		32. DATE RECEIVED 9/22/18		33. DATE REPORTED OUT 9/22/18		34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA	
36. SIGNATURE [Redacted Signature]		(b)(6)		35. REMARKS [Blank]		[Blank]	

Falsification of this form or knowingly using a falsified form for not mor

offense and may result in a fine of not more than \$10,000 or imprisonment or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. M 953495	1. ACCESSION NUMBER AGL 6642	2. DATE BLOOD DRAWN 9/22/18
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC. 14 DALLIES RD. LOS LUNAS, NM. Zip Code 87031-1206 Tel No. (505) 883-4630 County VALENCIA	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		8. NAME AND ADDRESS OF OWNER (Please print or type) General Agency SW LPS 14 DALLIES RD Zip Code County Tel No.	
9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASNER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87126 Tel No. (505) 610-4711 County BERNALILLO			

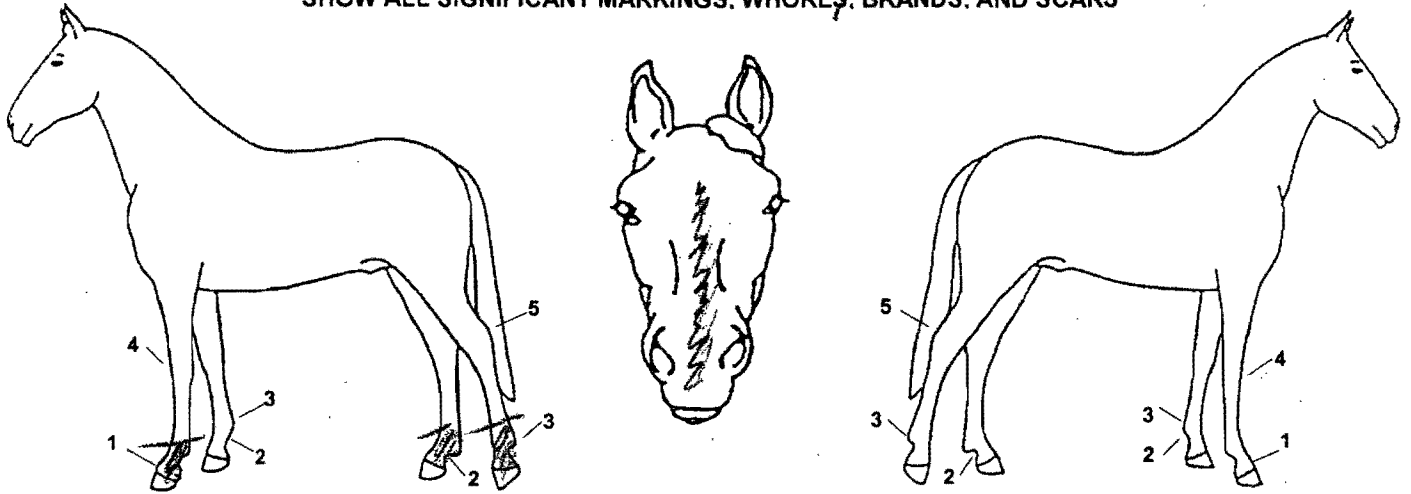
CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted (b)(6) was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASNER DVM.	12. SIGNATURE DATE 9/22/18
I certify that I have examined the specimen and, to the best of my knowledge and belief, this form is true, correct and complete.		
13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
U-48					Bay			SF	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAIR	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB SOCK	28. RIGHT FORELIMB
29. LEFT HINDLIMB SOCK	30. RIGHT HINDLIMB SOCK

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGINS LAB ALBUQUERQUE, NM.	32. DATE RECEIVED 9/22/18	33. DATE REPORTED OUT 9/22/18	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form for not m... al offense and may result in a fine of not more than \$10,000 or imprisonment s or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.18)

SERIAL NO.

M 953497

1. ACCESSION NUMBER

ACL 6643

2. DATE BLOOD DRAWN

9/22/18

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING

- Market
- Change of Ownership
- Show First Test
- Retest Export

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

SW LIVESTOCK AUCTION INC.

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

1167

6. TEST TYPE

- ELISA
- AGID

14 DALLIES RD.

LOS LUNAS, NM.

Zip Code 87031-7205

Tel No (505) 865-4600

County VALENCIA

8. NAME AND ADDRESS OF OWNER (Please print or type)

Benito Chavez
1001 S. 1st St
Albuquerque, NM

Zip Code

Tel No.

County

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

C.Y. BRASNER DVM.

5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code 87120

Tel No (505) 610-4711

County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted by (b)(6) and this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VET

11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASNER DVM.

12. SIGNATURE DATE

9/22/18

CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined the specimen and, to the best of my knowledge and belief, this form is true, correct and complete.

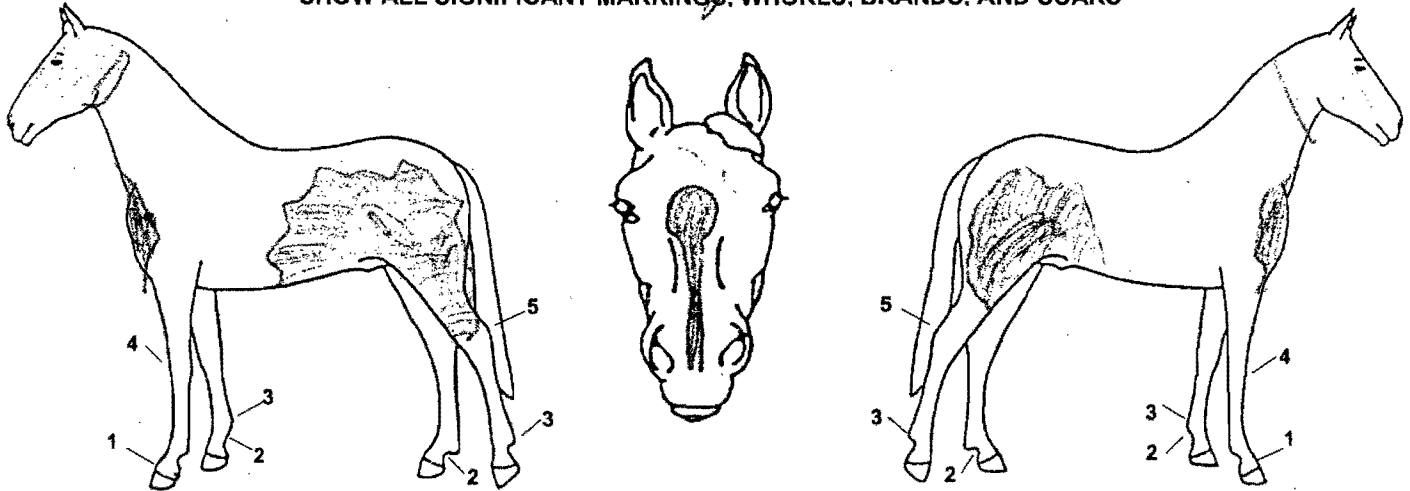
13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	17. Official Tap No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
(617)				B/W	Paint		7		

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fellock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

Paint

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE JOGGINS LAB ALBUQUERQUE, NM.	32. DATE RECEIVED 9/22/18	33. DATE REPORTED OUT 9/22/18	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form for not more than 5 years is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.
M 953496

1. ACCESSION NUMBER
ACL16644

2. DATE BLOOD DRAWN
9/22/18

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		14 DALLIES RD. LOS LUNAS, NM. Zip Code 87031-7200	
8. NAME AND ADDRESS OF OWNER (Please print or type) W. C. M. S. GLENN 500 SW L.A. LOS LUNAS, NM Zip Code		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASNER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120	
Tel No.		County	
Tel No. (505) 865-4800		County VALBUENA	
Tel No. (505) 610-4711		County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN
I certify the specimen submitted was drawn by me from the horse described below on the date indicated above.

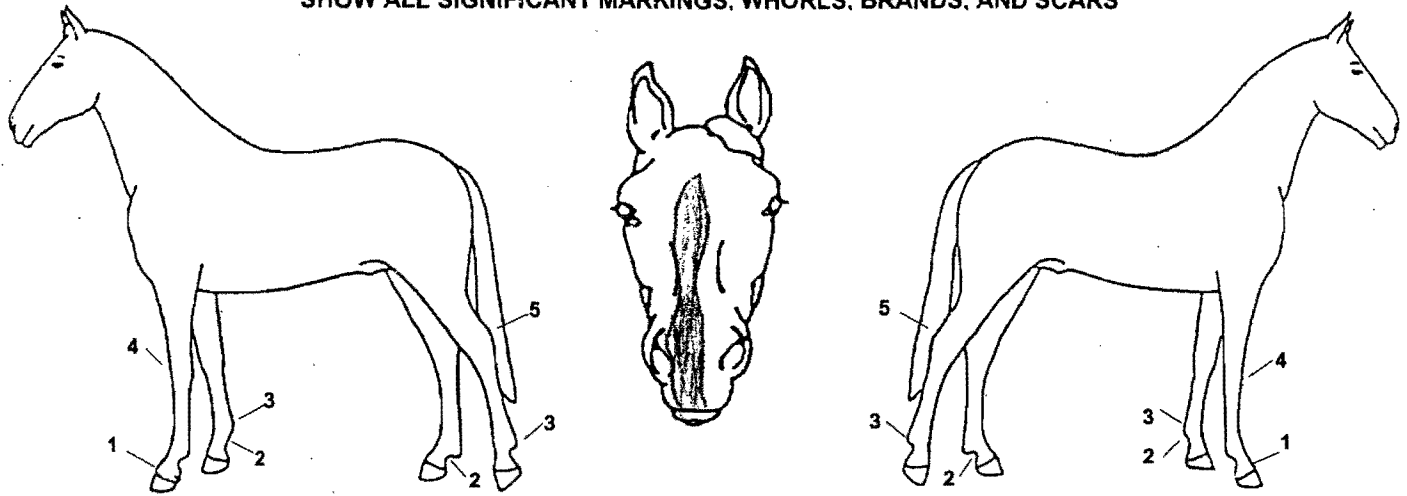
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN 	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASNER DVM.	12. SIGNATURE DATE 9/22/18
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CERTIFICATION OF OWNER OR OWNER'S AGENT
I certify that I have examined the specimen and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT 	14. TYPE OR PRINT SIGNATURE NAME W.C.M.S. GLENN	15. SIGNATURE DATE 9/22/18
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16. Tube No.	17. Official Tap No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
				SOR G				3	M

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STEPP	26. OTHER MARKS AND BRANDS 6
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NE.	32. DATE RECEIVED 9/22/18	33. DATE REPORTED OUT 9/22/18	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE 	(b)(6)	35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. M 953498	1. ACCESSION NUMBER <i>ACL/ 6645</i>	2. DATE BLOOD DRAWN <i>9/22/08</i>
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		14 DALLIES RD. LOS LUNAS, NM. Zip Code 87031-7200 Tel No. (505) 865-4600 County VALENCIA	
8. NAME AND ADDRESS OF OWNER (Please print or type) <i>C. Y. Brasmer DVM</i> Zip Code		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>(b)(6)</i>	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE <i>9/22/08</i>
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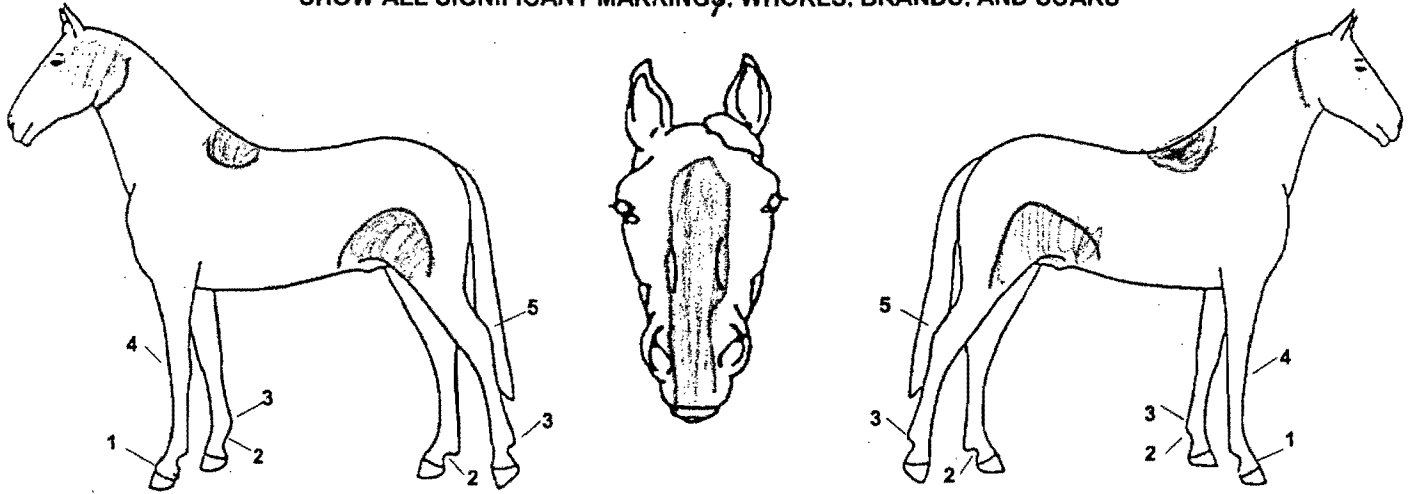
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined the specimen to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT <i>(b)(6)</i>	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
--	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color <i>Bay</i>	21. Breed <i>Paint</i>	22. Electronic I.D. No.	23. Age or DOB <i>5</i>	24. Sex <i>6</i>	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB <i>Paint</i>	28. RIGHT FORELIMB <i>Paint</i>
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.	32. DATE RECEIVED <i>(b)(6)</i>	33. DATE REPORTED OUT	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE	35. REMARKS		

Falsification of this form or knowingly using a falsified form for not meeting the requirements of this form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.18)	SERIAL NO. M953499	1. ACCESSION NUMBER ACL/ 6646	2. DATE BLOOD DRAWN 9/22/18
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

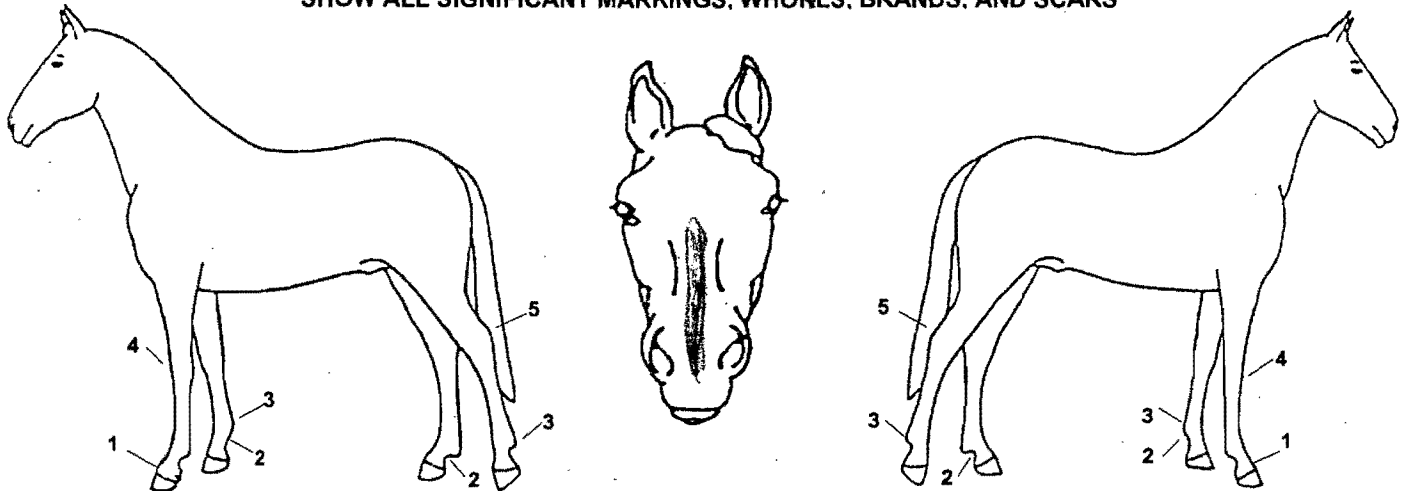
3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		14 DALLIES RD. LOS LUNAS, NM. Zip Code 87031-7200 Tel No(505)865-4600 County VALENCIA	
8. NAME AND ADDRESS OF OWNER (Please print or type) Home Ch. #2 @ 910 LTA Los Lunas, NM Zip Code Tel No. County		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASNER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87110 Tel No(505)610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted (b)(6) was drawn by me from the horse described below on the date indicated above.	
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN I certify that I have examined (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASNER DVM. 12. SIGNATURE DATE 9/22/18 13. SIGNATURE OF OWNER OR OWNER'S AGENT I certify that I have examined (b)(6) to the best of my knowledge and belief, this form is true, correct and complete.
13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME 15. SIGNATURE DATE

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
			Roy G						

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD SNIPP	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB φ	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.	32. DATE RECEIVED 9/22/18	33. DATE REPORTED OUT 9/22/18	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.18)	SERIAL NO. M 953464	1. ACCESSION NUMBER ACLI 6647	2. DATE BLOOD DRAWN 9/22/18
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

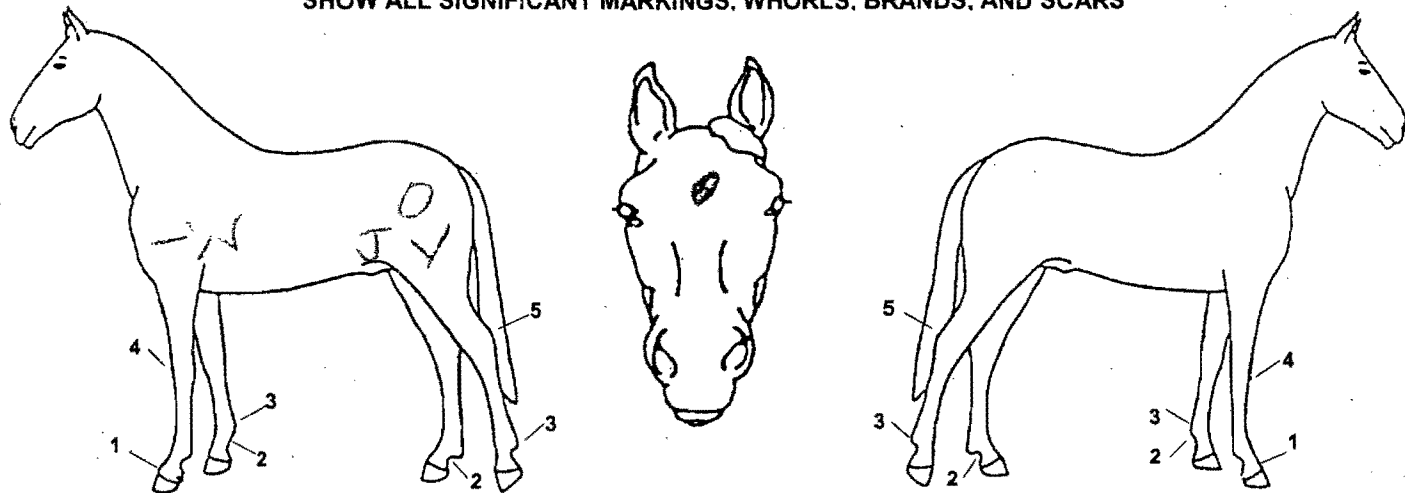
3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		8. NAME AND ADDRESS OF OWNER (Please print or type) LEONARD CLINE SW LIVESTOCK AUCTION LOS LUNAS, NM Zip Code Tel No.	
9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM Zip Code Tel No.		10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN I certify the specimen submitted was drawn by me from the horse described below on the date indicated above.	
11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.		12. SIGNATURE DATE 9/22/18	
13. SIGNATURE OF OWNER OR OWNER'S AGENT I certify that I have examined the horse to the best of my knowledge and belief, this form is true, correct and complete.		14. TYPE OR PRINT SIGNATURE NAME _____	
15. SIGNATURE DATE _____		16. Tube No.	
17. Official Tag No.		18. Tattoo/Brand	
19. Name of Horse Road G		20. Color	
21. Breed		22. Electronic I.D. No.	
23. Age or DOB 5		24. Sex F	
M - Male F - Female G - Gelding N - Neuter			

NOTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN
 I certify that I have examined the horse to the best of my knowledge and belief, this form is true, correct and complete.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN I certify the specimen submitted was drawn by me from the horse described below on the date indicated above.		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.		12. SIGNATURE DATE 9/22/18	
13. SIGNATURE OF OWNER OR OWNER'S AGENT I certify that I have examined the horse to the best of my knowledge and belief, this form is true, correct and complete.		14. TYPE OR PRINT SIGNATURE NAME _____		15. SIGNATURE DATE _____	

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
			Road G				5	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STALL		26. OTHER MARKS AND BRANDS -N/L/S, 18/14	
27. LEFT FORELIMB		28. RIGHT FORELIMB	
29. LEFT HINDLIMB		30. RIGHT HINDLIMB	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.		32. DATE RECEIVED 9/22/18		33. DATE REPORTED OUT 9/22/18		34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA	
35. SIGNATURE OF TESTER _____		36. SIGNATURE OF VETERINARIAN (b)(6)		37. REMARKS			

Falsification of this form or knowingly using a falsified form is a crime and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

M 953491

1. ACCESSION NUMBER

ACLI 6749

2. DATE BLOOD DRAWN

9/22/18

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		14 DALLIES RD. LOS LUNAS, NM. Zip Code 87031-2306 Tel No (505) 865-4600 County VALENCIA	
8. NAME AND ADDRESS OF OWNER (Please print or type) Dennis Claver 5900 Jones Place NW Albuquerque, NM Zip Code 87120 Tel No. County		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted (b)(6) Form was drawn by me from the horse described below on the date indicated above.

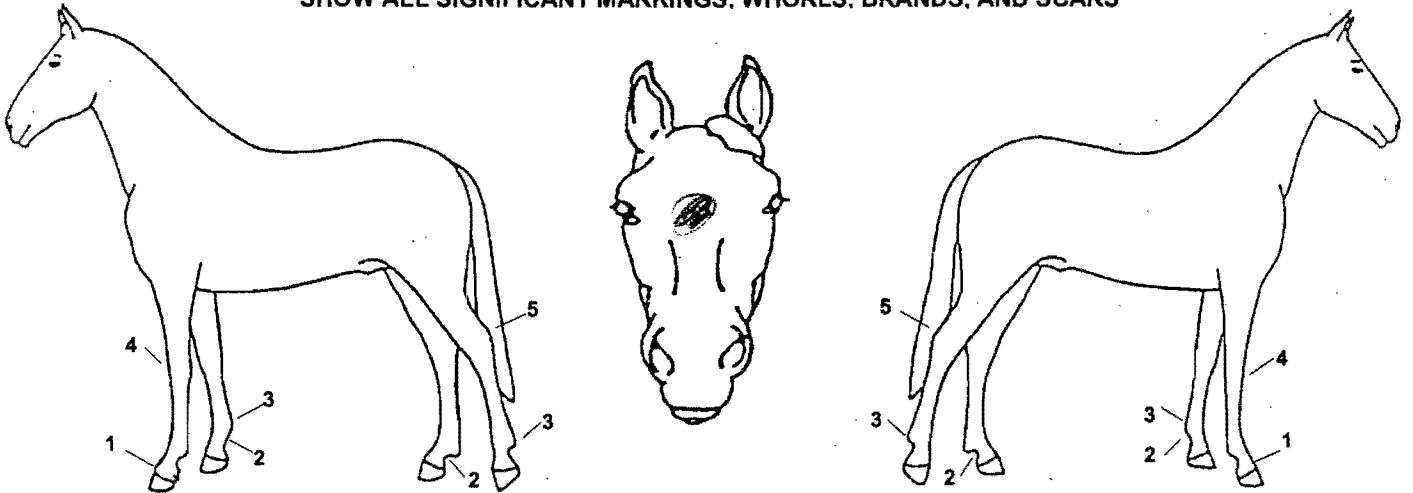
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM.	12. SIGNATURE DATE 9/22/18
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I certify that I have examined (b)(6) and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
6749				BLK G			5	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAIN	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB F	28. RIGHT FORELIMB F
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAE ALBUQUERQUE, NM.	32. DATE RECEIVED 9/22/18	33. DATE REPORTED OUT 9/22/18	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

NMDA VETERINARY DIAGNOSTIC SERVICES
 700 Camino de Salud NE
 Albuquerque, NM 87106
 Phone (505) 841-2576 (800) 432-9110
 Fax (505) 841-2518

Date received 11/3/09 Accession no. V0926051 →
V0926070

TEST REQUESTED
 Trichomonas/PCR *& Campy Culture*

Vet. name & no. Dr Cy Brasmer
 Phone (505) 833-5905
 Fax (505) 833-5905

Owner Dennis Chavez No. specimens 20 Date taken 10/31/09

Accession no.	Trich. Tag	Brucellosis Tag	Results	Results
V0926051	85	85VLI1794	NEG	
26052		85AEJ2130		
26053		1061		
26054		1057		
26055		85VLI1789		
26056		1795		
26057		85AEJ1052		
26058		1132		
26059		1056		
26060		85VLI1772		
26061		1770		
26062		85AYJ2762		
26063		85AEJ2128		
26064		2129		
26065		85VLI1773		
26066		85AEJ1033		
26067		85VLI1793		
26068		85AEJ1055		
26069		85AEJ1082		
V0926070		2131		

FAXED
 NOV 09 2009

Initial: (b)(6)
 Technician: _____
 Date: 11/9/09

UNITED STATES DEPARTMENT OF AGRICULTURE
 ANIMAL AND PLANT HEALTH INSPECTION SERVICES
 STATEMENT OF SERVICES

Originating Office Phone
 505-761-3160

Control Number: 350100088
 Office Id: 973501

C Y Brasmer D V M
 5900 Jones Place N W
 Albuquerque NM 87120

Service Date(s)
 Begin: 19-NOV-09
 End: 19-NOV-09

Reference NR: NM-10047

Code	Description	APHIS USE ONLY	Unit Cost	# of Units	Total Dollars
		Accounting Code/BOC			
107	3-6 Tests Basic - 1st Animal	0759735177 0250	137.00	1.00	137.00
108	3-6 Tests - Additional Animal	0759735177 0250	11.00	19.00	209.00

Total Due \$ 346.00

Remarks: 20 cattle to Mexico re Dennis Chavez

Payment Information

Nfc Id
 9999999999V

Date	Amount	Payment Type	Account/Check #
19-NOV-09	\$ 346.00	Check	2103

Attention: Customers with government credit accounts - A consolidated monthly bill will be issued by the USDA, APHIS (signature accepting payment terms is on file). Upon receipt of the monthly bill, mail your payment to: USDA/APHIS, P.O. Box 979039 St. Louis, MO 63197-9000.

Notice to Payer: If payment of this Statement of Service is something other than cash or a US postal Money Order, the Statement of Service will not be considered paid in full until such tender has been cleared. If you have any questions, please contact the originating office listed above.

CHRISTOPHER Y BRASMER, DBA
C. Y. BRASMER D.V.M.
5900 JONES PL. NW
ALBUQUERQUE, NM 87120-2006

95-660/1070
8090739211

2103

DATE

4/19/19

PAY TO
THE ORDER OF

USDO - Advice US \$ 346 -
Three Hundred Forty Six and 00/100

DELIVER WALLET OR DUPLICATE



BANK OF ALBUQUERQUE
Albuquerque, New Mexico
www.bankofalbuquerque.com

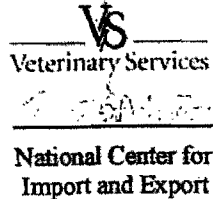
(b)(6)

MEMO

(b)(4)

MP

SPECIALTY BLUE



Health Certificate No. NM-10047
(Valid Only if the USDA Veterinary Seal
appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR THE EXPORT OF BREEDING CATTLE
FROM THE UNITED STATES OF AMERICA TO MEXICO
CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR GANADO
PARA REPRODUCCIÓN DE LOS ESTADOS UNIDOS DE AMÉRICA A MÉXICO**

**1. Name and Address of Consignor:
*Nombre y Dirección de Consignador:***

Dennis Chavez, LLC.
24 Dalies Rd.
Los Lunas, New Mexico 87031

**2. Name and Address of Consignee:
*Nombre y Dirección del Destinatario:***

Grupo Aduanal Guba SA de CV Y/O Juan Carlos Treto Soler
Parcela 104Z-2 P3/3 KM 28.5 San Agustin D. B. Chihuahua
Municipio de CD. Juarez Chihuahua Mexico UPP 08-037-2007-001

**3. Name and Address of the Farm of Origin:
*Nombre y Dirección de la granja de origen:***

Dennis Chaves, LLC.
24 Dalies Rd.
Los Lunas, New Mexico 87031

**4. Name and address of importer:
*Nombre y domicilio del importador:***

Grupo Aduanal Guba SA de CV
Paseo de Las Flores #9821-C Sur
Col. Valle Verde CP 32448
Cd. Juarez Chihuahua Mexico RFC GAG040713C40 UPP 10-007-1731-002

5. Identification of the Animals to be Exported / *Identificación de los animales a ser exportados.*

350100088

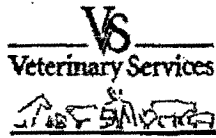


National Center for
Import and Export

Health Certificate No. NM-10047
(Valid Only if the USDA Veterinary Seal
appears over the Certificate Number)

Tattoo or Eartag No. and Registration Number * <i>Tatuaje ó Número de Arete y Número de Registro*</i>	Breed / Raza	Sex / Sexo	Age / Edad
85AZJ1056	Hol	FE	2yr.
85AZJ1033	"	"	3yr.
85AZJ2128	"	"	1 1/2yr.
85VLI1794	"	"	3yr.
85AZJ1055	"	"	2yr.
85AZJ1061	"	"	2yr.
85VLI1789	"	"	1 1/2yr.
85VLI1772	"	"	2yr.
85VLI1795	"	"	2yr.
85AZJ2129	"	"	1 1/2yr
85VLI1793	"	"	2yr.
85AZJ2130	"	"	2yr.
85VLI1770	"	"	2yr.
85AZJ2131	"	"	1 1/2 yr.
85AZJ1052	"	"	2yr.
85AZJ1082	"	"	3yr.
85AYJ2762	"	"	2yr.

* Registered animals when it applies/*Animales de Registro cuando es aplicable*

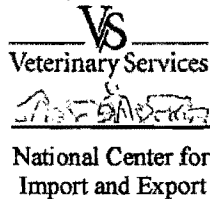


National Center for Import and Export

Health Certificate No. NM-10047
(Valid Only if the USDA Veterinary Seal appears over the Certificate Number)

Tattoo or Eartag No. and registration number * <i>Tatuaje o Número de Arete y Número de Registro*</i>	Breed / Raza	Sex / Sexo	Age / Edad
85AZJ2132	HOL	FE	2yr.
85VLI1773	"	"	2yr.
85AZJ1057	"	"	2yr.
<div style="border: 1px solid black; width: 100px; height: 100px; margin: auto; display: flex; align-items: center; justify-content: center;">(b)(6)</div>			

* Registered animals when it applies/*Animales de Registro cuando es aplicable*



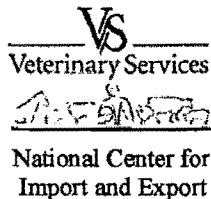
Health Certificate No. NM-10047
(Valid Only if the USDA Veterinary Seal
appears over the Certificate Number)

CERTIFICATION STATEMENTS / CERTIFICACIONES

- 1) The animals were born in the United States of America or were legally imported into the United States of America from North America.
Los animales nacieron en los Estados Unidos de América o importados legalmente desde Norte América.
- 2) The animals were born after the date from which the ban with meat-and-bone meal and greaves derived from ruminants was effectively enforced (January 1, 1999).
Los animales nacieron después de la fecha a partir de la cual se respetó efectivamente la prohibición de alimentar a los rumiantes con harinas de carne y hueso o con chicharrones de origen rumiante (Enero 1, 1999).
- 3) The animals are identified with a permanent identification system recognized by the USDA.
Los animales están identificados con un sistema de identificación permanente y de trazabilidad reconocido por el USDA.
- 4) The United States of America is classified by OIE as a country of controlled risk with respect to BSE and complies with the conditions described in article 2.3.13 of the "Terrestrial Animal Code".
Los Estados Unidos de America esta clasificado por la Organización Mundial de Sanidad Animal (OIE) como país de riesgo controlado respecto a la Encefalopatía Espongiforme Bovina (EEB) y cumple con las condiciones descritas en el artículo 2.3.13 del "Código Sanitario para los Animales Terrestres".
- 5) Upon inspection, prior to export, the animals were found clinically healthy.
A la inspección previa a la exportación, los animales se encontraron clínicamente sanos.

(Choose one option / *Escoja una respuesta*)

- 6) The animals are from brucellosis certified free [herds] [states] and were negative to [a card] [rivanol] [complement fixation] serologic test within a period not more than 30 days prior to export. The test is not required for cattle less than 24 months of age certified to be vaccinated against brucellosis using RB51 vaccine. The test is not required for animals less than 6 months of age. 10-28-09
Los animales a exportar son originarios de [hatos] [estados] oficialmente libres de brucelosis y presentaron resultados negativos para esta enfermedad en una prueba serológica individual de [tarjeta] [rivanol] [fijación del complemento]; realizada dentro de los 30 días previos a su exportación. Quedan exentos de esta prueba los animales menores de seis meses y aquellos vacunados con la vacuna RB51, siempre y cuando tengan menos de 24 meses de edad 10-28-09
- 7) The animals to be exported were negative for bovine tuberculosis (within 60 days prior to export) using an individual intradermal tuberculin caudal fold test using 0.1 ml of PPD tuberculin in animals older than one month of age, indicating date of the reading of the test. The test can be replaced by a certification of a TB-free herd or country (NOM-031-ZOO-1995). 10-31-09
Los animales a exportar dieron resultados negativos a Tuberculosis bovina (dentro de los 60 días antes de la exportación) empleando la prueba de tuberculina intradérmica anocaudal, utilizando 0.1 ml de tuberculina PPD en animales mayores de un mes de edad, indicando fecha de la lectura de la prueba. La prueba podrá ser sustituida por la certificación de país o hato libre (NOM-031-ZOO-1995). 10-31-09



- 8) The animals are free of campylobacteriosis and trichomoniasis. Virgin females, virgin bulls, and females pregnant by artificial insemination do not need a test for campylobacteriosis and trichomoniasis. The animals did not show clinical signs of piroplasmosis. 11-03-09
Los animales se encuentran libres de Campilobacteriosis y Tricomoniiasis. En el caso de hembras y toros virgenes así como hembras preñadas con inseminación artificial no se practicó esta prueba. Que los animales se encontraron libres de signos clínicos de piroplasmosis. 11-03-09
- 9) The animals were inspected and found free of clinical signs of infectious bovine rhinotracheitis (IBR) and leptospirosis and were vaccinated not more than 90 days prior to the date of export against IBR with an active intra-nasal vaccine and against leptospirosis, using a polyvalent bacterin against (*L. pomona*, *L. icterohemorrhagiae*, *L. canicola*, *L. grippotyphosa* and *L. hardjo*). Quick Shield-ReproStarL5HB
*Los animales fueron inspeccionados y encontrados libres de signos clínicos de rinotraqueitis infecciosa bovina y leptospirosis, y fueron vacunados contra rinotraqueitis infecciosa bovina con una vacuna activa aplicada por vía intranasal y con una vacuna pentavalente contra leptospirosis, que incluye las cepas (*L. pomona*, *L. icterohemorrhagiae*, *L. canicola*, *L. grippotyphosa* y *L. hardjo*); en ambos casos aplicadas entre los diez y 90 días previos a su exportación. Quick Shield-ReproStar L5HB*
- 10) The animals to be exported are free of ectoparasites and proceed from areas not quarantined for *Boophilus* spp tick (NOM-019-ZOO-1994).
Los animales se encuentran libres de ectoparásitos y proceden de áreas no cuarentenadas por garrapata Boophilus spp (NOM-019-ZOO-1994).
- 11) The shipped animals were inspected by a USDA accredited Veterinarian and were shipped under his/her supervision.
Los animales que conforman el embarque fueron inspeccionados por un Médico Veterinario acreditado oficial y embarcados bajo su supervisión.
- 12) The animals to be exported were transported in sealed vehicles from the place of origin to the exit from the United States of America.
Desde el punto de embarque hasta su salida de los Estados Unidos de America, los animales se transportaron en vehículos flejados.
- 13) The vehicles used for transportation of animals were cleaned and disinfected prior to shipment.
Los vehículos utilizados para el transporte de los animales se sometieron a limpieza y desinfección antes del embarque de los animals
- 14) This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal diseases. The shipment is accompanied to the port of export by this health certificate.
Por este medio certifico que los animales arriba identificados fueron inspeccionados por mi en esta fecha y se encontraron libres de evidencia de enfermedades transmisibles y hasta donde se puede determinar de haber sido expuestos a estas enfermedades; los locales de origen no están bajo ninguna cuarentena federal o estatal debido a cualquier enfermedad animal. El envío viaja al puerto de embarque acompañado de este certificado.



Health Certificate No. NM-10047
(Valid Only if the USDA Veterinary Seal appears over the Certificate Number)

Name of Accredited Veterinarian
Nombre del Médico Veterinario Acreditado C. Y. Brasmer, DVM

Signature of Accredited Veterinarian
(b)(6)



Veterinario Acreditado

M.G. McDole, D.V.M.

1-19-2009

Name of Endorsing Federal Veterinarian

Signature of Endorsing

Federal Veterinarian

Nombre de Médico Veterinario Federal que endosa

Fecha de endoso y firma del Médico Veterinario que endosa

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.)
(Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal).

Truck seal numbers / *Números de los flejes de los camiones:*

1777699

STATE NM	ALL INCOMPLETE RECORDS WILL BE RETURNED FOR COMPLETION	FORM APPROVED OMB NO. 0579-0084
COOPERATIVE STATE - FEDERAL TUBERCULOSIS ERADICATION PROGRAM		I 216529
TUBERCULOSIS TEST RECORD		

COUNTY Valencia	TWP	SEC	HERD OWNER'S NAME - LAST Charlier	FIRST DENNIS	MI	PREVIOUS TEST DATE	VET CODE	TOTAL	REA	SUS	
HERD NUMBER			HERD OWNER'S COMPLETE ADDRESS 14 DILLIES RD LOS LUNAS NM 87031			CERTIFICATION FOR PAYMENT <input type="checkbox"/> State/Federal Expense <input checked="" type="checkbox"/> Owner's Expense			DATE LISTED		
LESION	TEST	D-B	U								

COUNTY		TOWNSHIP OR DISTRICT		SEC.	FARM NO.	REASON FOR TEST		COMPLETE HERD TEST OF ALL ELIGIBLE ANIMALS		SUMMARY		PRACTITIONER'S SIGNATURE		TELEPHONE NO	
AREA 1		RETEST 6		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		NO. ELIGIBLE ANIMALS IN HERD		KIND OF HERD		NEGATIVE 20		PRACTITIONER'S NAME (Please print) C. VISASMIER		505 610 4711	
HERD (RE) ACCREDIT 2		TRACING REG. KILL 7		<input checked="" type="checkbox"/> DEER <input type="checkbox"/> ELK		<input type="checkbox"/> CATTLE <input type="checkbox"/> BISON <input type="checkbox"/> OTHER		METHOD OF TEST		SUSPECT 0		INJECTION		DATE	
MILK ORDINANCE 3		TRACING REACTORS 8		<input checked="" type="checkbox"/> CAUDAL FOLD (CFT)		<input type="checkbox"/> SNG CERVICAL (CST) (Cervid)		REACTOR		REACTOR 0		OBSERVATION		DATE	
SALE-SHOW 4		TRACING EXPOSED 9		<input type="checkbox"/> CERVICAL (CT) (Bovine)		<input type="checkbox"/> OTHER		TOTAL		TOTAL 20		REACTORS TAGGED AND BRANDED DATE		SIGNATURE	
IMPORTED 5		OTHER 10		<input type="checkbox"/> OTHER		<input type="checkbox"/> OTHER									

1	IDENTIFICATION NUMBER	AGE	BREED	SEX	RESULTS		REACTOR TAG NO.	1	IDENTIFICATION NUMBER	AGE	BREED	SEX	RESULTS		REACTOR TAG NO.
					SIZE	NRS							SIZE	NRS	
85	AZJ 1056	2	Hol	F	N			16	85AZJ 1082	3	Hol	F	N		
2	" 1033	3						17	85AYJ 2762	2					
3	" 2128	1 1/2						18	85AZJ 2132	2					
85	VLI 1794	3						19	85VLI 1773	2					
85	AZJ 1055	2						20	85AZJ 1057	2					
6	" 1061	2						21							
85	VLI 1789	1 1/2						22							
8	" 1772	2						23							
9	" 1795	2						24							
85	AZJ 2129	1 1/2						25							
85	VLI 1793	2						26							
12	AZJ 2130	2						27							
85	VLI 1770	2						28							
85	AZJ 2131	1 1/2						29							
15	" 1052	2						30							

RT - Retag
NA - Natural Addition
PA - Purchased Addition

N - Negative
S - Suspect
R - Reactor

I hereby acknowledge receiving a copy of this record which I have examined and find correct.
DATE _____ OWNER'S SIGNATURE _____

THIS AUTHORIZATION TO TEST EXPIRES:

COOPERATIVE STATE-FEDERAL BRUCELLOSIS ERADICATION PROGRAM H 126896

BRUCELLOSIS TEST RECORD

NM
 CITY: *Tobonia* CODE:

HERD NUMBER: _____ HERD OWNER: *CHARLIE DENNIS* LAST: _____ FIRST: _____ INITIAL: _____
 PREVIOUS TEST DATE: _____ VET CODE: _____ TOTAL: _____ REA: _____ SUS: _____

OWNER NUMBER: _____ ROUTE-STREET-ROAD: *14 Dollies Rd.*

CERTIFICATION FOR PAYMENT
 FEDERAL EMPLOYEE FEE BASIS (Federal) STATE COUNTY PRIVATE (Owner's Expense)

TEST: _____ PROG: _____ WBS: _____ POST OFFICE: *Los Lunas NM* STATE: *NM* ZIP CODE: *87031*

I certify:
 That I have drawn blood samples from each animal identified below and have correctly listed each tube number with complete corresponding identification number, all numbers and letters of all eartags have been listed, cattle with existing official eartags have not been re-tagged, and when payment is claimed at program expense in accordance with agreement number below, no payment has been received from any other source.

REASON FOR TEST: INITIAL RETEST
 Slaughter Rea: 1 Ho. Cert./Validation: 8
 Lvt. Mkt. Rea: 2 Post Move Quar. & Test: 7
 Susp. Ring Test: 3 Area Test: 8
 Diagnostic: 4 Epidemiology: 9
 Pvt. Sale: 5 Other (Specify below): 10

COMPLETE HERD TEST OF ALL ELIGIBLE ANIMALS
 YES NO
 NO. IN HERD: _____
 KIND OF HERD: DAIRY BEEF MIXED
 SWINE OTHER (Specify below): _____
 LABORATORY: _____ PLACE: _____ DATE: _____

SIGNATURE: _____
 ROUTE, STREET: *5900 Janna Pl NW* DATE BLED: *10/28/9*
 POST OFFICE: *Alibon, NM* STATE: _____ ZIP CODE: *87170* FIELD TEST DONE BY: _____
 REACTORS TAGGED AND BRANDED DATE: _____ SIGNATURE: _____

REPORT TO MX.

TUBE NO.	RECORD ALL IDENTIFICATION NUMBER(S)	VACC TATTOO	AGE	BREED	SEX	FLD	LABORATORY RESULTS					TEST In-terp.	REMARKS AND ADDITIONAL INFORMATION	REACTOR TAG NUMBER
							BARA RST	CARD	STP SPT	RIV	CF			
16	85A2J1052		2	HOLF										
17	85A2J1082		3	HOLF							N			
18	85AYJ2702		2											
18	85A2J2132		2											
920	85ULI1773		2											
20	85AYJ1057		2											
8														
9														
10														
11														
12														
13														
14														
15														

RT - Retag AB - Aborter
 NA - Natural Addition
 PA - Purchased Addition

Record ALL Eartag(s) and Tattoo(s)

Record ALL Legible Characters

FIELD TEST CODE
 N - Negative
 P - Positive

TEST INTERPRETATION
 N - Negative Classified by:
 S - Suspect
 R - Reactor Date Classified:

TEST AUTHORIZATION EXPIRES

COOPERATIVE STATE-FEDERAL BRUCELLOSIS ERADICATION PROGRAM **H 126895**

BRUCELLOSIS TEST RECORD

STATE NM		COUNTY Valencia		CODE	
HERD NUMBER		HERD OWNER CHARUEZ DIENNIS		PREVIOUS TEST DATE	
OWNER NUMBER		ROUTE-STREET-ROAD 14 Dollies Rd		VET CODE	
TEST		POST OFFICE Los Lunas NM		TOTAL	
PROG.		STATE NM		REA	
WBBS		ZIP CODE 87031		SUS	
REASON FOR TEST		INITIAL		RETEST	
Slaughter Rea		Hd. Cert./ Validation		6	
Lst. Mkt. Rea		Post Move Quar. & Test		7	
Susp. Ring Test		Area Test		8	
Diagnostic		Epidemiology		9	
Pvt. Sale		Other (Specify below)		10	
REMARKS		LABORATORY		DATE	
Fax report to Mx.		Bldg 50		10/30/09	
By: <i>[Signature]</i>		LABORATORY		DATE	
DATE LISTED		BY: <i>[Signature]</i>		DATE	

CERTIFICATION FOR PAYMENT

FEDERAL EMPLOYEE FEE BASIS (Federal) STATE COUNTY PRIVATE (Owner's Expense)

I certify:

That I have drawn blood samples from each animal identified below and have correctly listed each tube number with complete corresponding identification number, all numbers and letters of all eartags have been listed, cattle with existing official eartags have not been re-tagged, and when payment is claimed at program expense in accordance with agreement number below, no payment has been received from any other source.

SIGNATURE: _____ AGREE CODE: _____

ROUTE, STREET, ROAD: **5900 Jones PL NW** DATE BLED: **10/28/09**

POST OFFICE: **ALBUQ NM** STATE: **NM** ZIP CODE: **87120** FIELD TEST DONE BY: _____

REACTORS TAGGED AND BRANDED DATE: _____ SIGNATURE: _____ AGREE CODE: _____

TUBE NO.	RECORD ALL IDENTIFICATION NUMBER(S)	VACC TATTOO	AGE	BREED	SEX	FLD T	LABORATORY RESULTS					TEST In-terp.	REMARKS AND ADDITIONAL INFORMATION	REACTOR TAG NUMBER
							BAPA RST	CARD	STT SPT	RIV	CF			
1	85A2J 1056		2	HolK								N		
2	1033		3											
3	2128		1 1/2											
4	85VLI 1794		3											
5	85A2J 1055		2											
6	85A2J 106		2											
7	85VLI 1789		1 1/2											
8	1772		2											
9	1795		2											
10	85A2J 2129		1 1/2											
11	85VLI 1793		2											
12	85A2J 2130		2											
13	85VLI 1770		2											
14	85A2J 2131		1 1/2											
15	" 1052		2											

RT - Retag AB - Aborter NA - Natural Addition PA - Purchased Addition	Record ALL Eartag(s) and Tattoo(s)	Record ALL Legible Characters	FIELD TEST CODE N - Negative P - Positive	TEST INTERPRETATION N - Negative Classified by: S - Suspect R - Reactor Date Classified:	TEST AUTHORIZATION EXPIRES
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New Mexico Department of Agriculture**Veterinary Diagnostic Services**

700 Camino de Salud, NE
 Albuquerque, New Mexico 87106
 (505) 841-2576 phone
 (505) 841-2518 fax

Case #: 09-26051
 Owner: Chavez, Dennis
 ID: Series 0926051 - 0926070
 Species: Bovine
 Breed: Holstein

DR. C.Y. BRASMER
 C.Y. BRASMER DVM
 5900 JONES PLACE NW
 ALBUQUERQUE NM 87120

Received: 11/03/09
 Reported: 11/13/09
 Final Report

BACTERIOLOGY

Bacteriology, Campylobacter Fetus Culture Verified on: 11/12/09

Animal ID	Specimen	Isolate	Result
1794	Mucus - Cervix	Campylobacter	Not isolated
2130	Mucus - Cervix	Campylobacter	Not isolated
1061	Mucus - Cervix	Campylobacter	Not isolated
1057	Mucus - Cervix	Campylobacter	Not isolated
1789	Mucus - Cervix	Campylobacter	Not isolated
1795	Mucus - Cervix	Campylobacter	Not isolated
1052	Mucus - Cervix	Campylobacter	Not isolated
1132	Mucus - Cervix	Campylobacter	Not isolated
1056	Mucus - Cervix	Campylobacter	Not isolated
1772	Mucus - Cervix	Campylobacter	Not isolated
1770	Mucus - Cervix	Campylobacter	Not isolated
2762	Mucus - Cervix	Campylobacter	Not isolated
2128	Mucus - Cervix	Campylobacter	Not isolated
2129	Mucus - Cervix	Campylobacter	Not isolated
1773	Mucus - Cervix	Campylobacter	Not isolated
1033	Mucus - Cervix	Campylobacter	Not isolated
1793	Mucus - Cervix	Campylobacter	Not isolated
1055	Mucus - Cervix	Campylobacter	Not isolated
1082	Mucus - Cervix	Campylobacter	Not isolated
2131	Mucus - Cervix	Campylobacter	Not isolated

MOLECULAR BIOLOGY

Trichomoniasis PCR - Bovine Verified on: 11/12/09

Animal ID	Result
1794 - 85VLI1794	Negative
2130 - 85AZJ2130	Negative
1061 - 85AZJ1061	Negative
1057 - 85AZJ1057	Negative
1789 - 85VLI1789	Negative
1795 - 85VLI1795	Negative
1052 - 85AZJ1052	Negative
1132 - 85AZJ1132	Negative
1056 - 85AZJ1056	Negative
1772 - 85VLI1772	Negative
1770 - 85VLI1770	Negative
2762 - 85AYJ2762	Negative
2128 - 85AZJ2128	Negative
2129 - 85AZJ2129	Negative
1773 - 85VLI1773	Negative
1033 - 85AZJ1033	Negative
1793 - 85VLI1793	Negative
1055 - 85AZJ1055	Negative
1082 - 85AZJ1082	Negative
2131 - 85AZJ2131	Negative

Dawn M. Bueschel, BS
 Veterinary Microbiologist

End of Report



**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
 FROM THE UNITED STATES OF AMERICA TO MEXICO**

To be valid it must be accompanied by VS FORM 10-13 entirely completed

**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

Para tener validez debe estar acompañada de la VS FORMA 10-13, completamente llenada.

1. Name and Address of Exporter:

Nombre y Dirección del Exportador:

Dennis Chavez
 24 Dalies Rd
 Los Lunas, NM 87031

2. Name and Address of Importer:

Nombre y Dirección del Importador:

Bertha Ruiz Pacheco
 Carnicos De Jerez
 Jerez, Zacatecas MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/Número de identificación	Sex/Sexo	Breed/Raza	Age/Edad	Color/Color
(0150)	Mare	QH	8	Bay
(0151)	Gelding	QH	9	Grey
(0152)	Mare	QH	9	Bay
(0153)	Gelding	QH	8	B. Skin
(0154)	Gelding	TB	10	Sorrel
(0155)	Gelding	TB	8	Brown
(0156)	Gelding	TB	7	Bay
(0157)	Gelding	QH	7	Brown
(0158)	Gelding	QH	7	Bay
(0159)	Mare	QH	7	Appy
(0160)	Gelding	QH	8	Bay
(0161)	Gelding	QH	8	Grey
(0162)	Mare	QH	12	Black
(0163)	Gelding	QH	8	R. Roan
(0164)	Gelding	TB	9	Grey
(0165)	Mare	QH	8	Brown
(0166)	Gelding	QH	8	Brown
(0167)	Mare	QH	7	Chesnut
(0168)	Mare	QH	8	Grey
(0169)	Mare	QH	6	Sorrel

Mexico, Slaughter Horses Health Certificate



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 Carnicos De Jerez
 Jerez, Zacatecas MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/Número de identificación	Sex/Sexo	Breed/Raza	Age/Edad	Color/Color
(0170)	Mare	QH	8	Brown
(0171)	Gelding	Mule	6	Grey
(0172)	Gelding	QH	8	Bay
(0173)	Gelding	QH	8	Bay
(0174)	Mare	QH	7	Sorrel
(0175)	Gelding	QH	5	Sorrel
(0176)	Mare	QH	9	Paint
(0177)	Gelding	QH	6	Sorrel
(0178)	Gelding	QH	9	R.Roan
(0179)	Mare	QH	7	Paint
(0180)	Mare	QH	7	B.Skin
(0181)	Mare	QH	9	Grey
(0182)	Mare	QH	9	B.Roan
(0183)	Mare	QH	9	B.Skin
(0184)	Mare	QH	9	Brown
(0185)	Mare	QH	8	Chesnut
(0186)	Mare	QH	7	Sorrel
(0187)	Mare	QH	8	Chesnut
(0188)	Gelding	QH	10	Bay
(0189)	Gelding	QH	7	Sorrel

Mexican Slaughter Horses Health Certificate



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Nombre y Dirección del Importador:

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 Carnicos De Jerez
 Jerez, Zacatecas MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/Número de identificación	Sex/Sexo	Breed/Raza	Age/Edad	Color/Color
(0190)	Mare	QH	7	Appy
(0191)	Mare	QH	9	Grey
(0192)	Mare	QH	8	Black
(0193)	Mare	QH	7	Palomino
(0194)	Gelding	QH	7	Paint
(0195)	Gelding	QH	8	Bay
(0196)	Gelding	QH	9	Grey
(0197)	Gelding	QH	6	Brown
(0198)	Gelding	QH	6	Bay
(0199)	Gelding	QH	9	Sorrel
(0200)	Mare	QH	7	Bay
(0201)	Gelding	QH	8	Appy
(0202)	Gelding	QH	7	Paint
(0203)	Mare	QH	7	B. Roan
(0204)	Mare	QH	7	Bay
(0205)	Mare	QH	7	Bay
(0206)	Gelding	QH	8	Paint
(0207)	Gelding	Mule	6	Bay
(0208)	Mare	QH	7	R. Roan
(0209)	Gelding	TB	8	Brown

Mexico, Slaughter Horses Health Certificate



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 Los Lunas, NM 87031

2. Name and Address of Importer:

Nombre y Dirección del Importador:

Bertha Ruiz Pacheco
 Carnicos De Jerez
 Jerez, Zacatecas MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/Número de identificación	Sex/Sexo	Breed/Raza	Age/Edad	Color/Color
(0210)	Gelding	QH	7	Sorrel
(0211)	Mare	QH	8	Bay
(0212)	Gelding	QH	8	Brown
(0213)	Gelding	QH	8	Palomino
(0214)	Mare	QH	8	Sorrel
(0215)	Mare	QH	9	Grey
(0216)	Gelding	QH	6	Sorrel
(0217)	Gelding	QH	7	Brown
(0218)	Mare	QH	8	Black
(0219)	Mare	QH	9	Paint
(0220)	Mare	QH	8	Grey
(0221)	Mare	QH	8	Sorrel
(0222)	Mare	TB	8	R.Roan
(0223)	Mare	TB	9	Sorrel
(0224)	Gelding	QH	8	Dun
(0225)	Mare	TB	8	Brown
(0226)	Mare	QH	8	R.Roan
(0227)	Mare	QH	7	Grey
(0228)	Mare	QH	8	Bay
(0229)	Gelding	QH	9	Paint

Mexico, Slaughter Horses Health Certificate



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 24 Dalies Rd
 Los Lunas, NM 87031

2. Name and Address of Importer:

Nombre y Dirección del Importador:

Bertha Ruiz Pacheco
 Carnicos De Jerez
 Jerez, Zacatecas MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/Número de identificación	Sex/Sexo	Breed/Raza	Age/Edad	Color/Color
(0230)	Gelding	QH	9	Paint
(0231)	Gelding	TB	7	Sorrel
(0232)	Gelding	TB	7	Sorrel
(0233)	Gelding	QH	8	Grey
(0234)	Gelding	TB	8	Bay
(0235)	Mare	QH	9	Appy
(0236)	Gelding	TB	8	Bay
(0237)	Mare	QH	7	Bay
(0238)	Mare	QH	7	Bay
(0239)	Gelding	TB	9	Brown
(0240)	Gelding	QH	6	Paint
(0241)	Gelding	QH	8	Brown
(0242)	Mare	QH	6	B. Roan
(0243)	Mare	QH	7	R. Roan
(0244)	Mare	QH	7	Paint
(0245)	Gelding	tb	7	Sorrel
(0246)	Gelding	TB	9	Bay
(0247)	Gelding	QH	7	Bay
(0248)	Gelding	QH	6	Sorrel
(0249)	Mare	TB	8	Chesnut

Mexico, Slaughter Horses Health Certificate



**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
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**CERTIFICADO INTERNACIONAL ZOOSANTARIO PARA EXPORTAR CABALLOS PARA
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

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1. Name and Address of Exporter:

Nombre y Dirección del Exportador:

Derinis Chavez
 24 Dalies Rd
 Los Lunas, NM 87031

2. Name and Address of Importer:

Nombre y Dirección del Importador:

Bertha Ruiz Pacheco
 Carnicos De Jerez
 Jerez, Zacatecas, MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/Número de identificación	Sex/Sexo	Breed/Raza	Age/Edad	Color/Color
(0250)	Mare	QH	4	Brown
(0251)	Gelding	QH	7	Paint
(0252)	Mare	QH	9	Brown
(0253)	Mare	TB	9	Bay
(0254)	Gelding	QH	9	Appy
(0255)	Mare	QH	8	B. Skin
(0256)	Mare	QH	8	Grey
(0257)	Gelding	QH	8	Paint
(0258)	Gelding	QH	7	Black
(0259)	Mare	TB	7	Black
(0260)	Gelding	QH	6	Paint
(0261)	Gelding	QH	7	Bay
(0262)	Gelding	QH	7	Bay
(0263)	Mare	QH	7	Chesnut
(0264)	Mare	QH	8	Grey
(0265)	Mare	QH	8	Grey
(0266)	Gelding	QH	6	Bay
(0267)	Mare	QH	9	Sorrel
(0268)	Mare	QH	9	Appy
(0269)	Mare	QH	8	Appy

Mexico, Slaughter Horses Health Certificate



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Bertha Ruiz Pacheco
 Carnicos De Jerez
 Jerez, Zacatecas MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/Número de identificación	Sex/Sexo	Breed/Raza	Age/Edad	Color/Color
(0270)	Mare	QH	7	Bay
(0271)	Mare	QH	5	Bay
(0272)	Mare	QH	5	B. Roan
(0273)	Mare	QH	9	Chesnut
(0274)	Gelding	QH	8	Bay
(0275)	Gelding	QH	7	Black
(0276)	Gelding	QH	8	Grey
(0277)	Mare	TB	9	Brown
(0278)	Mare	QH	7	Sorrel
(0279)	Gelding	QH	7	Black
(0280)	Gelding	TB	8	Brown
(0281)	Gelding	QH	7	Bay

**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

144388

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

4:00pm

8/4/09

Los Lunas, New Mexico

(b)(6)

(b)(6)

NAME OF AUCTION/MARKET

Southwest Livestock

CONSIGNEE (RECEIVER/DESTINATION) NAME

Bertha Ruiz Pacheco

STREET ADDRESS

Carrizal de Jerez

CITY, STATE, ZIP CODE

Santa Teresa, nm 88008

AREA CODE & TELEPHONE NO.

915-252-1064

CONSIGNOR (OWNER/SHIPPER) NAME

Dennis Chavez

STREET ADDRESS

24 Dolico Rd

CITY, STATE, ZIP CODE

Los Lunas, nm 87031

AREA CODE & TELEPHONE NO.

505-865-1100

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

Pregnant mares are not likely to foal (give birth) during the trip.

Horses are able to bear weight on all 4 limbs.

Foals are older than 6 months of age.

Horses are not blind in both eyes.

Horses are able to walk unassisted.

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX		BRANDS Tattoos, etc.	REMARKS include existing conditions	
		Bay	Gray	Blk	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stall	Geld			
1	USEH 0150	/							/					/			C2eh	
2	151		/						/									
3	152	/							/					/				
4	153								/									
5	154								/									
6	155								/									
7	156	/							/									
8	157								/									
9	158	/							/									
10	159								/					/				
11	160	/							/									
12	161		/						/									
13	162								/					/				
14	163								/									
15	164	/							/									

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS

(b)(6)

SIGNATURE

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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

DIRICCION GENERAL DE INSPECCION EN
FRONTERAS (DGIF)

SIGNATURE OF OWNER/SHIPPER certifies that the information contained in this form is true and correct to the best of his knowledge

(b)(6)

EST.

DATE

TIME

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0670-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO.
0579-0160

I44388

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

(Please type or print in ink)

	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	USEFH	1166																	C2.0h	
17		1166																		
18		1167																		
19		1168																		
20		1169																		
21		1170																		
22		1171																		
23		1172																		
24		1173																		
25		1174																		
26		1175																		
27		1176																		
28		1177																		
29		1178																		
30		1179																		
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32		1181																		
33		1182																		
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36		1185																		
37		1186																		
38		1187																		
39		1188																		
40		1189																		
41		1190																		
42		1191																		
43		1192																		
44		1193																		
45		1194																		

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 IMPRISONMENT FOR (b)(6) IS AN OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR 1001.

SIGNATURE OF OWNER

(Signature area is true and correct to the best of my knowledge.)

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FORM APPROVED
OMB NO.
0579-0160

I44388

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

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	Gold				
USFH	0195	/																Calh	
	196		/																
	197							brown											
	198	/																	
	199							black											
	200	/																	
	201							red											
	202																		
	203							black											
	204	/																	
	205	/																	
	206	/																	
	207	/											mare						
	208							red											
	209							black											
	210							black											
	211	/																	
	212							black											
	213							black											
	214							black											
	215	/						black											
	216							black											
	217							black											
	218							black											
	219																		
	220	/																	
	221							black											
	222							black											
	223							black											
	224							black											

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 IMPRISONMENT FOR...

(b)(6)

SIGNATURE OF OWNER

...rect to the best of my knowledge.)

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
F44388

Tag No.	Tag PREFIX	COLOR DESCRIPTION							BREED/TYPE					SEX		BRANDS Tattoos, etc.	REMARKS Include precondition	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stall	Geld			
16	USEH						brown	/					/					C2h
17							brown	/					/					
18			/										/					
19			/										/					
20						/							/					
21						/							/					
22							Other	/					/					
23							Other	/					/					
24			/										/					
25			/										/					
26							Other	/					/					
27			/										/					
28			/										/					
29			/										/					
30							brown	/					/					
31					/								/					
32							brown	/					/					
33							brown	/					/					
34							brown	/					/					
35					/								/					
36							Other	/					/					
37			/										/					
38			/										/					
39							Other	/					/					
40						/							/					
41							brown	/					/					
42					/								/					
43							brown	/					/					
44			/										/					
45			/				Other	/					/					

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SIGNATURE OF _____ (b)(6)

Is true and correct to the best of my knowledge.



Health Certificate No. I44388
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.
Los animales son originarios de Estados Unidos.

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.
A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infecciosas o contagiosas.
Inspection date / Fecha de inspección August 4th 2009

(Choose one answer and delete the other/*Escuja una respuesta y suprime la otra*)

3. The animals [are free of ectoparasites.] [were treated against ectoparasites,] (Please indicate the date of treatment and the product used.) The animals are free of ectoparasites.
[Que se encuentran libres de ectoparásitos.] [Que recibieron un tratamiento.] (Indicando la fecha y el producto utilizado)

4. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.
Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.

5. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.
Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.

C.Y. Brasmer
Name of Accredited Veterinarian
*Nombre del Médico Veterinario
Acreditado*

(b)(6)
Name of Endorsing Federal Veterinarian
*Nombre del Médico Veterinario
Federal que endosa.*

(b)(6)
08/4/09
Signature of Accredited Veterinarian and Date
*Firma del Médico Veterinario Acreditado
y Fecha*

(b)(6)
8/5/09
Signature of Endorsing Federal Veterinarian and Date
*Firma del Médico Veterinario que endosa
y Fecha*

Mexico, Slaughter horse HC
April 2, 2009



**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

1144388

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		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal			Gold	
USFH	255						black		/								C2eh	
	256		/						/									
	257				/				/									
	258				/				/									
	259				/				/									
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	282								/									
	283								/									
	284								/									
	285								/									

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SIGNATURE OF _____
(b)(6)

(This form is true and correct to the best of my knowledge.)

**C.Y. BRASMER DVM
5900 Jones Place NW
Albuquerque, NM 87120
505-610-4711**

I hereby certify to the best of my knowledge that the 130 head of horses;
tagged 0150 thru 0281 and -----
inspected today to accompany Health Certificate No. I44388 are in good health and not of
Kentucky origin.

C.Y. Brasmer DVM

(b)(6)

AFFIDAVIT

DECLARACION JURADA

I Dennis Chavez, declare that, to my best knowledge horses included in this shipment and accompany by the health certificate I44388 have not been fed to or treated within the last ninety (90) days prior to shipment with the following compounds, plants or drugs.

Por este medio declaro que a mi saber y entender los cabalios en este embarque, acompanados por el certificado sanitario numero I44388 no han sido alimentados o tratados con ninguno de los siguientes, plantas o medicamentos durante los noventa dias antes del embarque.

- 1. Aristolochia spp and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicines, dapsone, dimetridazole, metronidazole, nitrofurans (included furazolidone), ronidazol.

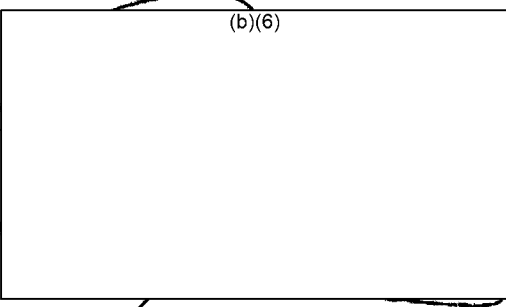
Aristolochia spp y cualquier otra preparacion derivada de esta planta, cloranfencial, cloroformo, clorpromazina, colchicines, dapsona, demetridazole, metronidazol, nitrofurans (incuding furazolidona) y rodinazole.

- 2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol and raptopamine.

Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol y raptopamina.

- 3. The following thyrostatics substances were not used: thiouracil, methylthiouracil phenylthiouracil and propylthiouracil.

Que no fueron empleados los siguientes tirostaticos: tiouracilo, metiluracilo, fenititiractio y propititiracilo.

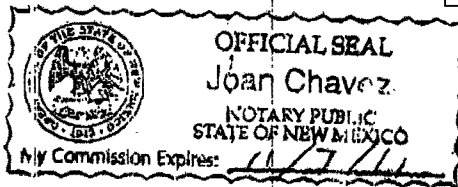


Date and Signature of the exporter

8/4/09

Date and Signature of the Notary Public

8/4/09



UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICES
STATEMENT OF SERVICES

Originating Office Phone
505-761-3160

Control Number: 350190343
Office Id: 973501

C.Y. Brasmer D V M
5900 Jones Place N W
Albuquerque NM 87120

Service Date(s)
Begin: 16-JUL-09
End: 16-JUL-09

Reference NR: NM-09229

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
105	1-2 Tests Basic - 1st Animal	9759735177 0250	107.00	1.00	107.00
106	1-2 Tests - Additional Animal	9759735177 0250	6.25	90.00	562.50

Total Due \$ 669.50

Remarks: 91 horses to Mexico re Dennis Chavez

Payment Information

Nfc Id
9999999999V

Date	Amount	Payment Type	Account/Check #
16-JUL-09	\$ 669.50	Check	2049

Attention: Customers with government credit accounts - A consolidated monthly bill will be issued by the USDA, APHIS (signature accepting payment terms is on file). Upon receipt of the monthly bill, mail your payment to: USDA/APHIS, P.O. Box 979039 St. Louis, MO 63197-9000.

Notice to Payer: If payment of this Statement of Service is something other than cash or a US postal Money Order, the Statement of Service will not be considered paid in full until such tender has been cleared. If you have any questions, please contact the originating office listed above.

CHRISTOPHER Y BRASMER, DBA 01/06
C.Y. BRASMER D.V.M.
5900 JONES PL. NW
ALBUQUERQUE, NM 87120-2006

95-660/1070
8090739211

2049

DATE 7/16/19

PAY TO
THE ORDER OF

USDP - Aphis - VS \$ 6,695.50
Six Thousand Six Hundred Sixty-Nine 50/100 DOLLARS

© DELIVER VALUE OR DUPLICATE



BANK OF ALBUQUERQUE
Albuquerque, New Mexico
www.bankofalbuquerque.com

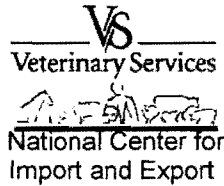
(b)(6)

MEMO

(b)(4)

MP

SPECIALTY GRAY






Health Certificate No. NM-09229
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

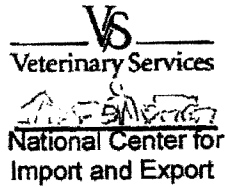
**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY
 (REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF
 AMERICA TO MEXICO**
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE
 ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS
 DE AMÉRICA A MÉXICO**

For horses originating from the States without diagnosed CEM
Para caballos de estados sin casos diagnosticados de MCE

- Name and Address of Exporter:
Nombre y Dirección del Exportador:
 DENNIS CHAVEZ
 24 Dallies Rd. Los Lunas, NM. 87031
- Name and Address of Importer:
Nombre y Dirección del Importador:
 OROZCO IMPORTACIONES S DE RL DE CV
 RIO NILO # 4135 LOCAL 5. CORDOVA-AMERICAS
 CD JUARES, CHIH, 32310.
- Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/ <i>Sexo</i>	Breed/ <i>Raza</i>	Age / <i>Edad</i>	Color and marks/ <i>Color y marcas (reseña)</i>	Intended purpose Reproduction Work/ <i>Función zootécnica:</i> [Reproducción] [Trabajo]	State of origin/ <i>Estado de Origen</i>
985140000255926 	G	Grade	7	Paint, -N ls O U N lh	Work	NM-35
985140000321716 	G	Grade	4	Dun, star, sock lh, rh coronet lf, rf	work	NM-35
985140000260386 	G	Grade	4	Gray roan Baldface	work	NM-35

350190343



Health Certificate No. NM-09229
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY
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**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE
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 DENNIS CHAVEZ
 24 Dallies Rd. Los Lunas, NM. 87031

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 OROZCO IMPORTACIONES S DE RL DE CV
 RIO NILO # 4135 LOCAL 5. CORDOVA-AMERICAS
 CD JUARES, CHIH, 32310.

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Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas <i>(reseña)</i>	Intended purpose Reproduction Work/ <i>Función zootécnica:</i> [Reproducción] [Trabajo]	State of origin/ <i>Estado de Origen</i>
 985140000309521	F	grade	8	Bay, star sock lf	work	NM-35
 985140000372489	G	grade	6	Roan App, star sock lh	work	NM-35
 985140000311481	F	grade	3	sorrell, strip	work	NM-35



(2)




Health Certificate No. NM-09229
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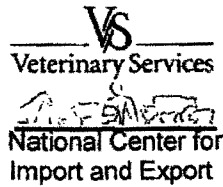
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Nombre y Dirección del Exportador:
 DENNIS CHAVEZ
 24 Dallies Rd. Los Lunas, NM. 87031
2. Name and Address of Importer:
Nombre y Dirección del Importador:
 OROZCO IMPORTACIONES S DE RL DE CV
 RIO NILO # 4135 LOCAL 5. CORDOVA-AMERICAS
 CD JUARES, CHIH, 32310.
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o</i>	Sex/ <i>Sexo</i>	Breed/ <i>Raza</i>	Age / <i>Edad</i>	Color and marks/ <i>Color y marcas (reseña)</i>	Intended purpose Reproduction Work/ <i>Función zootécnica:</i> [Reproducción] [Trabajo]	State of origin/ <i>Estado de Origen</i>
 985140000292263	G	grade	7	Bay, star lh <i>SP</i>	work	NM-35
 985140000290781	F	grade	5	Bay, star	work	NM-35
 985140000371431	M	grade	3	Palomino, strip sock lf, lh	work	NM-35



Health Certificate No. NM-09229
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**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY
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**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE
 ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS
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**For horses originating from the States without diagnosed CEM
 Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter:

Nombre y Dirección del Exportador:




DENNIS CHAVEZ
 24 Dallies Rd. Los Lunas, NM. 87031

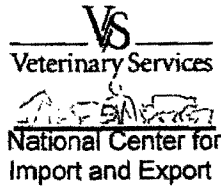
2. Name and Address of Importer:

Nombre y Dirección del Importador:

OROZCO IMPORTACIONES S DE RL DE CV
 RIO NILO # 4135 LOCAL 5. CORDOVA-AMERICAS
 CD JUARES, CHIH, 32310.

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 98514000310147	G	Grade	8	Bay, star, sock lf, rh	work	NM-35
 98514000260054	G	grade	3	sorrell, star, strip, snip K lh	work	NM-35
 98514000286001	F	grade	4	Blue Roan, strip sock lh	work	NM-35



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 ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS
 DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM
 Para caballos de estados sin casos diagnosticados de MCE**




1. Name and Address of Exporter:

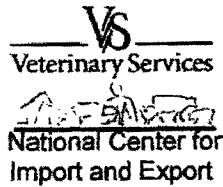
Nombre y Dirección del Exportador:
 DENNIS CHAVEZ
 24 Dallies Rd. Los Lunas, NM. 87031

2. Name and Address of Importer:

Nombre y Dirección del Importador:
 OROZCO IMPORTACIONES S DE RL DE CV
 RIO NILO # 4135 LOCAL 5. CORDOVA-AMERICAS
 CD JUARES, CHIH, 32310.

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number, tattoo or microchip/ <i>Número de identificación, tuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas <i>(reseña)</i>	Intended purpose Reproduction Work/ <i>Función zootécnica:</i> [Reproducción] [Trabajo]	State of origin/ <i>Estado de Origen</i>
 985140000253008	F	grade	3	Sorrell, strip sock lf,rf	work	NM-35
 985140000310126	G	grade	7	Sorrell, star strip, snip ↻ lh	work	NM-35
 985140000307098	F	grade	6	Bay, strip sock rh	work	NM-35






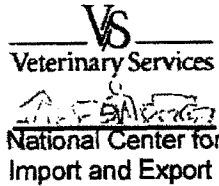
Health Certificate No. NM-09229
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**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY
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**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE
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985140000260470 	G	grade	2	Sorrell, strip sock lf, lh, rh lh	work	NM-35
985140000256975 	M	grade	5	Bay, star, strip snip, sock rf, rh, lh lh	work	NM-35
985140000261509 	F	grade	7	Gray, strip sock lh, lh	work	NM-35






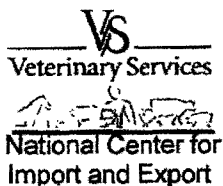
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 96514000285212	M	Grade	4	Sorrell, star strip	work	NM-35
 98514000287779	G	grade	7	white, blue eyes J D lh	work	NM-35
 98514000261280	F	grade	7	Sorrell, star sock lh, rh	work	NM-35



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985140000259067 	F	grade	2	sorrell,strip sock lh,rh	[Reproducción] [Trabajo] work	NM-35
985140000290270 	F	grade	3	Bay,star	work	NM-35
985140000322698 	G	grade	4	Bay,star,snip N Z lh	work	NM-35



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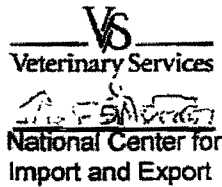
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 985140000318808	G	grade	7	sorrell, star sock lh	work	NM-35
 985140000315489	G	grade	3	Sorrell, strip coronet lf, lh rf, rh <input checked="" type="checkbox"/> lh	work	NM-35
 985140000316104	M	grade	3	Paint	work	NM-35



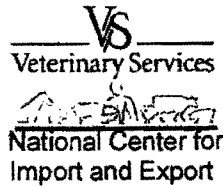
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 985140000323799	G	grade	3	Bay, star, snip	work	NM-35
 985140000288130	F	grade	5	gray roan, strip coronet lh, sock rf	work	NM-35
 985140000323579	F	grade	3	Sorrell, strip coronet lf sock rf, rh	work	Nm-35



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 985140000373537	G	grade	4	Bay, star, snip coronet rh, sock	work	NM-35
 985140000316639	F	grade	4	Bay, star VP 1s	work	NM-35
 985140000284980	F	grade	7	Red Roan, star	work	NM-35






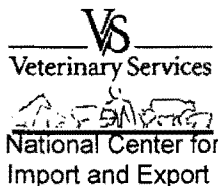
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 985140000267876	G	grade	4	Sorrell, star sock lh, rh	work	NM-35
 985140000256269	F	grade	2	Bay, sock lh coronet rf	work	NM-35
 985140000237929	G	grade	7	Sorrell, star sock lf rf	work	NM-35







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 985140000372002	G	grade	4	Bay, star sock 1h	work	NM-35
 985140000289531	M	grade	7	Paint, 7R 1h  1h	work	NM-35
 985140000290392	F	grade	3	Red Roan, star	work	NM-35






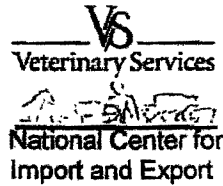
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 985140000370908	G	grade	4	Sorrell, star	work	NM-35
 985140000318771	F	grade	11	Bay, star sock lf, rf coronet ln, rh	work	NM-35
 985140000286747	F	grade	6	Grulla, star mm ln	work	NM-35






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985140000317277 	F	grade	13	Gray	work	NM-35
985140000237723 	G	grade	5	Bay Paint ↷ 1h	work	NM-35
985140000257722 	G	grade	6	Bay, sock rh -N 1s, O ^K C 1h	work	NM-35






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 985140000259462	F	grade	5	Red Roan, star strip, snip stocking lf, lh, rf, rh lh	work	NM-35
 985140000322826	G	grade	7		work	NM-35
 985140000305722	F	grade	6	Bay, star, snip	work	NM-35

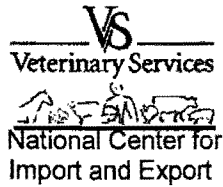


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CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States
Los animales son originarios de los Estados Unidos.
2. The animals are individually identified indicating: color, sex, breed, age, marks, and tattoo or microchip.
Identificación individual de los animales, señalando color, sexo, raza, edad y marcas (reseña), además de tatuaje o microchip.
3. The animals remained in the United States during the 60 days prior to export.
Los animales permanecieron en los Estados Unidos durante 60 días previos a la exportación.
4. The animals were inspected at the farm of origin and were found free of reportable diseases; the animals have not been exposed to reportable diseases during the 60 days prior to export.
Los animales fueron inspeccionados en el lugar de origen y encontrados libres de enfermedades de notificación obligatoria y no fueron expuestos a ellas durante los 60 días previos a la exportación.
5. The animals are free of ectoparasites or were treated against ectoparasites. (Indicate the date and name of the product).
Que se encuentran libres de ectoparásitos o que recibieron un tratamiento, indicando fecha y el producto utilizado.

6. At the farm origin and in adjacent farms, there have been no cases of dourine, Venezuelan equine encephalitis, vesicular stomatitis, epizootic lymphangitis, ulcerative lymphangitis, glanders, piroplasmosis, and surra during 60 days prior to export.
Que durante los 60 días previos a la exportación, en las instalaciones de origen como en las instalaciones vecinas no se han presentado casos de: Durina, Encefalitis equina venezolana, Estomatitis vesicular, Linfangitis epizootica, Linfangitis ulcerativa, Muermo, Piroplasmosis equina y surra.
7. Within 60 days prior to export, the animals were tested with negative results, for the following diseases. The laboratory samples were taken under the supervision of a USDA accredited veterinarian.
Que los animales fueron sometidos a las siguientes pruebas, con resultados negativos, dentro de los 60 días previos a la fecha de exportación. Las muestras fueron colectadas bajo supervisión de un Médico Veterinario Acreditado por el USDA.



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Equine infectious anemia: AGID test (Coggin's test) or ELISA.
 (Indicate the name of the official laboratory and the date the samples were obtained).
*Anemia infecciosa equina: agar gel inmunodifusión (AGID o prueba de Coggin) o
 ELISA. (Señale el nombre del laboratorio oficial y la fecha de la obtención de la
 muestra.)*

Albuquerque Coggins Lab- 7/13/9

Note: Horses in this shipment were not positive to testing for CEM in the USDA APHIS control-surveillance program.

Nota: Los caballos en este embarque no obtuvieron pruebas positivas a MCE en el control-vigilancia que mantiene Estados Unidos.

8. Horses have **not** been on premises infected with CEM and are **not** epidemiologically linked to infected premises or animals diagnosed with CEM, during the 12 months prior to export.
Que durante los 12 meses previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales afectados.

9. The animals are transported in containers and/or vehicles that were cleaned and disinfected prior to embarkation. During transportation the horses were not in contact with other animals.

Que los vehículos y/o contenedores utilizados para el transporte de los animales se sometieron a limpieza y desinfección antes del embarque y los animales a exportar no estuvieron en contacto con otros animales durante el traslado.

Inspection date / Fecha de inspección 7/16/9

C.Y. Brasmer, DVM
 Name of Accredited Veterinarian
*Nombre del Médico Veterinario
 Acreditado*

(b)(6)

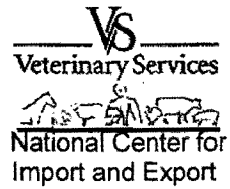
7/16/9
 Signature of Accredited Veterinarian (Date)
*Firma del Médico Veterinario Acreditado
 (Fecha)*

Gary Hart, D.V.M.
 Name of Endorsing Federal Veterinarian
*Nombre del Médico Veterinario
 Federal que endosa.*

USDA, APHIS, VS, 6200 Jefferson St., NE
 Albuquerque, NM 87109

(b)(6)

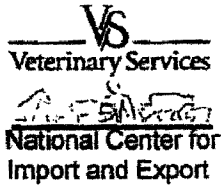
7-16-2009
 Signature of Endorsing Federal Veterinarian
Fecha de endoso y firma del Médico



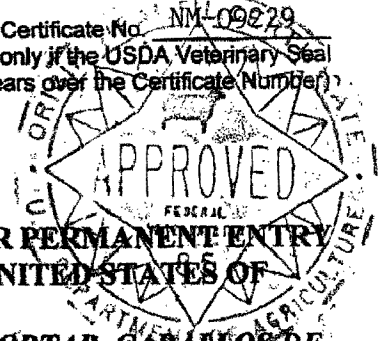
Health Certificate No. NM-09229
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Veterinario que endosa.

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) (*Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal*).



Health Certificate No. **NM-09229**
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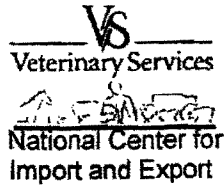


**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY
 (REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF
 AMERICA TO MEXICO**
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE
 ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS
 DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM
 Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter:
Nombre y Dirección del Exportador:
 DENNIS CHAVEZ
 24 Dallies Rd. Los Lunas NM. 87031
2. Name and Address of Importer:
Nombre y Dirección del Importador:
 OROZCO IMPORTACIONES S DE RL DE CV
 RIO NILO #4135 LOCAL 5. CORDOVA-AMERICAS
 CD JUAREZ CHIH, 32310.
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.* Total number of animals-91

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas <i>(reseña)</i>	Intended purpose Reproduction Work/ <i>Función zootécnica:</i> [Reproducción] [Trabajo]	State of origin/ <i>Estado de Origen</i>
985140000313120 	F	grade	7	Bay, star, snip	work	NM-35
985140000288804 	F	grade	6	Gray sock lh coronet rh <i>es o 3 lh</i>	work	NM-35
985140000317773 	F	grade	7	Gray Roan coronet lf sock lh, rh	work	NM-35



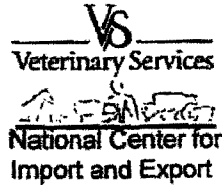
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 OROZCO IMPORTACIONES S DE RL DE CV
 RIO NILO # 4135 LOCAL 5. CORDOVA-AMERICAS
 CD JUARES, CHIH, 32310.
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas <i>(reseña)</i>	Intended purpose Reproduction Work/ <i>Función zootécnica:</i> [Reproducción] [Trabajo]	State of origin/ <i>Estado de Origen</i>
 985140000323783	M	grade	7	Bay	work	NM-35
 985140000260707	G	grade	3	Palomino strip	work	NM-35
 985140000371414	M	grade	4	Bay, star, snip sock lh, rh coronet rf	work	NM-35



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1. Name and Address of Exporter:

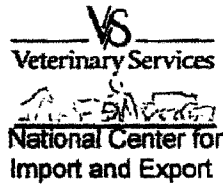
Nombre y Dirección del Exportador:
 DENNIS CHAVEZ
 24 Dallies Rd. Los Lunas, NM. 87031

2. Name and Address of Importer:

Nombre y Dirección del Importador:
 OROZCO IMPORTACIONES S DE RL DE CV
 RIO NILO # 4135 LOCAL 5. CORDOVA-AMERICAS
 CD JUARES, CHIH,32310.

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Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas <i>(reseña)</i>	Intended purpose Reproduction Work/ <i>Función zootécnica:</i> [Reproducción] [Trabajo]	State of origin/ <i>Estado de Origen</i>
985140000320301 	M	grade	3	Buckskin, star star, strip, snip	work	NM-35
 985140000310727	M	grade	7	sock lf, rh coronet lh, rf e) lh sorrell, strip sock lh, rh	work	NM-35
 985140000285977	G	grade	3	Palomino, star strip, snip, blue eye coronet lh	work	NM-35



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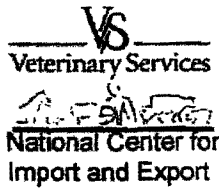
Nombre y Dirección del Exportador:
 DENNIS CHAVEZ
 24 Dallies Rd. Los Lunas, NM. 87031

2. Name and Address of Importer:

Nombre y Dirección del Importador:
 OROZCO IMPORTACIONES S DE RL DE CV
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 CD JUARES, CHIH, 32310.

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Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas <i>(reseña)</i>	Intended purpose Reproduction Work/ <i>Función zootécnica:</i> [Reproducción] [Trabajo]	State of origin/ <i>Estado de Origen</i>
985140000315453 	M	grade	3	Sorrell, star sock lf	work	NM-35
985140000287637 	F	grade	15	Sorrell, star strip, snip lh	work	NM-35
985140000319740 	G	grade	6	Red Roan, star strip snip, stocking sock lf, lh, rf	work	NM-35



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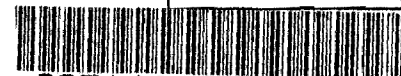
1. Name and Address of Exporter:

Nombre y Dirección del Exportador:
 DENNIS CHAVEZ
 24 Dallies Rd. Los Lunas, NM. 87031

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Nombre y Dirección del Importador:
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 CD JUARES, CHIH, 32310.

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Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/ <i>Sexo</i>	Breed/ <i>Raza</i>	Age/ <i>Edad</i>	Color and marks/ <i>Color y marcas (reseña)</i>	Intended purpose Reproduction Work/ <i>Función zootécnica: [Reproducción] [Trabajo]</i>	State of origin/ <i>Estado de Origen</i>
 985140000260295	M	grade	6	gray	work	NM-35
 985140000315014	M	grade	4	sorrell star, snip	work	NM-35
 985140000259481	G	grade	6	Gray, coronet	lh work	NM-35



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 CD JUARES, CHIH, 32310mas, NN. 87031

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 985140000320480	M	grade	4	Palomino	work	NM-35
 985140000257127	G	grade	3	Sorrell, star strip, snip	work	NM-35
 985140000316421	M	grade	4	Bay, strip	work	NM-35



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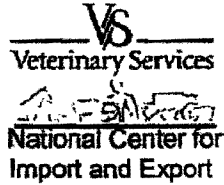
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 985140000261444	M	grade	8	Bay, coronet lf, rh M	work	NM-35
 985140000324057	F	grade	8	X C lh Bay, star, strip snip, socklf, lh	work	NM-35
 985140000372414	G	grade	3	Dun, star, strip sock lh	work	NM-35






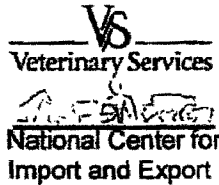
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 24 Dallies Rd. Los Lunas, NM. 87031
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Nombre y Dirección del Importador:
 OROZCO IMPORTACIONES S DE RL DE CV
 RIO NILO # 4135 LOCAL 5. CORDOVA-AMERICAS
 CD JUARES, CHIH, 32310.
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 985140000259004	G	grade	3	Gray Roan	work	NM-35
 985140000311187	F	grade	2	Bay, star coronet lh,rh	work	NM-35
 985140000237670	G	Grade	7	Sorrell, star coronet rf,sock lh	work	NM-35






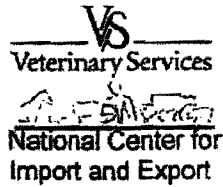
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98514000261422 	M	grade	5	Roan App coronet lf, lh, rf, rh e 1h	work	NM-35
985140000316277 	G	grade	4	Bay, strip sock lh, rh	work	NM-35
985140000375907 	F	grade	9	Bay, snip P _F lh	work	NM-35



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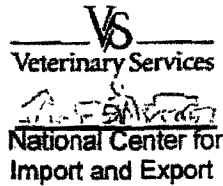
2. Name and Address of Importer:

Nombre y Dirección del Importador:

OROZCO IMPORTACIONES S DE RL DE CV
 RIO NILO # 4135 LOCAL 5. CORDOVA-AMERICAS
 QD. JHARES. CHIH. 32310

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Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas <i>(reseña)</i>	Intended purpose Reproduction Work/ <i>Función zootécnica: [Reproducción] [Trabajo]</i>	State of origin/ <i>Estado de Origen</i>
 985140000255892	G	grade	4	Bay ³ / ₄ lh	work	NM-35
 985140000286806	M	grade	3	Sorrell, star sock lh, rh X lh X	work	NM-35
 985140000323308	M	grade	2	Bay, star strip, snip	work	NM-35



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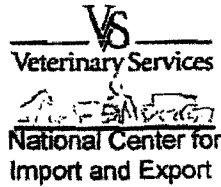
2. Name and Address of Importer:

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OROZCO IMPORTACIONES S DE RL DE CV
 RIO NILO # 4135 LOCAL 5. CORDOVA-AMERICAS
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985140000314473 	M	grade	2	B/W Paint A-U ^{lh}	work	NM-35
985140000261395 	F	grade	3	Dun, star, snip	work	NM-35
985140000254575 	G	grade	7	B/W Paint	work	NM-35



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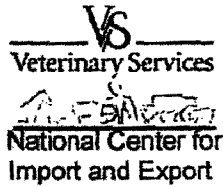
Nombre y Dirección del Exportador:
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98514000261303 	F	grade	15	Bay, scar 1s	work	NM-35
985140000316495 	F	grade	3	grulla	work	NM-35
985140000375877 	G	grade	3	Bay, star, snip	work	NM-35






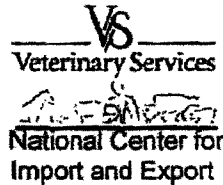
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 Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY
 (REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF
 AMERICA TO MEXICO**
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE
 ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS
 DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM
 Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter:
Nombre y Dirección del Exportador:
 DENNIS CHAVEZ
 24 Dallies Rd. Los Lunas, NM. 87031
2. Name and Address of Importer:
Nombre y Dirección del Importador:
 OROZCO IMPORTACIONES S DE RL DE CV
 RIO NILO # 4135 LOCAL 5. CORDOVA-AMERICAS
 CD JUARES, CHIH, 32310.
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas <i>(reseña)</i>	Intended purpose Reproduction Work/ <i>Función zootécnica:</i> [Reproducción] [Trabajo]	State of origin/ <i>Estado de Origen</i>
985140000259753 	F	grade	3	Grulla	work	NM-35
985140000316418 	G	grade	4	Grulla ↻ 1h	work	NM-35
985140000254155 	G	grade	5	Sorrell, star strip, snip socklf, lh, rf, rh	work	NM-35



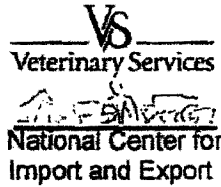
Health Certificate No. NM-09229
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY
 (REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF
 AMERICA TO MEXICO**
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE
 ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS
 DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM
 Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter:
Nombre y Dirección del Exportador:
 DENNIS CHAVEZ
 24 Dallies Rd. Los Lunas, NM. 87031
2. Name and Address of Importer:
Nombre y Dirección del Importador:
 OROZCO IMPORTACIONES S DE RL DE CV
 RIO NILO # 4135 LOCAL 5. CORDOVA-AMERICAS
 CD JUARES, CHIH, 32310.
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas <i>(reseña)</i>	Intended purpose Reproduction Work/ <i>Función zootécnica:</i> [Reproducción] [Trabajo]	State of origin/ <i>Estado de Origen</i>
 985140000312514	M	grade	7	Bay, strip sock lf, lh, rh	work	NM-35
 985140000376515	M	grade	6	Bay, star, strip snip. sock lh, rh	work	NM-35
 985140000289925	G	grade	9	Palomino, strip sock lf, lh, rf stocking rh	work	NM-35



Health Certificate No. NM-09229
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY
 (REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF
 AMERICA TO MEXICO**
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE
 ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS
 DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM
 Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter:

Nombre y Dirección del Exportador:


DENNIS CHAVEZ
 24 Dallies Rd. Los Lunas, NM. 87031

2. Name and Address of Importer:

Nombre y Dirección del Importador:

OROZCO IMPORTACIONES S DE RL DE CV
 RIO NILO # 4135 LOCAL 5. CORDOVA-AMERICAS
 CD JUARES, CHIH, 32310.

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/ <i>Sexo</i>	Breed/ <i>Raza</i>	Age/ <i>Edad</i>	Color and marks/ <i>Color y marcas (reseña)</i>	Intended purpose Reproduction Work/ <i>Función zootécnica:</i> [Reproducción] [Trabajo]	State of origin/ <i>Estado de Origen</i>
 985140000255563	F	grade	2	Bay, strip sock lh, rh	work	NM-35
				S7 lh		

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

N 0952200

1. ACCESSION NUMBER

ACL 8577

2. DATE BLOOD DRAWN

7/13/9

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING

Market Change of Ownership Retest Export

Show First Test

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

N/A.

Zip Code

Tel No.

County

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

1167

6. TEST TYPE

ELISA
 AGID

8. NAME AND ADDRESS OF OWNER (Please print or type)

DENNIS CHAVEZ
@ S/W, LIVESTOCK AUCTION,
LOS LUNAS, NM

Zip Code

Tel No.

County

NM.

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

C. Y. BRASMER DVM
5900 JONES PLACE NW
ALBUQUERQUE, NM

Zip Code 87120

Tel No. (505) 610-4711

County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

(b)(6)

11. TYPE OR PRINT SIGNATURE NAME

C. Y. BRASMER DVM.

12. SIGNATURE DATE

7/13/9

CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No. Official Tag Tatro

19. 985140000313120



20. Color

Bay

21. Breed

G

22. Electronic I.D. No.

23. Age or DOB

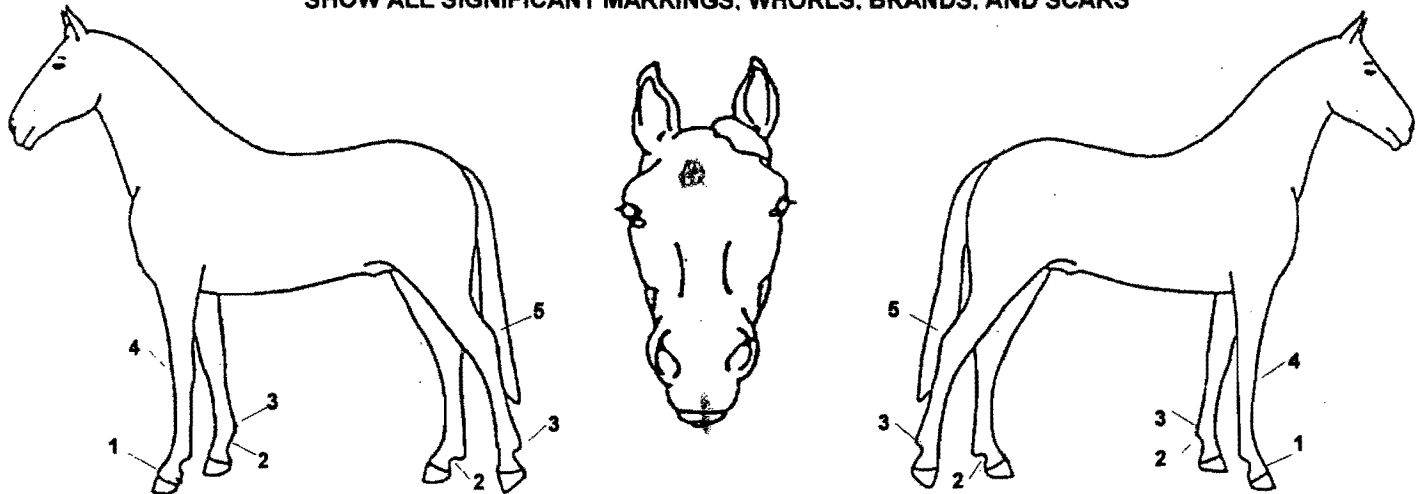
7

24. Sex

F

M - Male
F - Female
G - Gelding
N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD

STAR-SHIP

26. OTHER MARKS AND BRANDS

27. LEFT FORELIMB

28. RIGHT FORELIMB

29. LEFT HINDLIMB

30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.
ALBUQUERQUE, NM.

32. DATE RECEIVED

7/13/9

33. DATE REPORTED OUT

7/13/9

34. TEST RESULTS

Negative Positive AGID ELISA

36. SIGNATURE OF TECH

(b)(6)

38. REMARKS

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. N 0952199	1. ACCESSION NUMBER 8378	2. DATE BLOOD DRAWN 7/13/19
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input checked="" type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS, Zip Code Tel No. County NM.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C. Y. BRASMER DVM. 5900 JONES PLACE NW, ALBUQUERQUE, NM Zip Code 87120 Tel No. (505) 610-4711 County BERKLEY	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C. Y. BRASMER DVM.	12. SIGNATURE DATE 7/13/19
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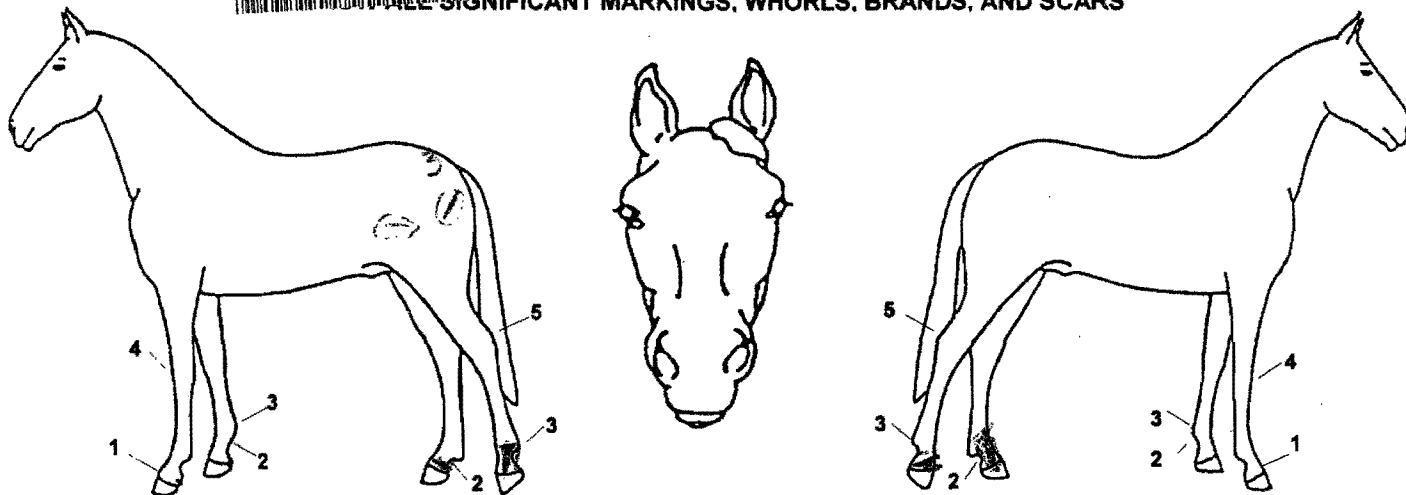
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined the horse and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	Official Tag	18. Tattoo/Brand	19. Name of Horse 985140000288804	20. Color GRAY	21. Breed 6	22. Electronic I.D. No.	23. Age or DOB 6.7	24. Sex F	M - Male F - Female G - Gelding N - Neuter
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ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS 3/1/LH
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB sock	30. RIGHT HINDLIMB coronet.

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 7/13/19	33. DATE REPORTED OUT 7/13/19	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

N 0952198

1. ACCESSION NUMBER

ACT. 8579

2. DATE BLOOD DRAWN

7/13/19

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION LOS LUNAS, Zip Code		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120	
Tel No.	County NY.	Tel No. (505) 610-4711	County BERNALILLO


CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with (b)(6) drawn by me from the horse described below on the date indicated above.

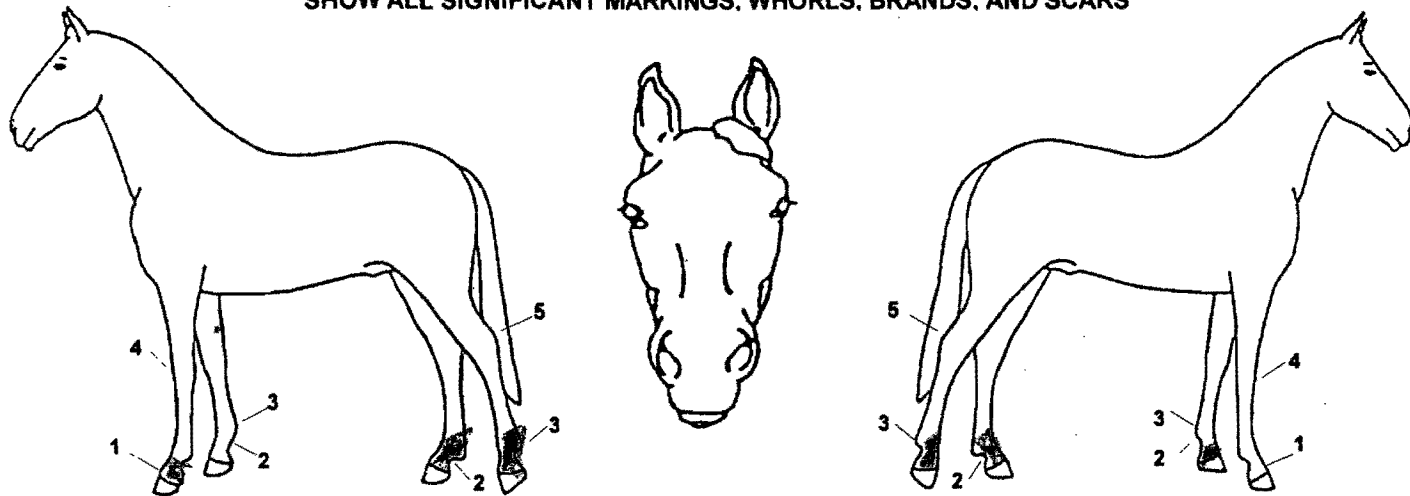
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 7/13/19
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I certify that I have examined this (b)(6) and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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18. Tube No. 8579	Official Tag 985140000317773 	20. Color BAY	21. Breed 6	22. Electronic I.D. No.	23. Age or DOB 7	24. Sex F	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB coronet	28. RIGHT FORELIMB
29. LEFT HINDLIMB sock	30. RIGHT HINDLIMB sock

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 7/13/19	33. DATE REPORTED OUT 7/13/19	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECH (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form may result in a fine of not more than \$10,000 or imprisonment for not more than 1 year.

and may result in a fine of not more than \$10,000 or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.18)

SERIAL NO.

N 0952197

1. ACCESSION NUMBER

8580

2. DATE BLOOD DRAWN

7/13/19

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Tel No.	County NM	Tel No. (505) 610-4711	Zip Code 87120 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with (b)(6) drawn by me from the horse described below on the date indicated above.

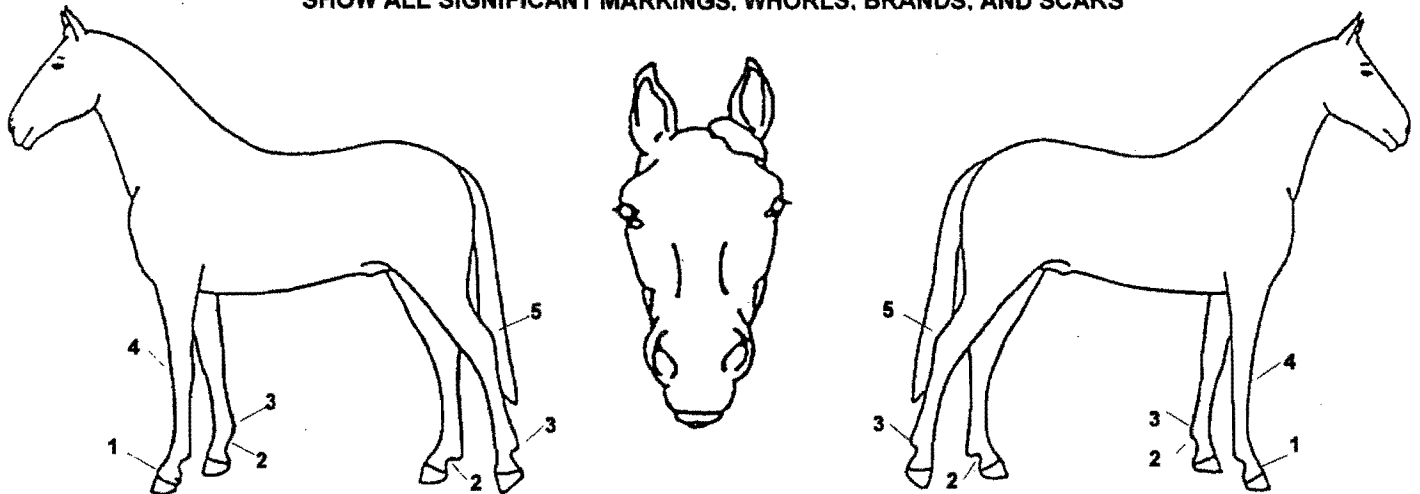
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 7/13/19
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I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No. 8580	Official Tag	18. Tattoo/Brand 985140000323783	19. Barcode	20. Color BAY	21. Breed 6	22. Electronic I.D. No.	23. Age or DOB 7	24. Sex M	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 7/13/19	33. DATE REPORTED OUT 7/13/19	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF TECH (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

N 0952196

1. ACCESSION NUMBER

ACL. 8581

2. DATE BLOOD DRAWN

7/13/19

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Zip Code Tel No. County NM.		Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted by (b)(6) was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 7/13/19
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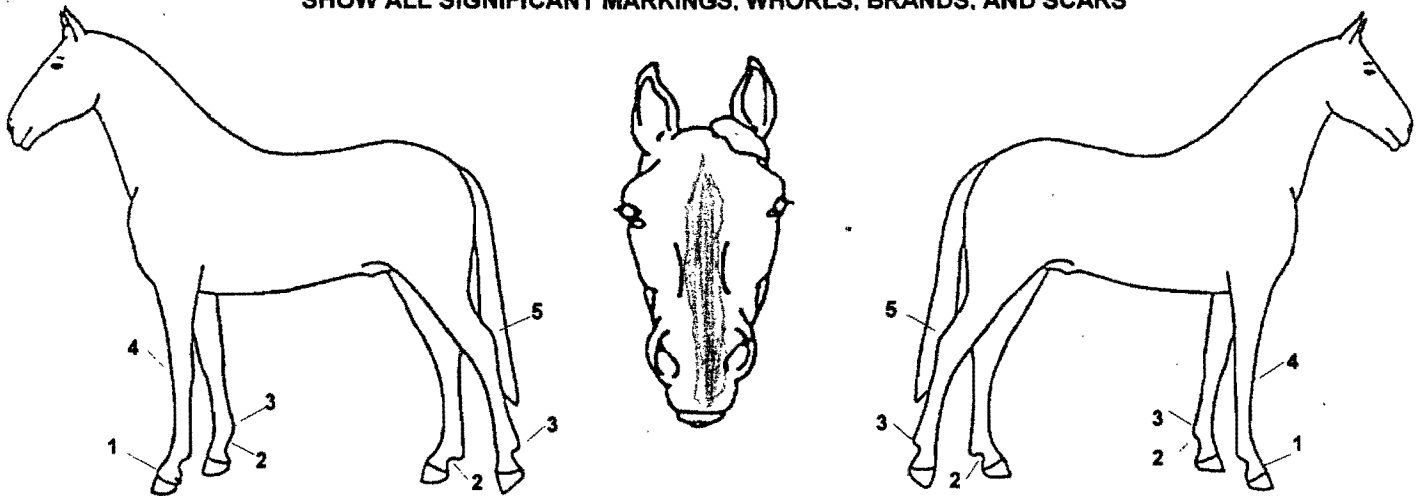
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined the horse and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	Official Tag	18. Tattoo/B	19. Identification No. 985140000260707 	20. Color Dol.	21. Breed G	22. Electronic I.D. No.	23. Age or DOB 3.5	24. Sex G	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STRAPP	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 7/13/19	33. DATE REPORTED OUT 7/13/19	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

N 0952195

1. ACCESSION NUMBER

ACL 8582

2. DATE BLOOD DRAWN

7/13/99

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code Tel No. County	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W, LIVESTOCK AUCTION, LOS LUNAS, Zip Code		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW, ALBUQUERQUE, NM. Zip Code 87120	
Tel No. County NM.		Tel No. (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with (b)(6) was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.		12. SIGNATURE DATE 7/13/99	
---	--	--	--	--------------------------------------	--

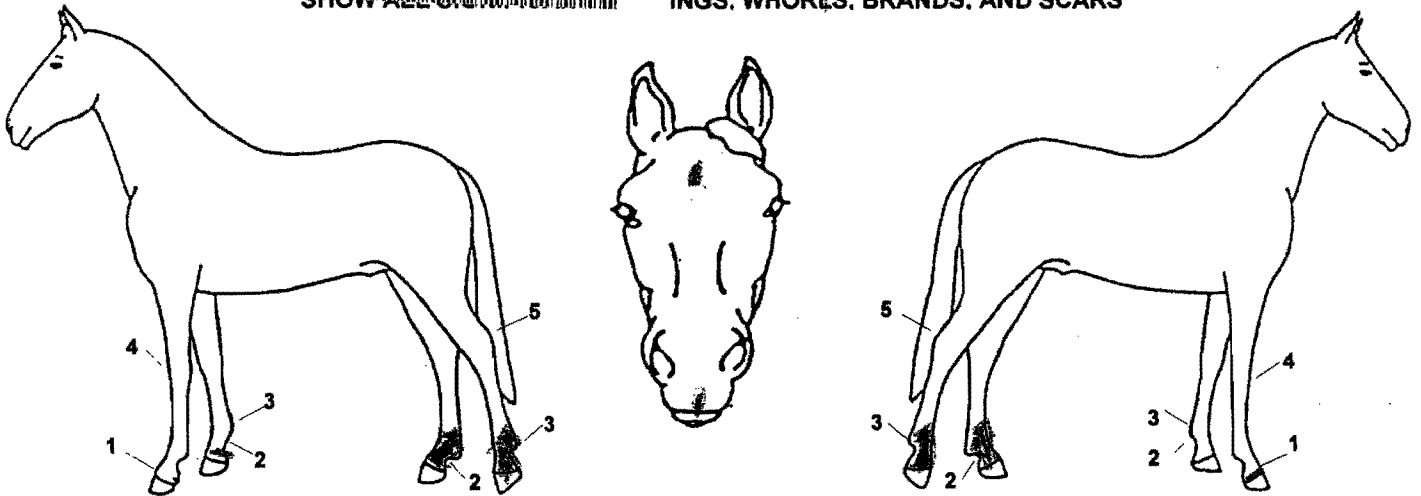
I certify that I have examined this horse and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE	
--	--	---	--	---------------------------	--

16. Tube No. 3582		17. Official Tag		18. Tattoo/Brand		19. Name of Horse 985140000371414		20. Color Bay		21. Breed G		22. Electronic I.D. No.		23. Age or DOB 4 M		24. Sex M		M - Male F - Female G - Gelding N - Neuter	
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SHOW ALL ULCERS, WOUNDS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Star - snip		26. OTHER MARKS AND BRANDS	
27. LEFT FORELIMB		28. RIGHT FORELIMB coronet	
29. LEFT HINDLIMB sock		30. RIGHT HINDLIMB sock	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGLINS LAB. ALBUQUERQUE, NM.		32. DATE RECEIVED 7/13/99		33. DATE REPORTED OUT 7/13/99		34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA	
36. SIGNATURE (b)(6)		35. REMARKS		N		X	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

N 0952194

1. ACCESSION NUMBER

ACL 8583

2. DATE BLOOD DRAWN

7/13/19

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export		<input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W, LIVESTOCK AUCTION, LOS LUNAS, NM. Tel No. County		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW, ALBUQUERQUE, NM. Tel No. (505) 610-4711 County BERNALILLO		Zip Code 87120	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted (b)(6) was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 7/13/19
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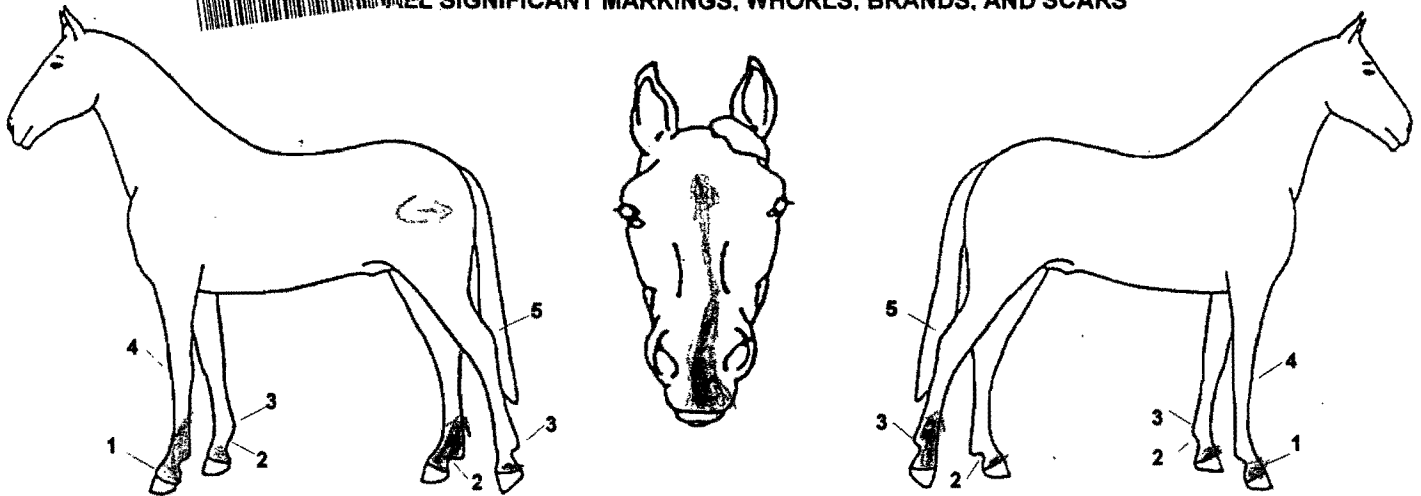
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined the specimen and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	Official Tag	18. Tattoo/Brand	19. Name of Horse 985140000320301	20. Color DARK BROWN	21. Breed 6	22. Electronic I.D. No.	23. Age or DOB 3M	24. Sex M	M - Male F - Female G - Gelding N - Neuter
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ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STARK SNAPP - SNAPP	26. OTHER MARKS AND BRANDS C-14/H
27. LEFT FORELIMB SOCK	28. RIGHT FORELIMB Crown
29. LEFT HINDLIMB Crown	30. RIGHT HINDLIMB SOCK

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 7/13/19	33. DATE REPORTED OUT 7/13/19	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECH (b)(6)		36. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

N 0952193

1. ACCESSION NUMBER

ACL 5584

2. DATE BLOOD DRAWN

7/13/19

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) S/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS. Zip Code		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120	
Tel No. County NM.	Tel No. (505) 610-4711		County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted (b)(6) form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 7/13/19
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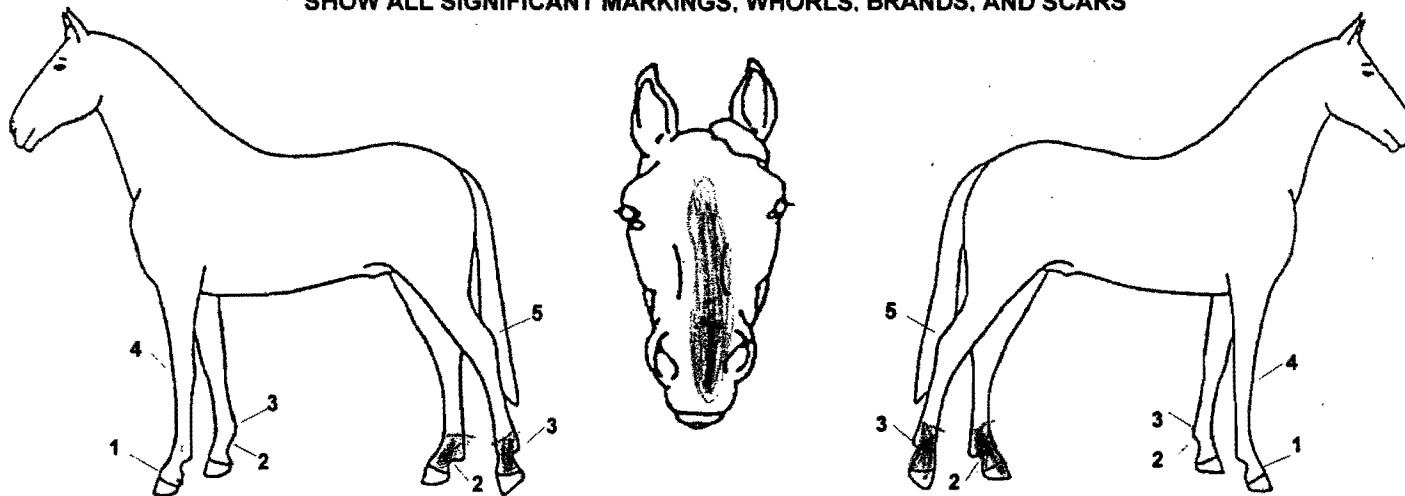
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined (b)(6) and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	Official Tag	18. Tattoo/Brand	19. Name of Horse 985140000310727 	20. Color grey	21. Breed 6	22. Electronic I.D. No.	23. Age or DOB 7 M	24. Sex M	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD ETRP	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB sock	30. RIGHT HINDLIMB sock

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 7/13/19	33. DATE REPORTED OUT 7/13/19	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is an offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)**

SERIAL NO.

N 0952192

1. ACCESSION NUMBER

ACL 5585

2. DATE BLOOD DRAWN

7/13/19

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Tel No. County NM.		Tel No. (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this (b)(6) drawn by me from the horse described below on the date indicated above.

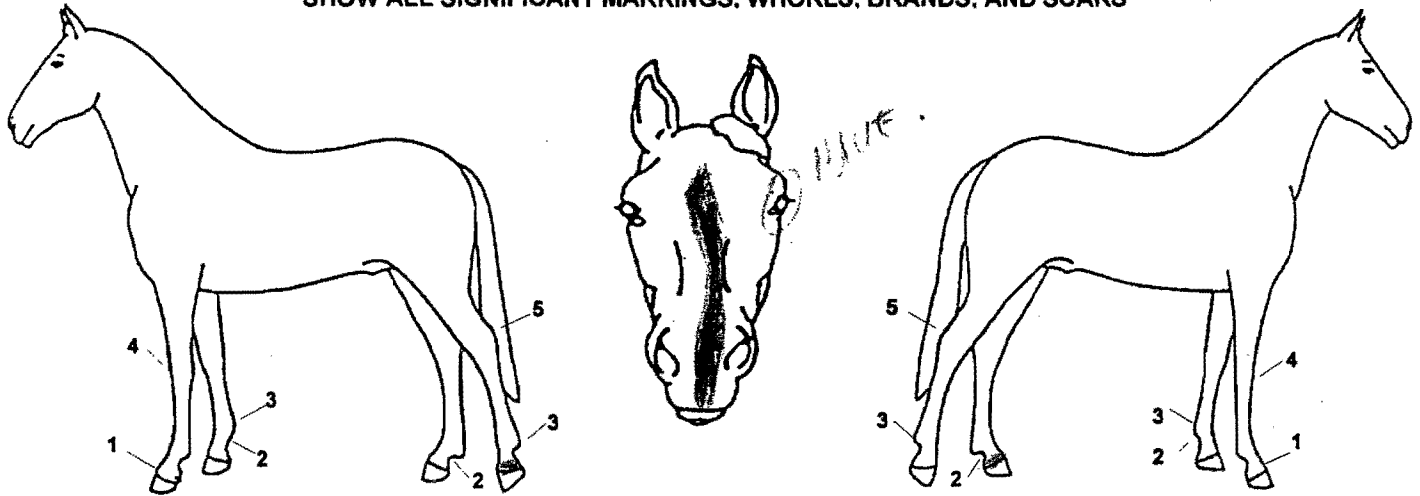
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN CEF		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.		12. SIGNATURE DATE 7/13/19	
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I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE	
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16. Tube No. 555	Official Tag	Tatto 985140000285977	20. Color pal.	21. Breed 6	22. Electronic I.D. No.	23. Age or DOB 3.5	24. Sex 5	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAY STPP SAIP		26. OTHER MARKS AND BRANDS	
27. LEFT FORELIMB		28. RIGHT FORELIMB	
29. LEFT HINDLIMB coronet		30. RIGHT HINDLIMB	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.		32. DATE RECEIVED 7/13/19		33. DATE REPORTED OUT 7/13/19		34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA	
35. SIGNATURE OF TECHNICIAN		(b)(6)		35. REMARKS			

Falsification of this form or knowingly using a falsified form is a offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)**

SERIAL NO. **N 0952191**
1. ACCESSION NUMBER **ACL 5586**
2. DATE BLOOD DRAWN **7/13/19**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS, NM. Zip Code		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120	
Tel No.	County	Tel No. (505) 610-4711	County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted (b)(6) was drawn by me from the horse described below on the date indicated above.

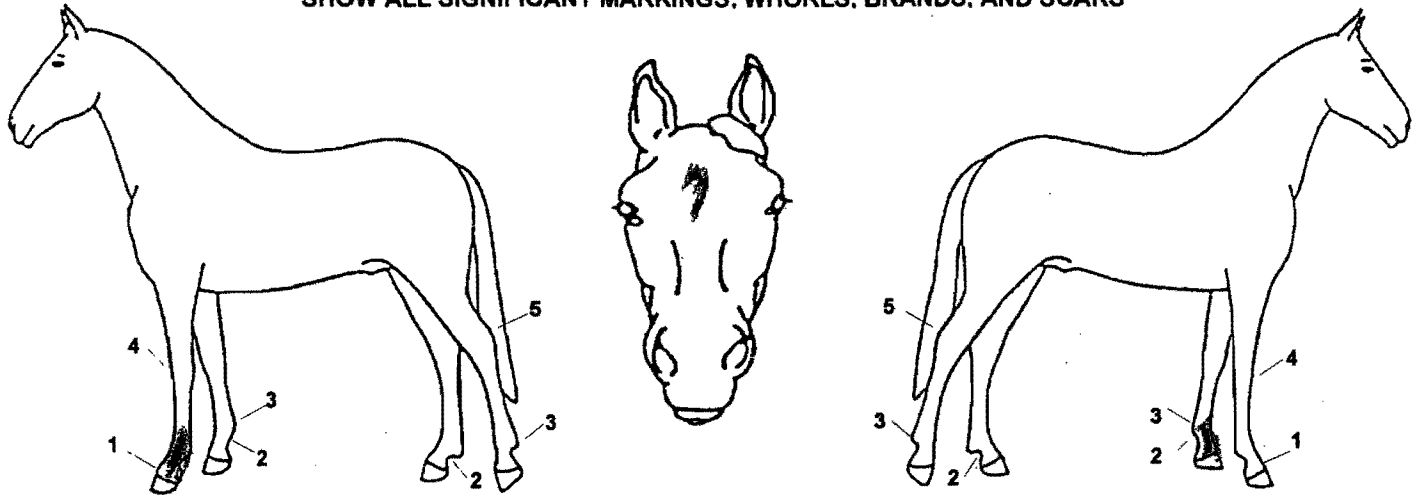
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM.	12. SIGNATURE DATE 7/13/19
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I certify that I have examined the horse and to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	16. SIGNATURE DATE
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16. Tube No.	Official Tag	18. Tattoo	19. Identification No. 985140000315453	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
13506				Search	6		3	M	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Star	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB Sole	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 7/13/19	33. DATE REPORTED OUT 7/13/19	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TESTER (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 1 year or both (U.S.C. Section 1001).

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST**
(VS Memorandum 555.16)

SERIAL NO.

N 0952190

1. ACCESSION NUMBER

AGL 8587

2. DATE BLOOD DRAWN

7/13/9

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASNER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Tel No. County NM.		Tel No. (505) 610-4711 Zip Code 87120 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with (b)(6) was obtained from the horse described below on the date indicated above.

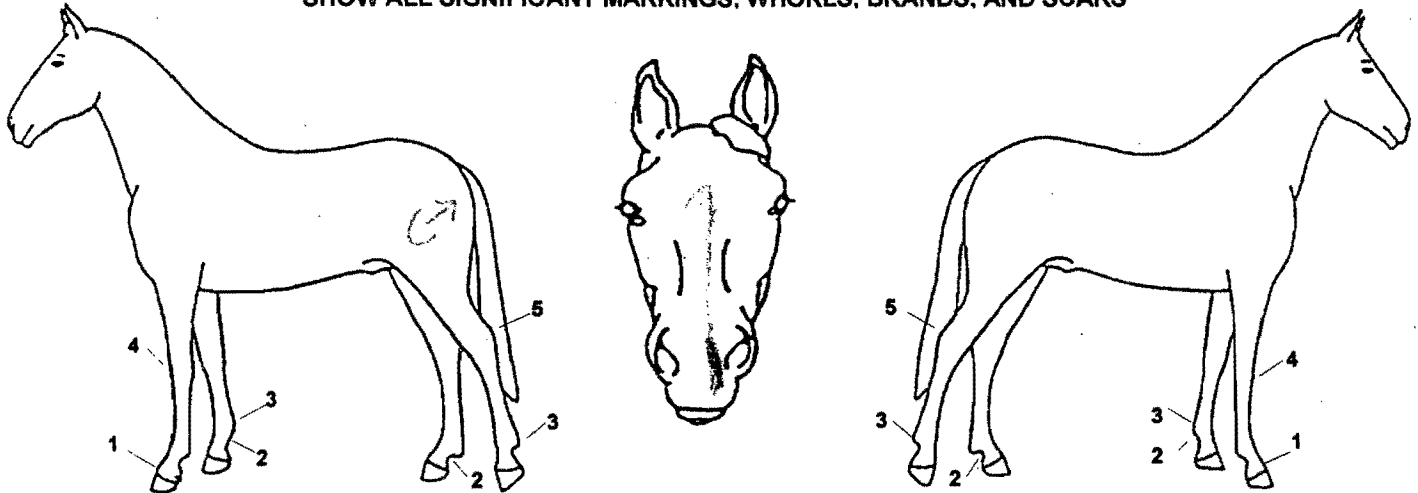
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASNER DVM.	12. SIGNATURE DATE 7/13/9
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I certify that I have examined this horse and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No. Official No. Tao T	17. Identification No. 985140000287637	18. Barcode	19. Color 20. Sorrel	21. Breed 21. G	22. Electronic I.D. No.	23. Age or DOB 23. 15	24. Sex 24. F	25. M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Star - Star - snip	26. OTHER MARKS AND BRANDS LH
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 7/13/9	33. DATE REPORTED OUT 7/13/9	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. SIGNATURE OF TECH (b)(6)	36. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 1 year, or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

N 0952189

1. ACCESSION NUMBER

ACL. 8588

2. DATE BLOOD DRAWN

7/13/19

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION, LOS LUNAS, NM. Zip Code		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW, ALBUQUERQUE, NM. Zip Code 87120	
Tel No.	County	Tel No. (505) 610-4711	County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted (b)(6) as drawn by me from the horse described below on the date indicated above.

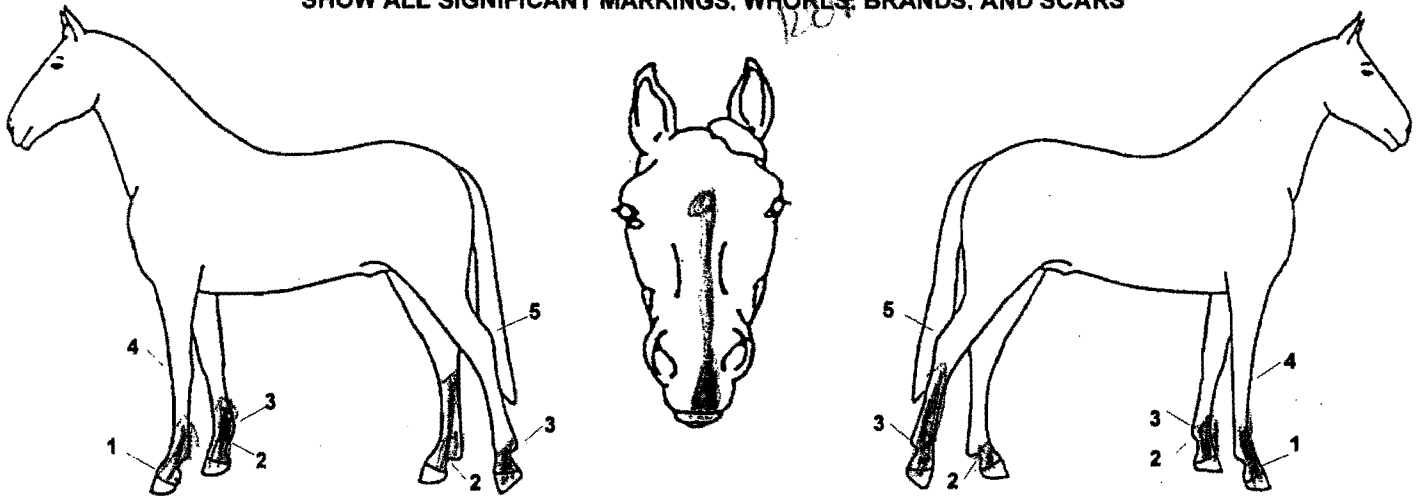
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 7/13/19
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I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	Official Tag	18. Tattoo/Brand	19. ID No. 985140000319740	20. Color RED	21. Breed ARABIAN	22. Electronic I.D. No.	23. Age or DOB 6	24. Sex G	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STOK. 2MPK. 3MPK	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB SOCK	28. RIGHT FORELIMB SOCK
29. LEFT HINDLIMB SOCK	30. RIGHT HINDLIMB SOCK/MPK.

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 7/13/19	33. DATE REPORTED OUT 7/13/19	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECH (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is an offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 1 year or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

N 0952188

1. ACCESSION NUMBER

ACL. 8589

2. DATE BLOOD DRAWN

7/13/19

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS.			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.		
Tel No.		Zip Code		Tel No. (505) 610-4711	
County		County		County	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.		12. SIGNATURE DATE 7/13/19	
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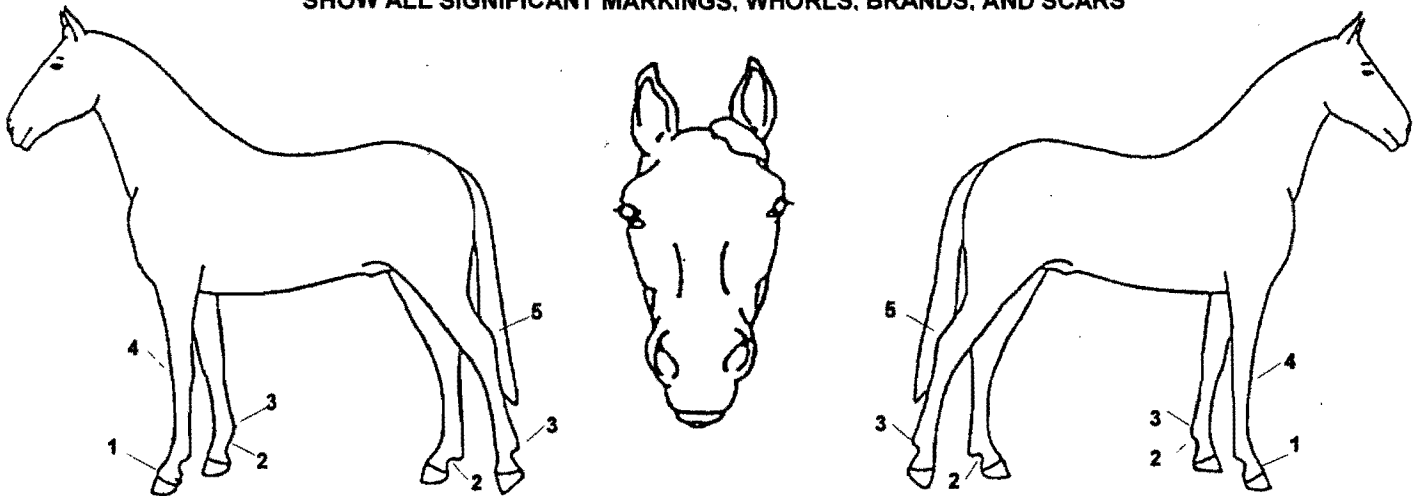
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE	
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16. Tube No.	Official Tag	Tr	1985140000260295	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
2589				WHA	G		6-M	M	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD		26. OTHER MARKS AND BRANDS	
27. LEFT FORELIMB		28. RIGHT FORELIMB	
29. LEFT HINDLIMB		30. RIGHT HINDLIMB	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.		32. DATE RECEIVED 7/13/19		33. DATE REPORTED OUT 7/13/19		34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA	
36. SIGNATURE OF TECHN (b)(6)		35. REMARKS					

Falsification of this form or knowingly using a falsified form is an offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

N 0952187

1. ACCESSION NUMBER

ACL. 8590

2. DATE BLOOD DRAWN

7/13/19

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W. LIVESTOCK AUCTION, LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Tel No. County NML		Tel No. (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted (b)(6) was drawn by me from the horse described below on the date indicated above.

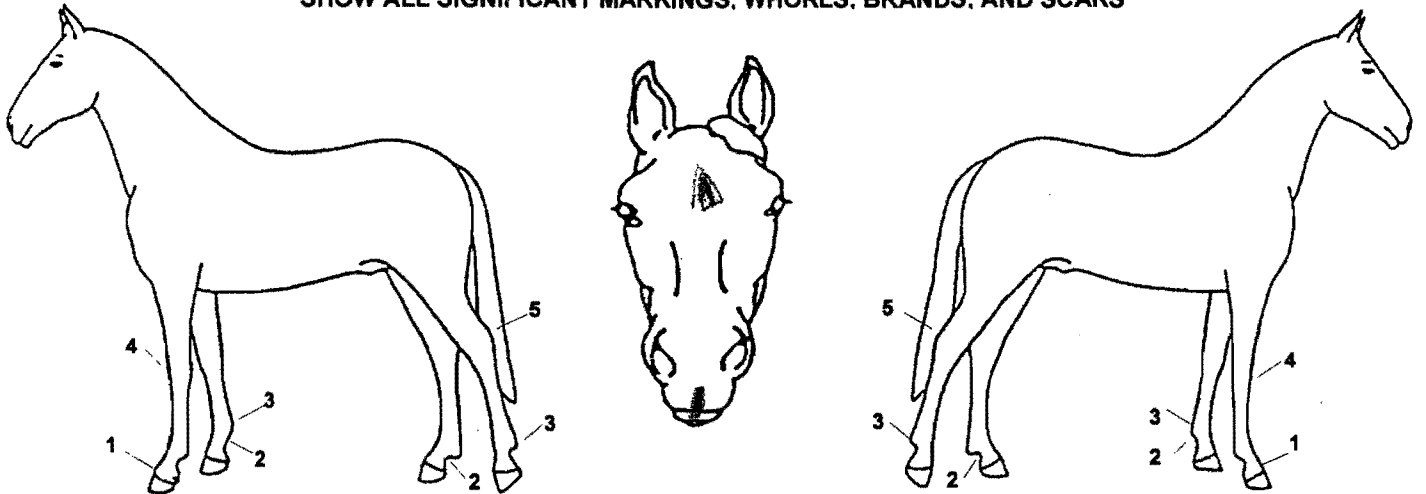
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 7/13/19
--	---	-------------------------------

I certify that I have examined (b)(6) to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	Official Tag	18. Tattoo/Brand	19. 985140000315014	20. Color Sorrel	21. Breed 6	22. Electronic I.D. No.	23. Age or DOB 4-M	24. Sex M	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAR SNIP.	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 7/13/19	33. DATE REPORTED OUT 7/13/19	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
38. SIGNATURE OF TESTER (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.18)

SERIAL NO.

N 0952186

1. ACCESSION NUMBER

ACT. 8591

2. DATE BLOOD DRAWN

7/13/19

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ 6 S/W. LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM	
Tel No.	County	Tel No. (505) 610-4711	County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with (b)(6) was drawn by me from the horse described below on the date indicated above.

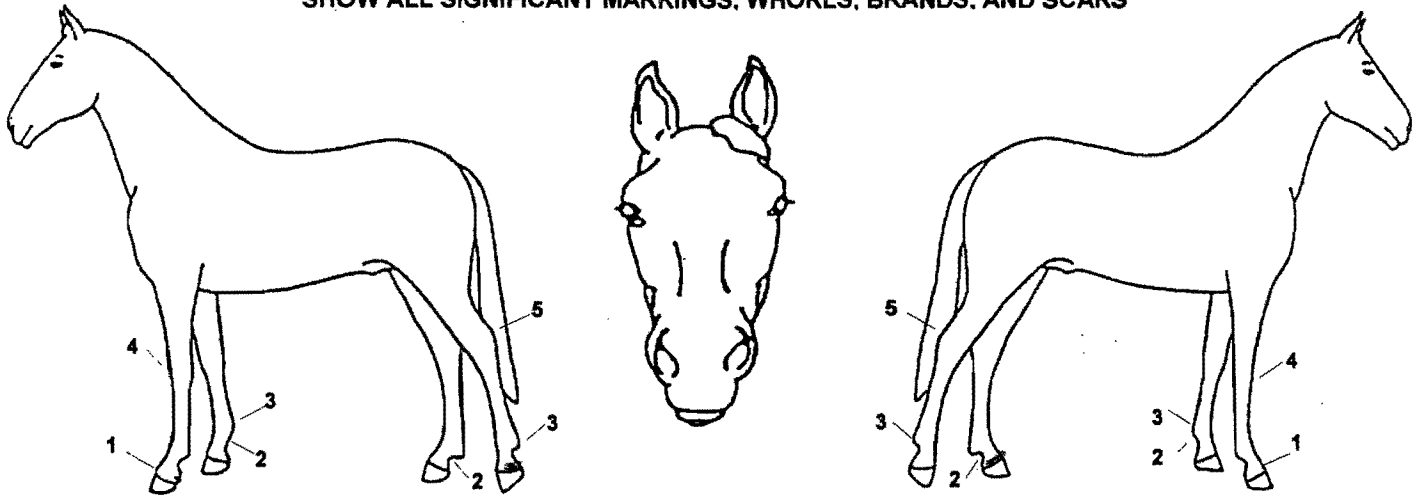
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 7/13/19
--	---	-------------------------------

I certify that I have examined this horse and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No. 5591	Official Tag	18. Tat 985140000259481	20. Color GRAY	21. Breed G	22. Electronic I.D. No.	23. Age or DOB 6.5	24. Sex G	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Coronet	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 7/13/19	33. DATE REPORTED OUT 7/13/19	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

N 0952185

1. ACCESSION NUMBER

col. 5392

2. DATE BLOOD DRAWN

7/19/19

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Tel No. County NM.		Tel No. (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 7/19/19
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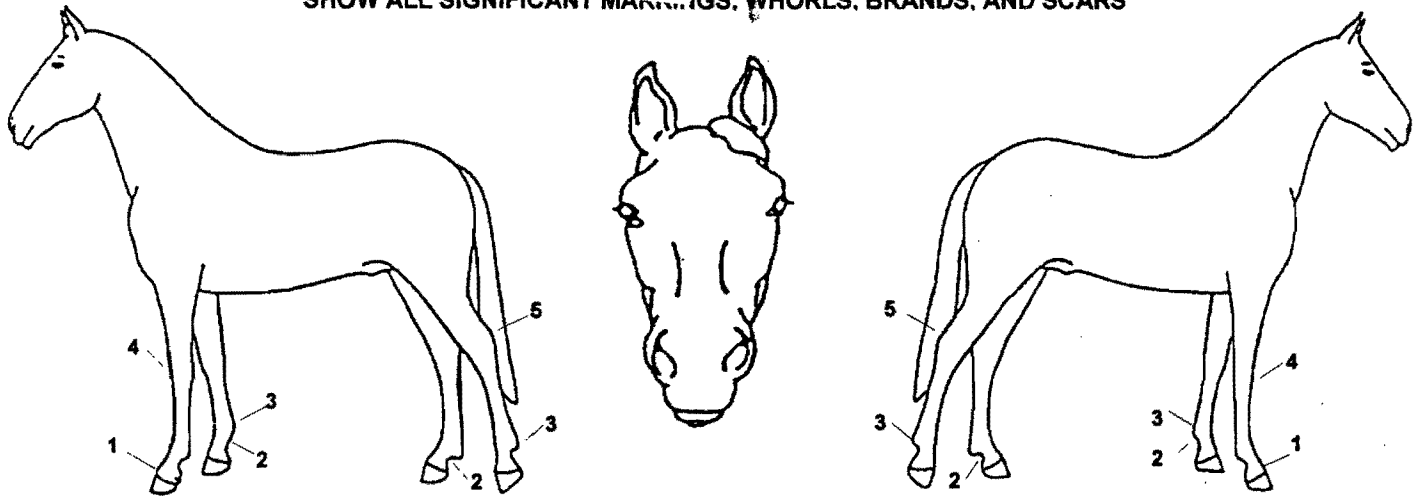
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined the horse, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	Official Tag	18. Tattoo/f	19. 985140000320480	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
5592				Dark	6		4 M	M	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 7/19/19	33. DATE REPORTED OUT 7/19/19	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

N 0952184

1. ACCESSION NUMBER

ACL 8573

2. DATE BLOOD DRAWN

7/13/19

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Zip Code County N.M.		Zip Code 87120 County BERNALILLO	
Tel No.		Tel No. (505) 610-4711	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with the (b)(6) drawn by me from the horse described below on the date indicated above.

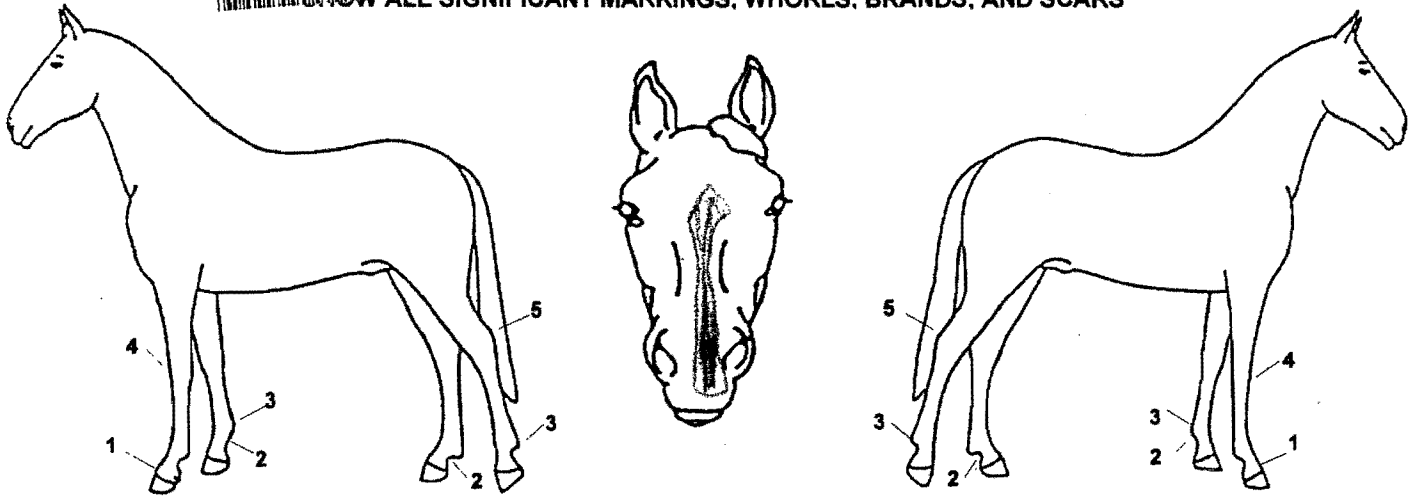
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 7/13/19
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I certify that I have examined this for the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	Official Tag	18. Tattoo/Brand	19. Name of Horse 985140000257127	20. Color Sorrel	21. Breed 6	22. Electronic I.D. No.	23. Age or DOB 3.6	24. Sex G	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Stark-stripp snip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 7/13/19	33. DATE REPORTED OUT 7/13/19	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified animal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 1 year or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

N 0952183

1. ACCESSION NUMBER

ACT **8594**

2. DATE BLOOD DRAWN

7/13/9

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM	
Tel No. County NM		Tel No. (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with (b)(6) as drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 7/13/9
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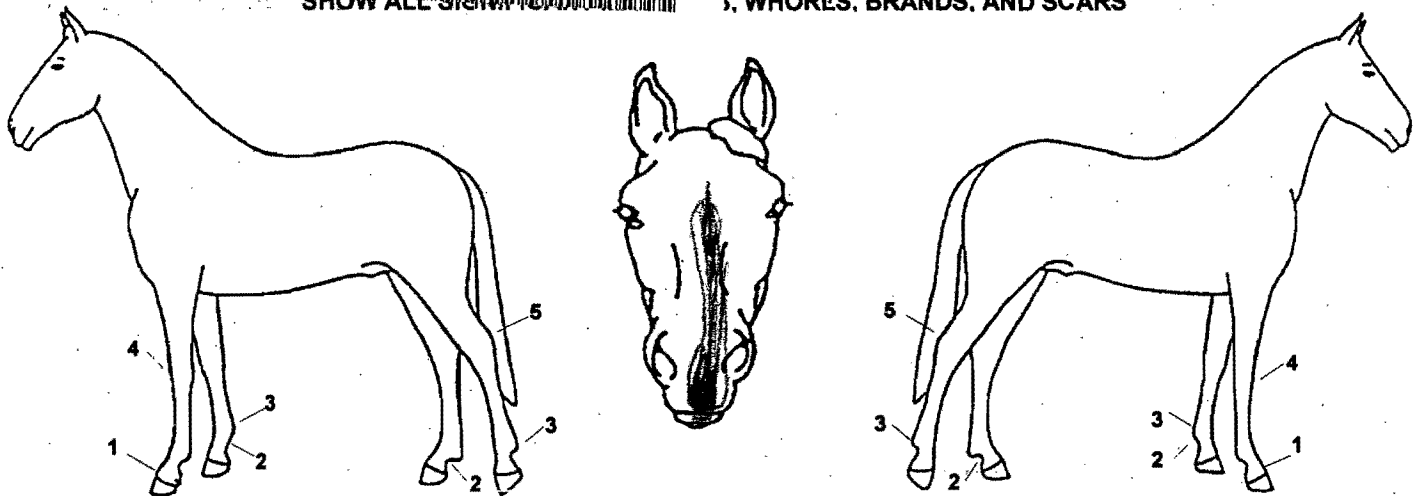
I certify that I have examined this horse and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No. 8594	Official Tag	18. Tattoo/Brand	19. Name of Horse 985140000316421	20. Color Bay	21. Breed 6	22. Electronic I.D. No.	23. Age or DOB 4	24. Sex M	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNS OF DISEASE

WHORES, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STRPP	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 7/13/9	33. DATE REPORTED OUT 7/13/9	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN		35. REMARKS	(b)(6)

Falsification of this form or knowingly using a falsified form is a crime and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.18)

SERIAL NO.

N 0952182

1. ACCESSION NUMBER

ACL 8595

2. DATE BLOOD DRAWN

7/13/19

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING

Market Change of Ownership Retest Export

Show First Test

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

N/A.

Zip Code

Tel No.

County

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

1167

6. TEST TYPE

ELISA

AGID

8. NAME AND ADDRESS OF OWNER (Please print or type)

DENNIS CHAVEZ
@ S/W. LIVESTOCK AUCTION.
LOS LUNAS.

Zip Code

Tel No.

County

NM.

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

C.Y. BRASMER DVM.
5900 JONES PLACE NW.
ALBUQUERQUE, NM.

Zip Code 87120

Tel No. (505) 610-4711

County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

(b)(6)

11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASMER DVM.

12. SIGNATURE DATE

7/13/19

CERTIFICATION OF OWNER OR OWNER'S AGENT

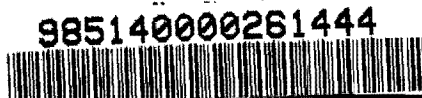
I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

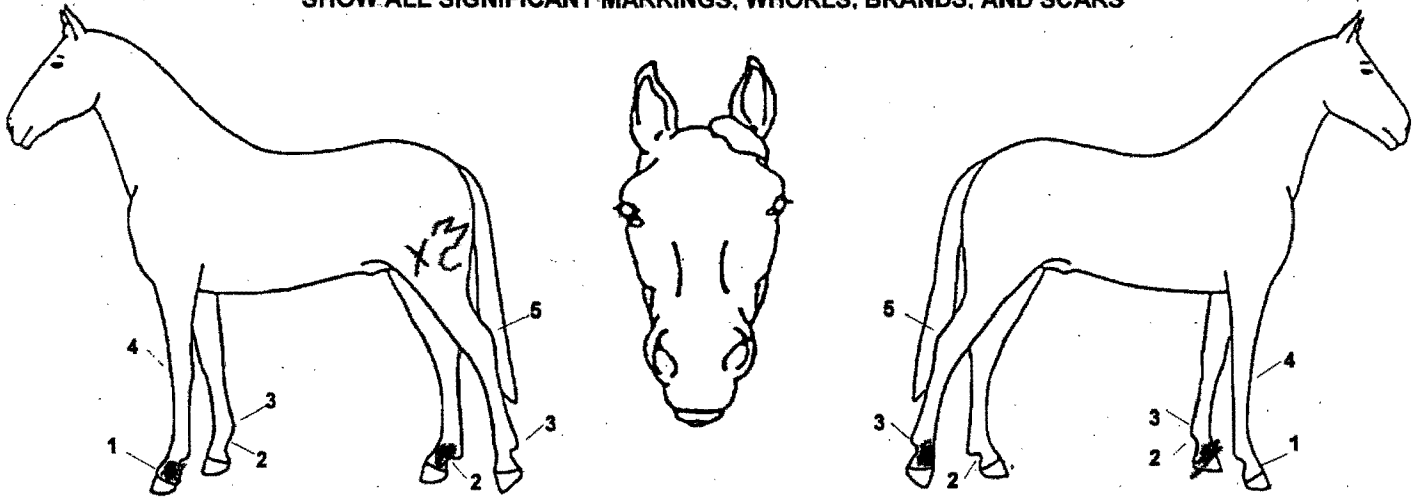
15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand
8595		



19. Electronic I.D. No.	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
985140000261444	Bay	6		8	M	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

Coronet

XC/LH

Coronet

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	7/13/19	7/13/19	<input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
	36. SIGNATURE OF		35. REMARKS
	(b)(6)		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

N 0952180

1. ACCESSION NUMBER

ACL. **8596**

2. DATE BLOOD DRAWN

7/13/19

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING
 Market Change of Ownership Retest **Export**
 Show First Test

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)
LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.
1167

6. TEST TYPE
 ELISA
 AGID

N/A. Zip Code
Tel No. County

8. NAME AND ADDRESS OF OWNER (Please print or type)
DENNIS CHAVEZ
@ S/W. LIVESTOCK AUCTION.
LOS LUNAS. Zip Code
Tel No. County **NM.**

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)
C.Y. BRASMER DVM.
5900 JONES PLACE NW.
ALBUQUERQUE, NM. Zip Code **87120**
Tel No. **(505) 610-4711** County **BERNALILLO**

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with (b)(6) was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

11. TYPE OR PRINT SIGNATURE NAME
C.Y. BRASMER DVM.

12. SIGNATURE DATE
7/13/19

I certify that I have examined this horse and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

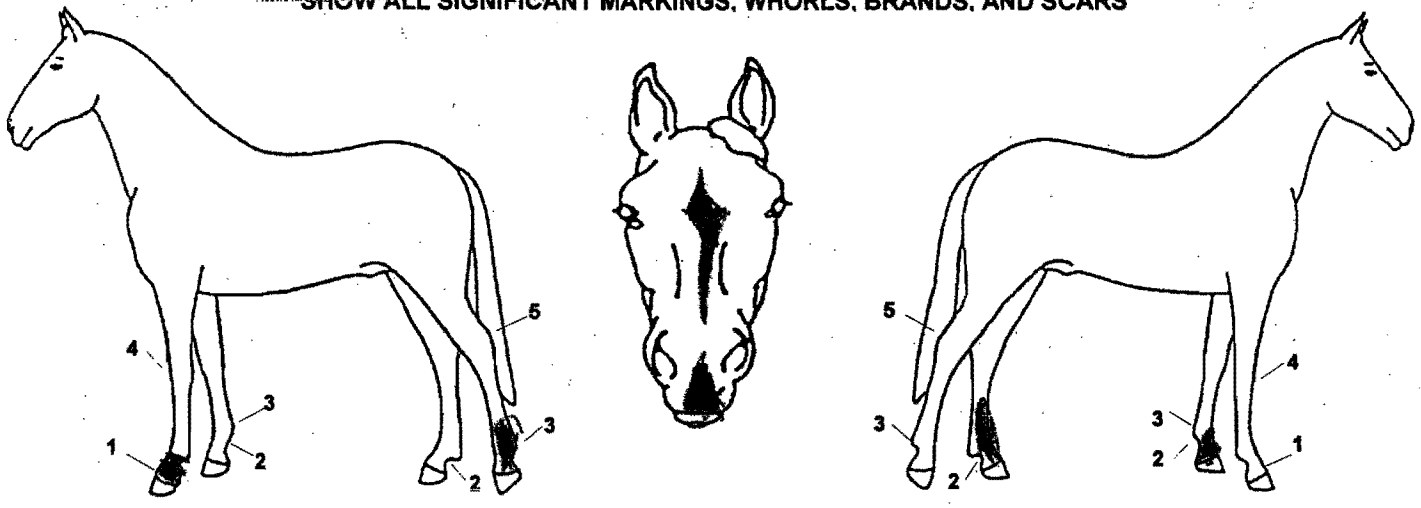
15. SIGNATURE DATE

16. Tube No. Official Tag 18. Tattoo/Brand

19. Name of Horse
985140000324057

20. Color **Bay.** 21. Breed **C** 22. Electronic I.D. No. 23. Age or DOB **8** 24. Sex **F**
M - Male
F - Female
G - Gelding
N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD **SHIR - SHIPP SHIP**
27. LEFT FORELIMB **SOCL**
29. LEFT HINDLIMB **SOCL**

26. OTHER MARKS AND BRANDS
28. RIGHT FORELIMB
30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE
ALBUQUERQUE COGGINS LAB.
ALBUQUERQUE, NM.

32. DATE RECEIVED
7/13/19

33. DATE REPORTED OUT
7/13/19

34. TEST RESULTS
 Negative Positive AGID ELISA

36. SIGNATURE OF TESTER (b)(6)

35. REMARKS

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
	N 0952179	ACL. 8597	7/13/9

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	N/A. Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION, LOS LUNAS, Zip Code Tel No. County NM.			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW, ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO		

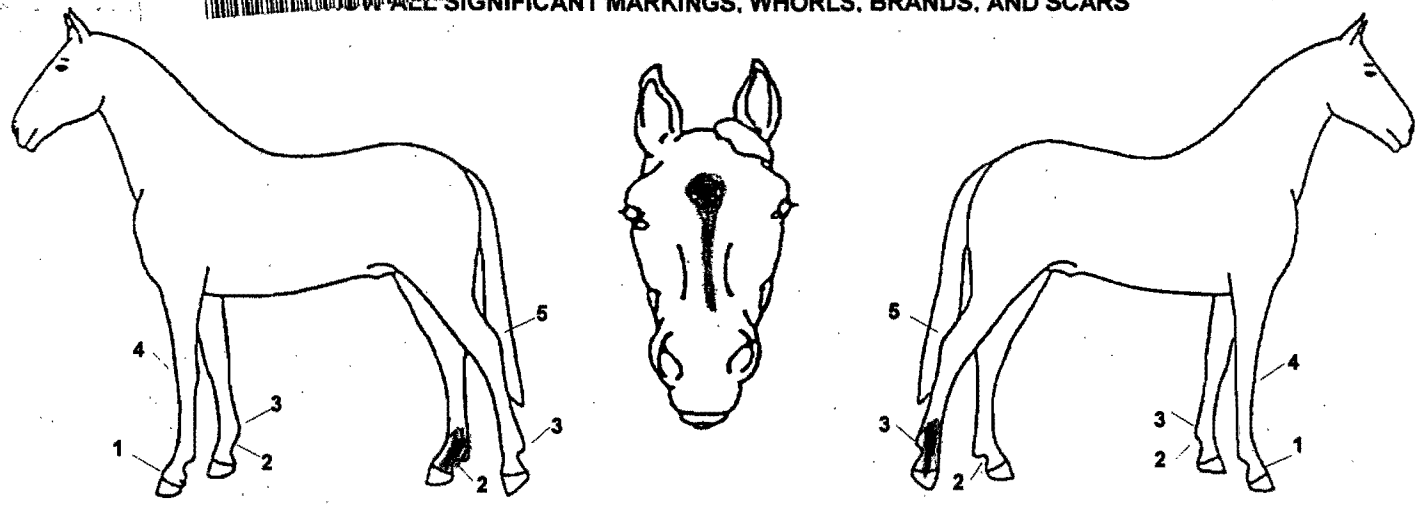
I certify the specimen submitted on this form was drawn by me from the horse described below on the date indicated above.		10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.		12. SIGNATURE DATE 7/13/9	
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I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.			13. SIGNATURE OF OWNER OR OWNER'S AGENT			14. TYPE OR PRINT SIGNATURE NAME			15. SIGNATURE DATE		
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16. Tube No.	Official Tag	18. Tattoo/Brand	19. Name of Horse 985140000372414		20. Color DUN	21. Breed G	22. Electronic I.D. No.	23. Age or DOB 3.	24. Sex G	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD 310K STIPP		26. OTHER MARKS AND BRANDS	
27. LEFT FORELIMB		28. RIGHT FORELIMB	
29. LEFT HINDLIMB 30K		30. RIGHT HINDLIMB	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.		32. DATE RECEIVED 7/13/9	33. DATE REPORTED OUT 7/13/9	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA	
36. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS			

Falsification of this form or knowingly using a falsified form is an offense and may result in a fine of not more than \$10,000 or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

N 0952178

1. ACCESSION NUMBER

8598

2. DATE BLOOD DRAWN

7/13/09

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C. Y. BRASMER DVM 5900 JONES PLACE NW ALBUQUERQUE, NM	
Tel No.	County	Tel No. (505) 610-4711	County

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted was drawn by me from the horse described below on the date indicated above.

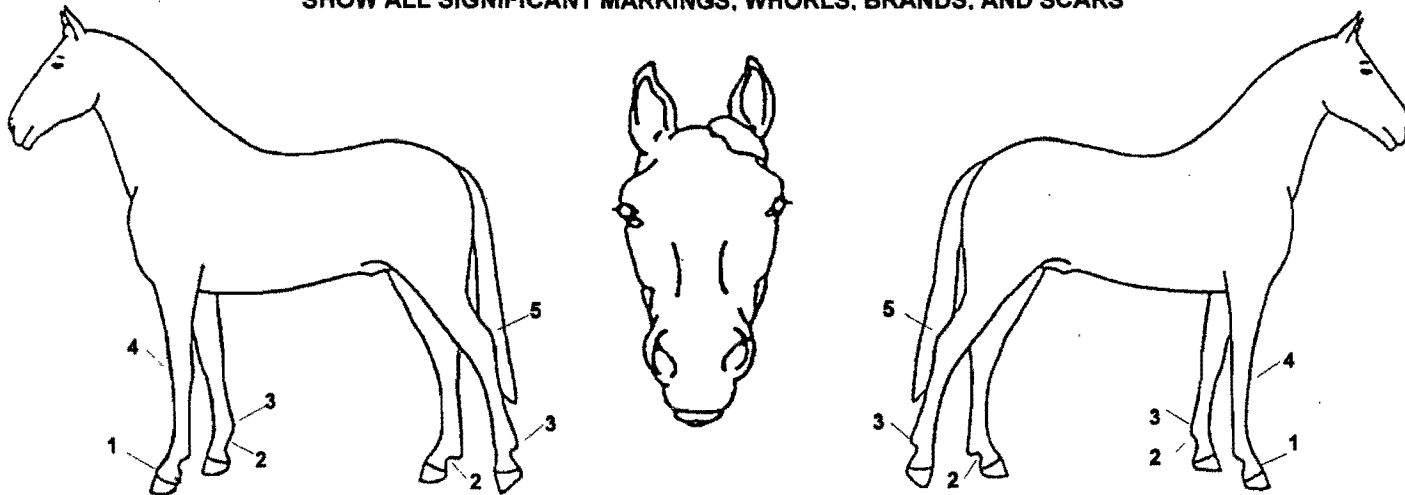
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C. Y. BRASMER DVM.	12. SIGNATURE DATE 7/13/09
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I certify that I have examined the horse and its owner or owner's agent to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	Official	18. T	19. 985140000259004	20. Color GREY ROAN	21. Breed 6	22. Electronic I.D. No.	23. Age or DOB 3	24. Sex 6	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 7/13/09	33. DATE REPORTED OUT 7/13/09	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECH		35. REMARKS	

Falsification of this form or knowingly using a falsified form imprisonment for not more th

fense and may result in a fine of not more than \$10,000 or oth (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

N 0952177

1. ACCESSION NUMBER

ACL 8599

2. DATE BLOOD DRAWN

7/13/19

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS, Zip Code		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120	
Tel No. County NM.	Tel No. (505) 610-4711	County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 7/13/19
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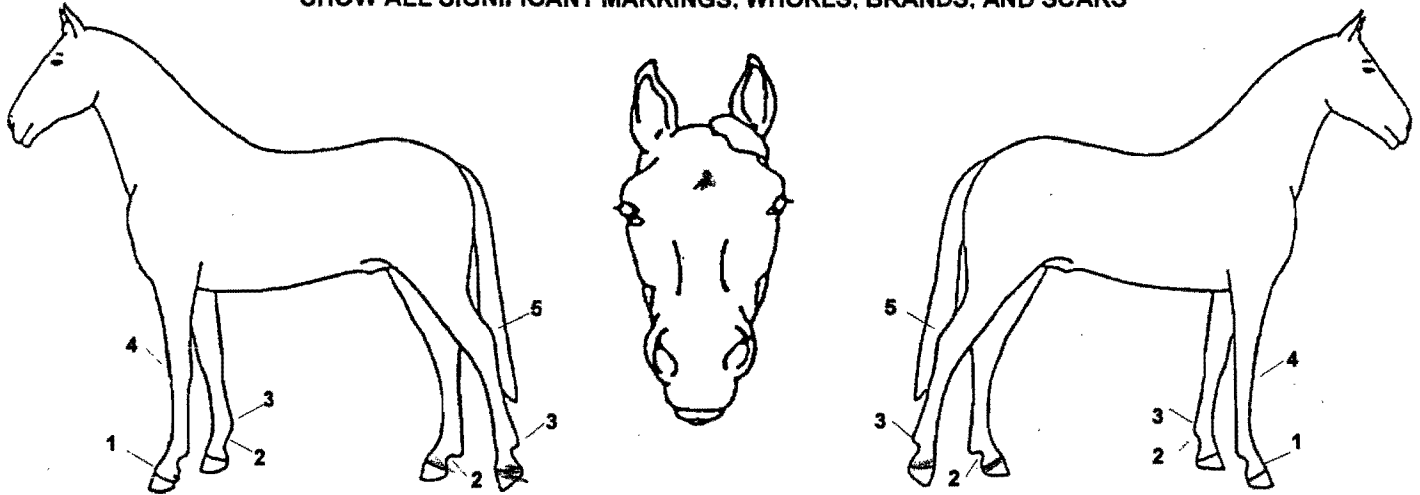
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined the horse to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	Official Tag	18. Tattoo/Brand	19. Identification No. 985140000311187	20. Color Bay	21. Breed 6	22. Electronic I.D. No.	23. Age or DOB 2	24. Sex F	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Small star	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB lowed	30. RIGHT HINDLIMB downed

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 7/13/19	33. DATE REPORTED OUT 7/13/19	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a crime and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

N 0952176

1. ACCESSION NUMBER

ACL 5600

2. DATE BLOOD DRAWN

7/13/09

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION, LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM, 5900 JONES PLACE NW, ALBUQUERQUE, NM.	
Tel No. County NM, Zip Code		Tel No. (505) 610-4711 County BERNALILLO, Zip Code 87120	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

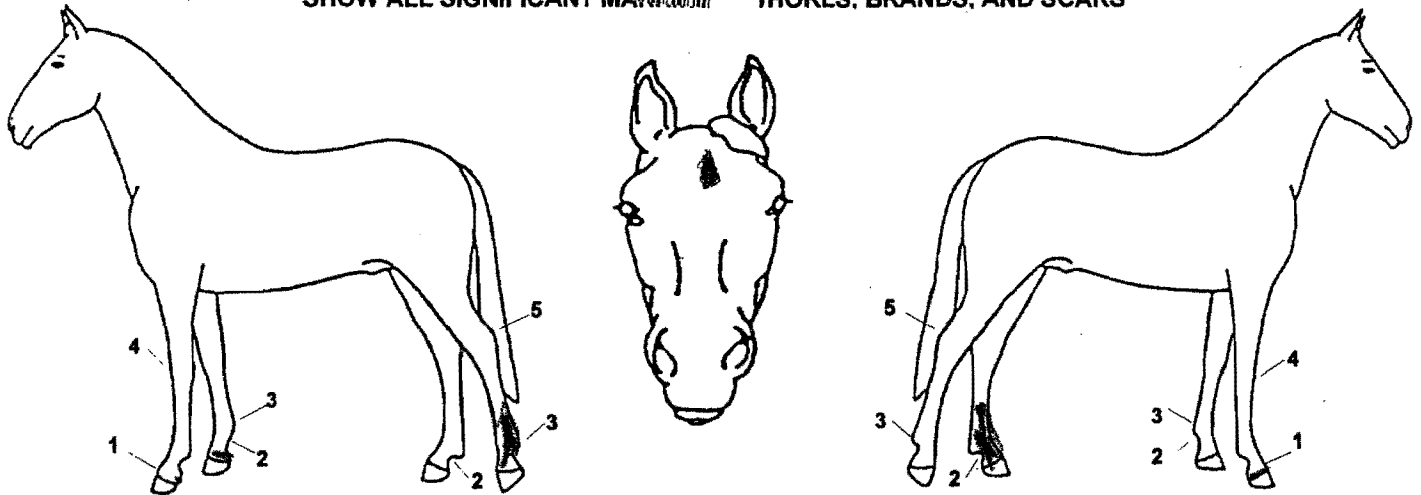
I certify the specimen submitted with the (b)(6) shown by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 7/13/09
13. SIGNATURE OF OWNER OR OWNER'S AGENT		15. SIGNATURE DATE
14. TYPE OR PRINT SIGNATURE NAME		16. SIGNATURE DATE

I certify that I have examined this form of OWNER OR OWNER'S AGENT best of my knowledge and belief, this form is true, correct and complete.

16. Tube No.	Official Tag	18. Tattoo/Brand	19. Identification No. 985140000237670	20. Color white	21. Breed 6	22. Electronic I.D. No.	23. Age or DOB 7	24. Sex M	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD stall	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB coronet
29. LEFT HINDLIMB sock	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 7/13/09	33. DATE REPORTED OUT 7/13/09	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. SIGNATURE OF TESTER (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

N 0952175

1. ACCESSION NUMBER

Acc. 8601

2. DATE BLOOD DRAWN

7/10/09

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION, LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASNER DVM. 5900 JONES PLACE NW, ALBUQUERQUE, NM.	
Zip Code Tel No. County		Zip Code County	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted (b)(6) is drawn by me from the horse described below on the date indicated above.

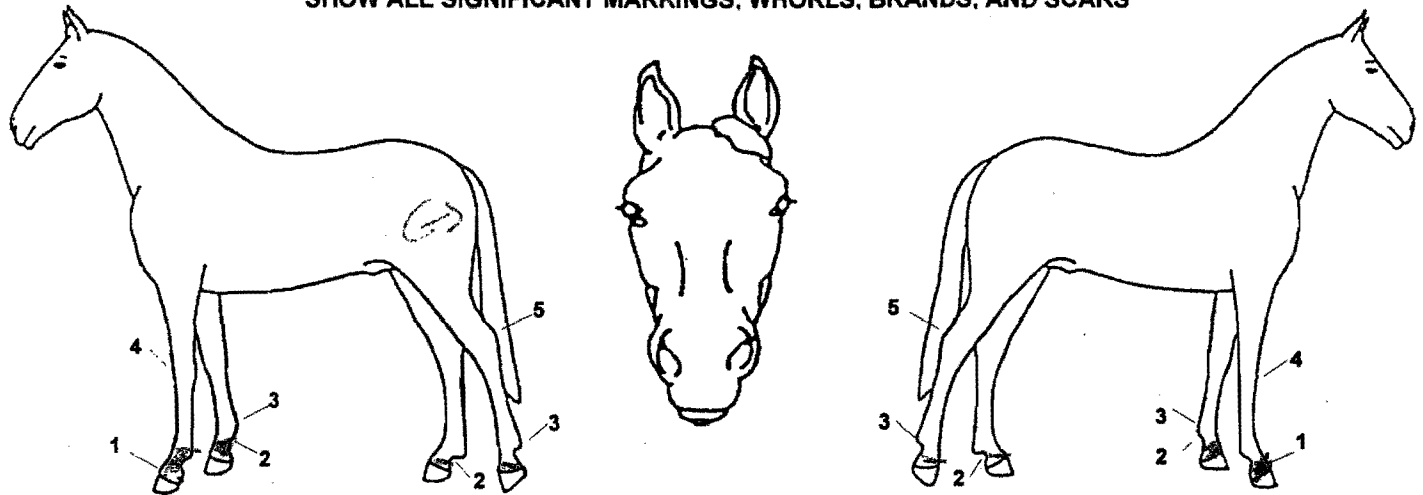
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASNER DVM.	12. SIGNATURE DATE 7/10/09
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I certify that I have examined the horse and the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	Official Tau	18. Tattoo/Brand	19. Name of Horse 985140000261422	20. Color	21. Breed 6	22. Electronic I.D. No.	23. Age or DOB 5	24. Sex M	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	28. OTHER MARKS AND BRANDS G / LH
27. LEFT FORELIMB Coronet	28. RIGHT FORELIMB Coronet
29. LEFT HINDLIMB Coronet	30. RIGHT HINDLIMB Coronet

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 7/13/09	33. DATE REPORTED OUT 7/13/09	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TESTER (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 1 year or both (U.S.C. Section 1001).

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 1 year or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.18)

SERIAL NO.

N 0952174

1. ACCESSION NUMBER

ACL 8602

2. DATE BLOOD DRAWN

7/13/19

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) B/A Zip Code Tel No. County	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W, LIVESTOCK AUCTION, LOS LUNAS, NM Zip Code Tel No. County		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASNER DVM. 5900 JONES PLACE NW, ALBUQUERQUE, NM Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted was drawn by me from the horse described below on the date indicated above.

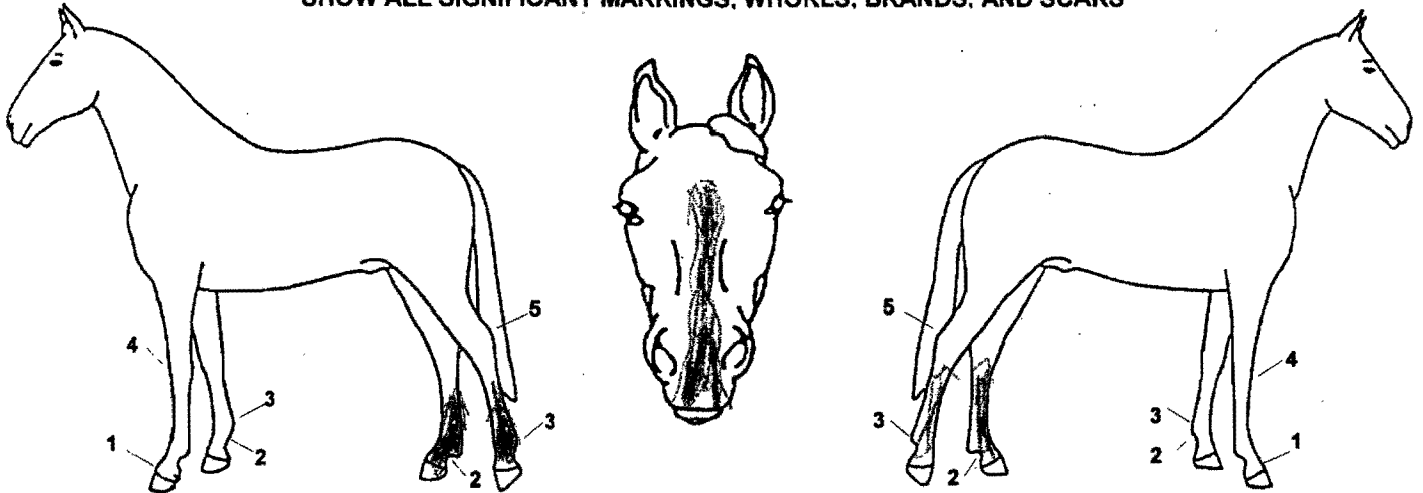
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASNER DVM.	12. SIGNATURE DATE 7/13/19
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I certify that I have examined the horse and its owner or owner's agent to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No. 604	Official Tag	18. Tattoo/Brand	19. Identification No. 985140000316277	20. Color BAY	21. Breed G	22. Electronic I.D. No.	23. Age or DOB 4	24. Sex 5	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD SNIP	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB SOCK	30. RIGHT HINDLIMB SOCK

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 7/13/19	33. DATE REPORTED OUT 7/13/19	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
38. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

N 0952173

1. ACCESSION NUMBER

8603
ACL

2. DATE BLOOD DRAWN

7/13/9

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS. Zip Code Tel No. County NM.	
9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASNER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO			

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted (b)(6) drawn by me from the horse described below on the date indicated above.

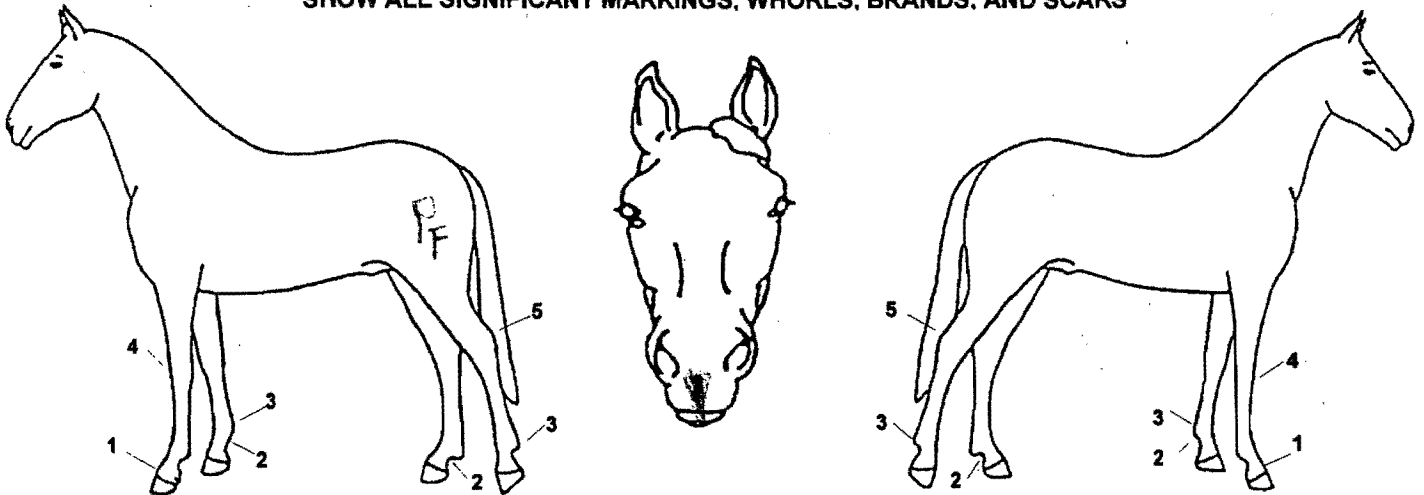
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASNER DVM.	12. SIGNATURE DATE 7/13/9
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I certify that I have examined the horse and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	Official Tag	18. Tattoo/Brand	19. 885140000375907	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
3603				Ay	C		9	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD SNIP	26. OTHER MARKS AND BRANDS PF / LH
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 7/13/9	33. DATE REPORTED OUT 7/13/9	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. SIGNATURE OF TESTER (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

N 0952172

1. ACCESSION NUMBER

ACL 8604

2. DATE BLOOD DRAWN

7/13/19

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING
 Market Change of Ownership Show First Test Retest Export

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)
LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.
1167

6. TEST TYPE
 ELISA
 AGID

Zip Code
Tel No. County

8. NAME AND ADDRESS OF OWNER (Please print or type)
DENNIS CHAVEZ
@ S/W. LIVESTOCK AUCTION.
LOS LUNAS.
Zip Code
Tel No. County NM.

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)
C.Y. BRASMER DVM.
5900 JONES PLACE NW.
ALBUQUERQUE, NM.
Zip Code 87120
Tel No. (505) 610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with (b)(6) drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

11. TYPE OR PRINT SIGNATURE NAME
C.Y. BRASMER DVM.

12. SIGNATURE DATE
7/13/19

CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

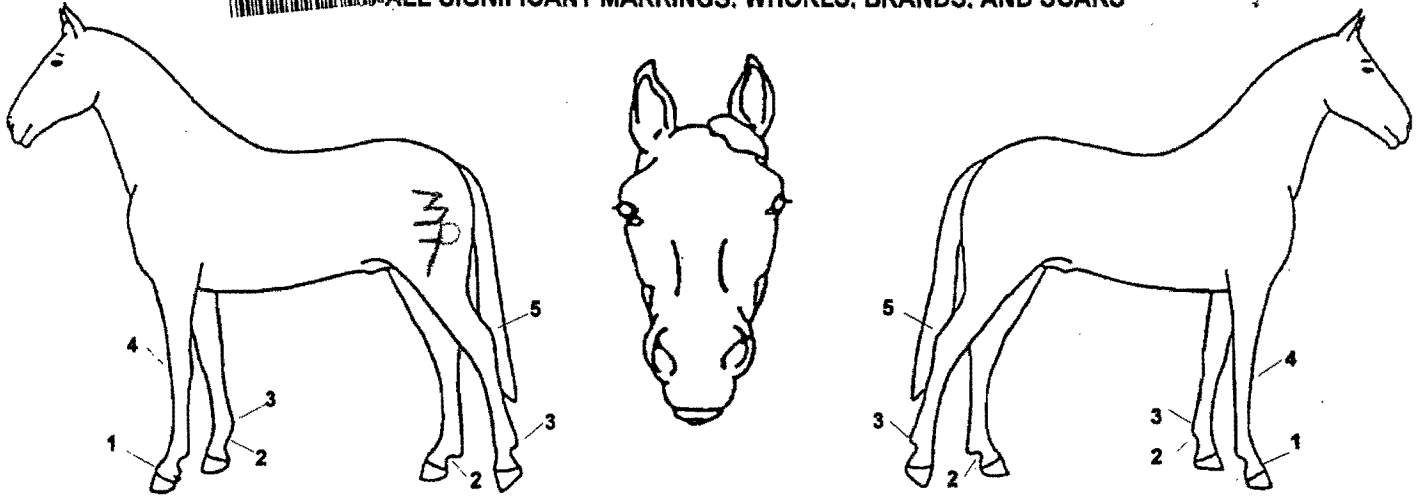
13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	19. Name of Horse 98514000255892	20. Color BAY	21. Breed G	22. Electronic I.D. No.	23. Age or DOB 4	24. Sex M	M - Male F - Female G - Gelding N - Neuter
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ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD
27. LEFT FORELIMB
29. LEFT HINDLIMB

26. OTHER MARKS AND BRANDS
3/4H
28. RIGHT FORELIMB
30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE
ALBUQUERQUE COGGINS LAB.
ALBUQUERQUE, NM.

32. DATE RECEIVED
7/13/19
36. SIGNATURE OF TECHNICIAN
(b)(6)

33. DATE REPORTED OUT
7/13/19

34. TEST RESULTS
 Negative Positive AGID ELISA
35. REMARKS

Falsification of this form or knowingly using a falsified form is a crime and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years and may result in a fine of not more than \$10,000 or U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

N 0952171

1. ACCESSION NUMBER

ACL 8605

2. DATE BLOOD DRAWN

7/13/19

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/o S/W LIVESTOCK AUCTION LOS LUNAS, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM	
Tel No. County		Tel No. (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted was drawn by me from the horse described below on the date indicated above.

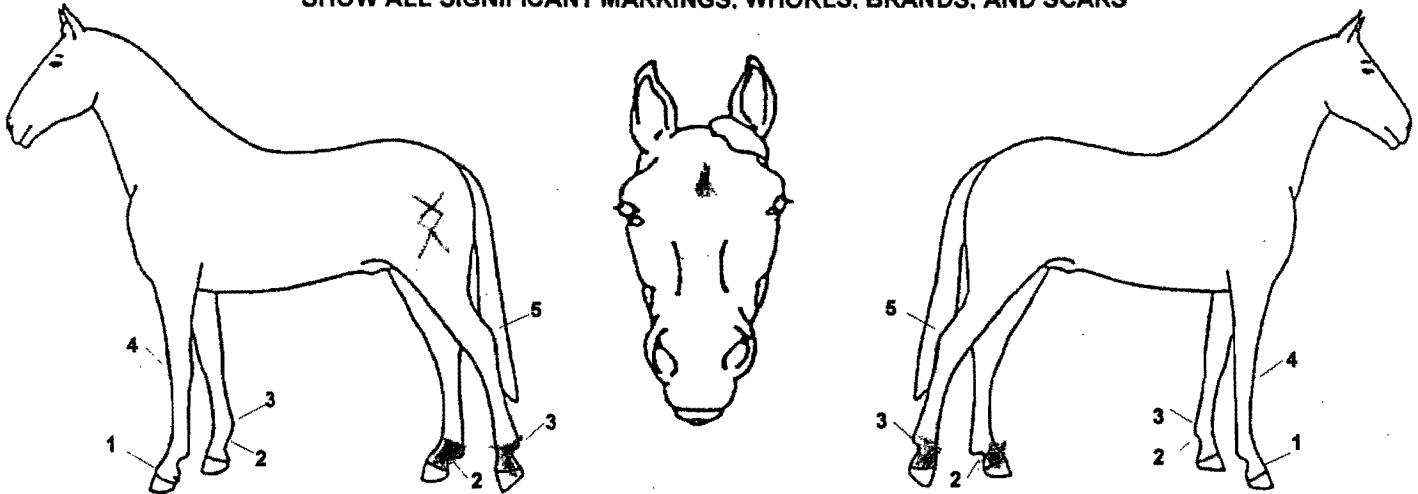
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 7/13/19
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I certify that I have examined the specimen and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	Official Tag	18. Tattoo/F	19. Identification No. 985140000286806	20. Color Sowei	21. Breed 6	22. Electronic I.D. No.	23. Age or DOB 3	24. Sex M	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

26. HEAD Star	26. OTHER MARKS AND BRANDS X 4/11
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB SOCK	30. RIGHT HINDLIMB SOCK

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 7/13/19	33. DATE REPORTED OUT 7/13/19	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a crime and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years.

and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years (18 U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

N 0952170

1. ACCESSION NUMBER

ACL 8606

2. DATE BLOOD DRAWN

7/13/09

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Relest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) r/a.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W, LIVESTOCK AUCTION, LOS LUNAS, Zip Code		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW, ALBUQUERQUE, NM. Zip Code 87120	
Tel No. County	Zip Code	Tel No. (505) 610-4711	County BERNALILLO


CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with the (b)(6) drawn by me from the horse described below on the date indicated above.

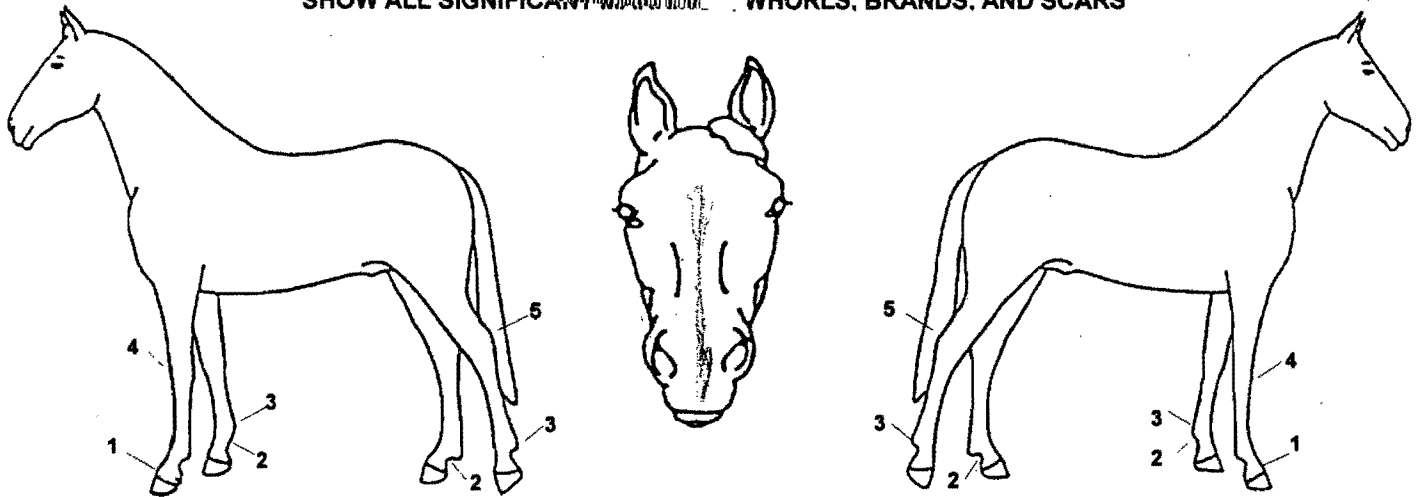
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 7/13/09
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I certify that I have examined this foal and certify that the information provided is the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	Official Tag	18. Tattoo/Brand	19. Name of Horse 985140000323308 	20. Color BAY	21. Breed G	22. Electronic I.D. No.	23. Age or DOB 2	24. Sex M	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAL STAL snip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 7/13/09	33. DATE REPORTED OUT 7/13/09	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **N 0952169**
1. ACCESSION NUMBER **ACL. 8607**
2. DATE BLOOD DRAWN **7/13/19**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code Tel No. County	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS.			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.		
Tel No. County NM.		Tel No. (505) 610-4711		Zip Code 87120 County BERNARDILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted by me was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 7/13/19
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I certify that I have examined the horse and, to the best of my knowledge and belief, this form is true, correct and complete.

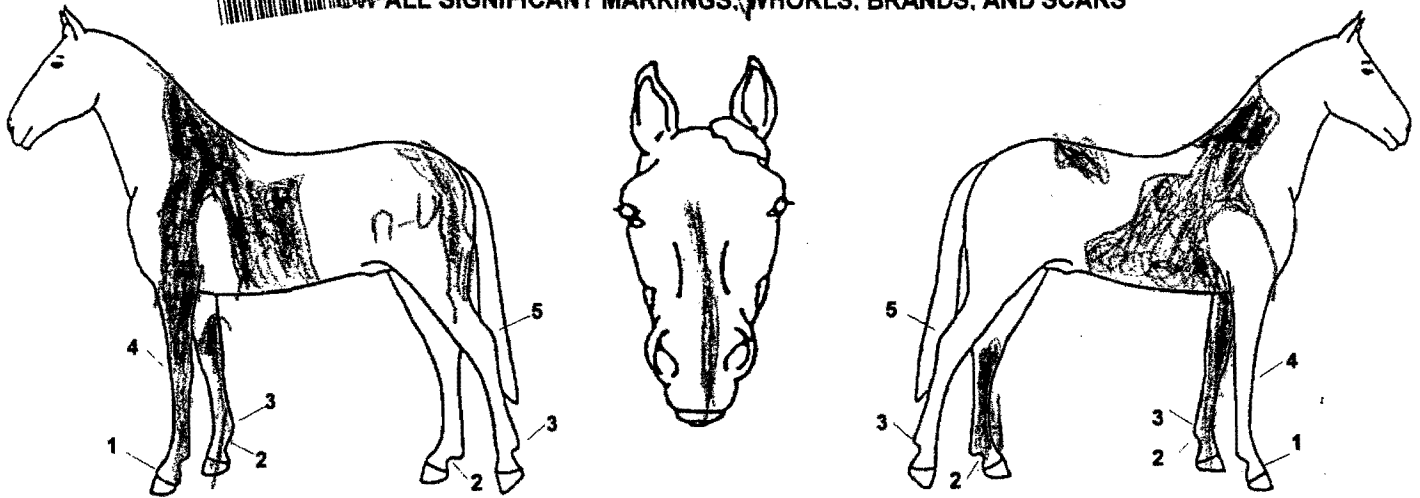
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined the horse and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No. 8607	Official Tag	18. Tattoo/Brand	19. N. No. 985140000314473	20. Color Paint	21. Breed G	22. Electronic I.D. No.	23. Age or DOB 2 M	24. Sex M	M - Male F - Female G - Gelding N - Neuter
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ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS a-u / LH
27. LEFT FORELIMB black & white paint	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB black & white paint

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 7/13/19	33. DATE REPORTED OUT 7/13/19	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN		35. REMARKS	

Falsification of this form or knowingly using a falsified form is imprisonment for not more than

one year and may result in a fine of not more than \$10,000 or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

N 0952168

1. ACCESSION NUMBER

ACL 8608

2. DATE BLOOD DRAWN

7/13/19

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Show <input checked="" type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) Zip Code Tel No. County	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1107	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION, LOS LUNAS, Zip Code Tel No. County NM.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW, ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505) 610-4711 County BERKLEY	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this form was taken by me from the horse described below on the date indicated above.

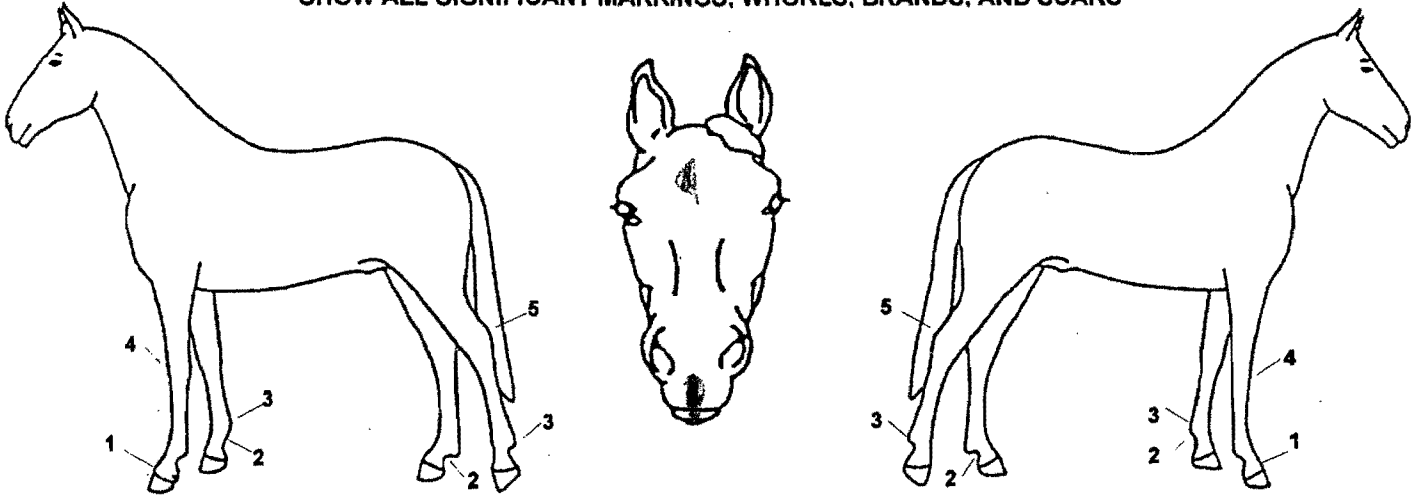
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN CEI	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 7/13/19
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I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	Official Tag	18. Tattoo/Brand	19. 985140000261395	20. Color JN	21. Breed C	22. Electronic I.D. No.	23. Age or DOB 3	24. Sex F	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, HORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAR - SMP	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 7/13/19	33. DATE REPORTED OUT 7/13/19	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

N 0952167

1. ACCESSION NUMBER

AG 8609

2. DATE BLOOD DRAWN

7/13/19

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) <i>N/A.</i>	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. <i>1167</i>	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) <i>DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS.</i>		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) <i>C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.</i>	
Tel No. County <i>NM.</i>		Tel No. <i>(505) 610-4711</i> County <i>BERNARDINO</i>	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>(b)(6)</i>	11. TYPE OR PRINT SIGNATURE NAME <i>C.Y. BRASMER DVM.</i>	12. SIGNATURE DATE <i>7/13/19</i>
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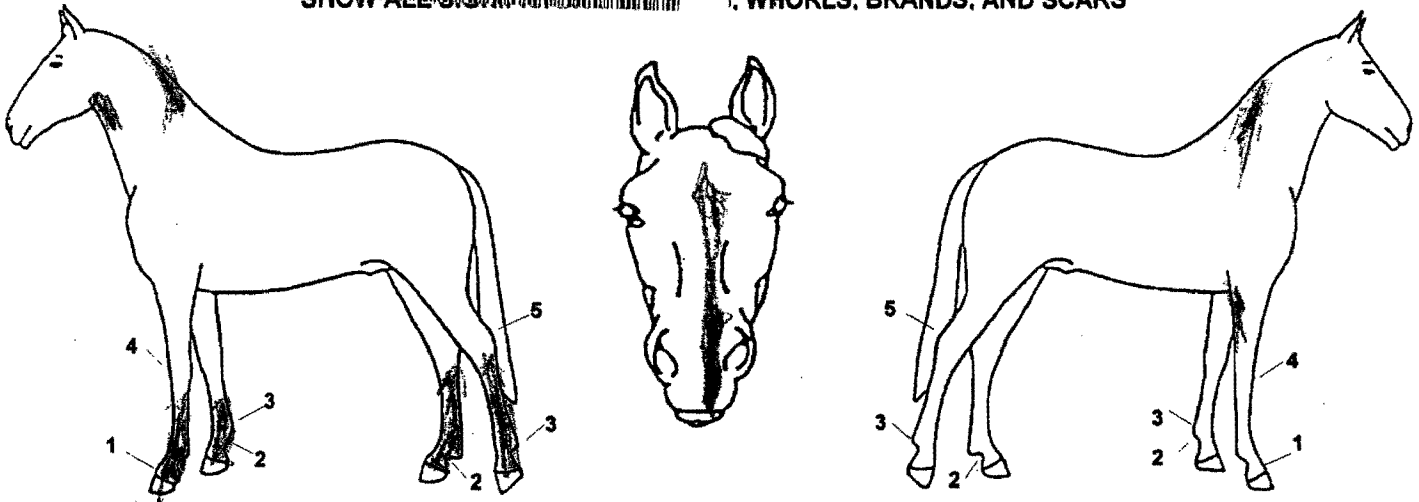
I certify that I have examined this horse and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	Official Tag	18. Tattoo/Brand	19. Name of Horse 985140000254575	20. Color <i>Black & white paint</i>	21. Breed <i>6</i>	22. Electronic I.D. No.	23. Age or DOB <i>7</i>	24. Sex <i>5</i>	M - Male F - Female G - Gelding N - Neuter
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WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB <i>Black & white paint</i>	28. RIGHT FORELIMB <i>Black & white paint</i>
29. LEFT HINDLIMB <i>Black & white paint</i>	30. RIGHT HINDLIMB <i>Black & white paint</i>

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE <i>ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.</i>	32. DATE RECEIVED <i>7/13/19</i>	33. DATE REPORTED OUT <i>7/13/19</i>	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN <i>(b)(6)</i>		35. REMARKS	

Falsification of this form or knowingly using a falsified form is an offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 1 year or both (U.S.C. Section 1001).

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST**
(VS Memorandum 555.18)

SERIAL NO.

N 0952166

1. ACCESSION NUMBER

ACL 5610

2. DATE BLOOD DRAWN

7/13/09

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code County	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W, LIVESTOCK AUCTION, LOS LUNAS, NM.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW, ALBUQUERQUE, NM.	
Tel No. County		Tel No. (505) 610-4711 County BERKLEY	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted (b)(6) was drawn by me from the horse described below on the date indicated above.

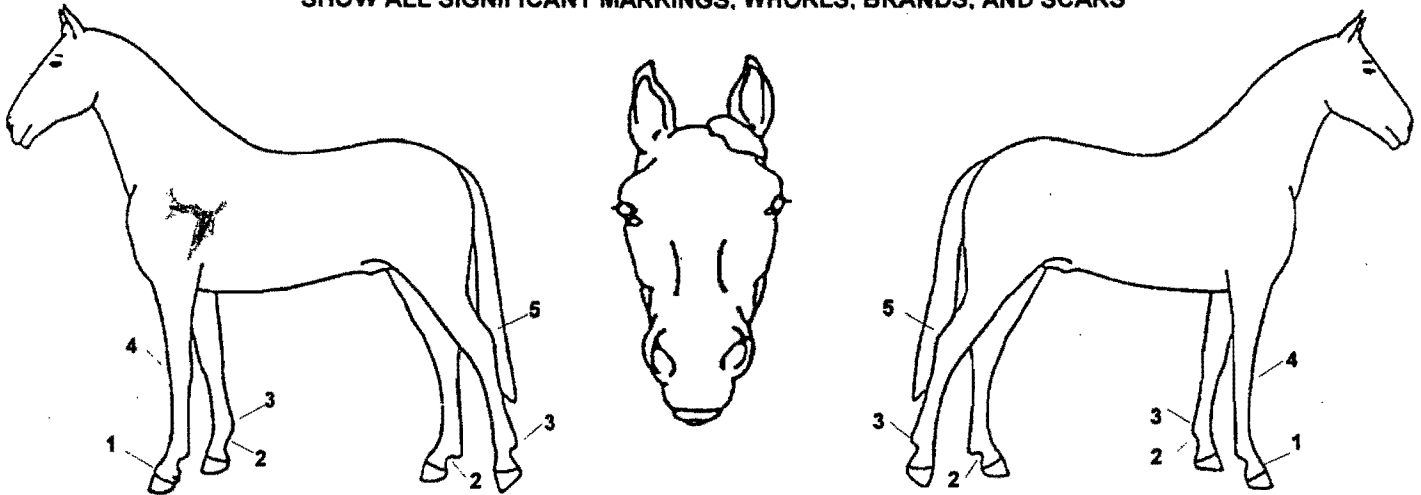
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	(b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 7/13/09
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I certify that I have examined the horse and its owner or owner's agent to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	Official Tag	18. Tattoo/E	20. Color BAY	21. Breed G	22. Electronic I.D. No.	23. Age or DOB 15	24. Sex F	M - Male F - Female G - Gelding N - Neuter
985140000261303 								

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS SCAR/LS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 7/13/09	33. DATE REPORTED OUT 7/13/09	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF TECH (b)(6)		36. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

N 0952165

1. ACCESSION NUMBER

ACL 8611

2. DATE BLOOD DRAWN

7/13/09

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A, Zip Code	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION, LOS LUNAS, Zip Code		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM, 5900 JONES PLACE NW, ALBUQUERQUE, NM, Zip Code 87120	
Tel No. County NM.		Tel No. (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with (b)(6) as drawn by me from the horse described below on the date indicated above.

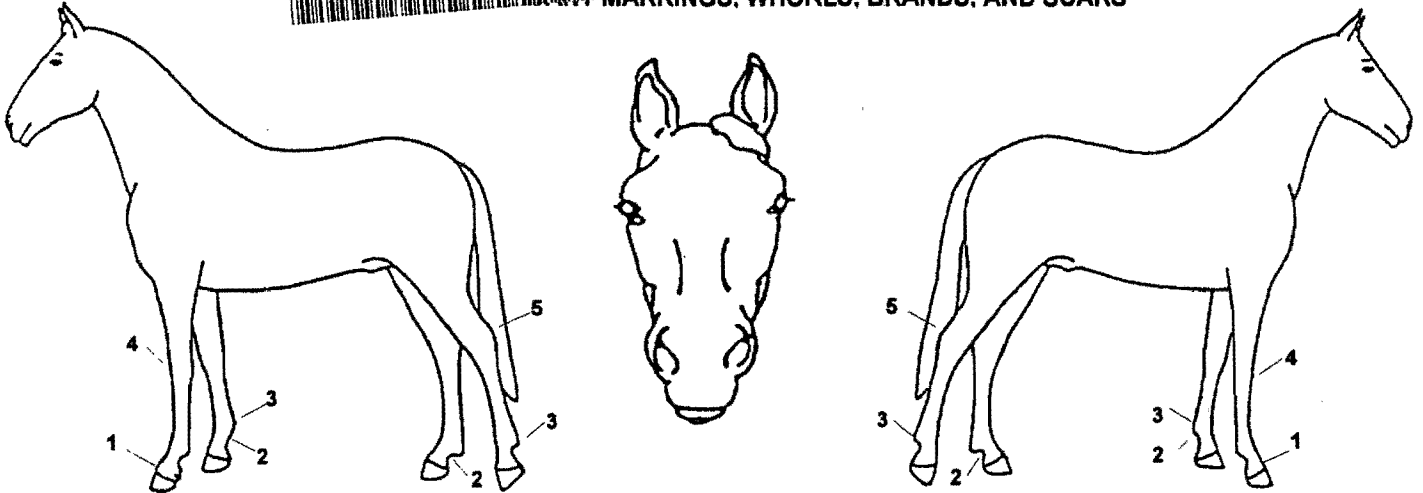
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 7/13/09
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I certify that I have examined this horse and, in my opinion, the information furnished by the owner or owner's agent is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	Official Tag	18. Tattoo/Brand	19. Name of Horse 985140000316495	20. Color pulla	21. Breed G	22. Electronic I.D. No.	23. Age or DOB 3	24. Sex F	M - Male F - Female G - Gelding N - Neuter
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MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 7/13/09	33. DATE REPORTED OUT 7/13/09	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN	(b)(6)	36. REMARKS	

Falsification of this form or knowingly using a falsified form is a crime and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)**

SERIAL NO.

N 0952164

1. ACCESSION NUMBER

AGL 8612

2. DATE BLOOD DRAWN

7/13/19

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) n/a.		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS GRAVEZ @ S/W, LIVESTOCK AUCTION, LOS LUNAS,			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM, 5900 JONES PLACE NW, ALBUQUERQUE, NM.		
Tel No.		County NM.	Tel No. (505) 610-4711		County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with (b)(6) is drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.		12. SIGNATURE DATE 7/13/19	
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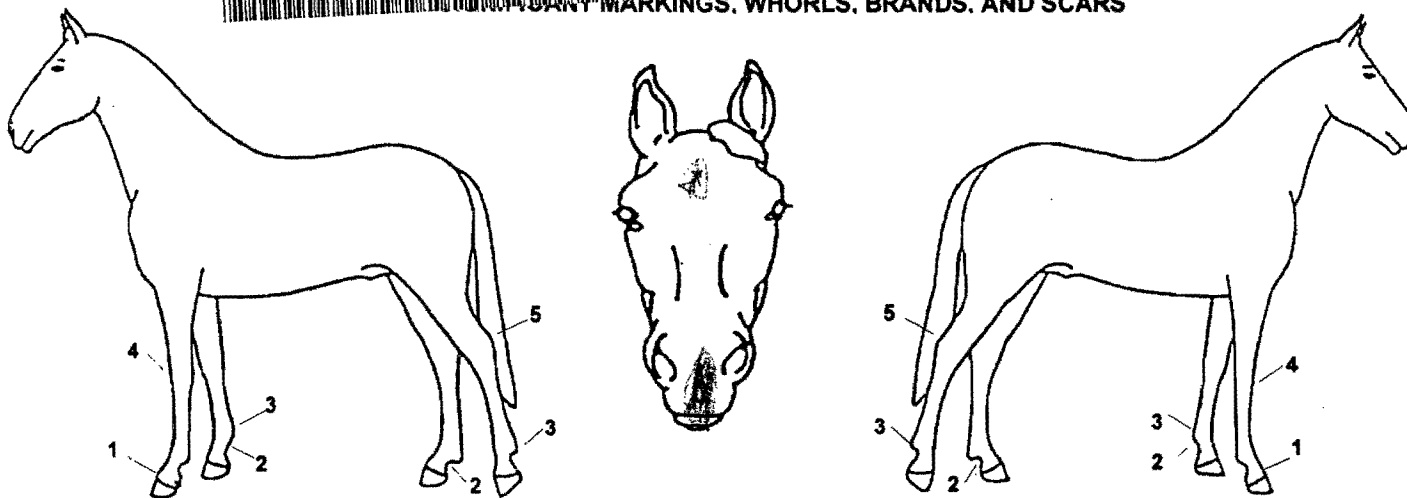
I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE	
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18. Tube No.	Official Tao	16. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
3612			985140000375877	Bay	G		3.5	G	



IDENTIFY MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAR SNIP		26. OTHER MARKS AND BRANDS	
27. LEFT FORELIMB		28. RIGHT FORELIMB	
29. LEFT HINDLIMB		30. RIGHT HINDLIMB	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, MI.		32. DATE RECEIVED 7/13/19	33. DATE REPORTED OUT 7/13/19	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA	
35. SIGNATURE OF TECHNICIAN (b)(6)		36. REMARKS			

Falsification of this form or knowingly using a falsified form is an offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **N 0952163**
1. ACCESSION NUMBER **ACL 8613**
2. DATE BLOOD DRAWN **7/13/9**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A. Tel No. _____ Zip Code _____ County _____		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: _____ LONG: _____		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Tel No. (505) 610-4711 Zip Code 87120 County BERNALILLO
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS. Tel No. _____ Zip Code _____ County NM.					

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.		12. SIGNATURE DATE	
--	--	--	--	--------------------	--

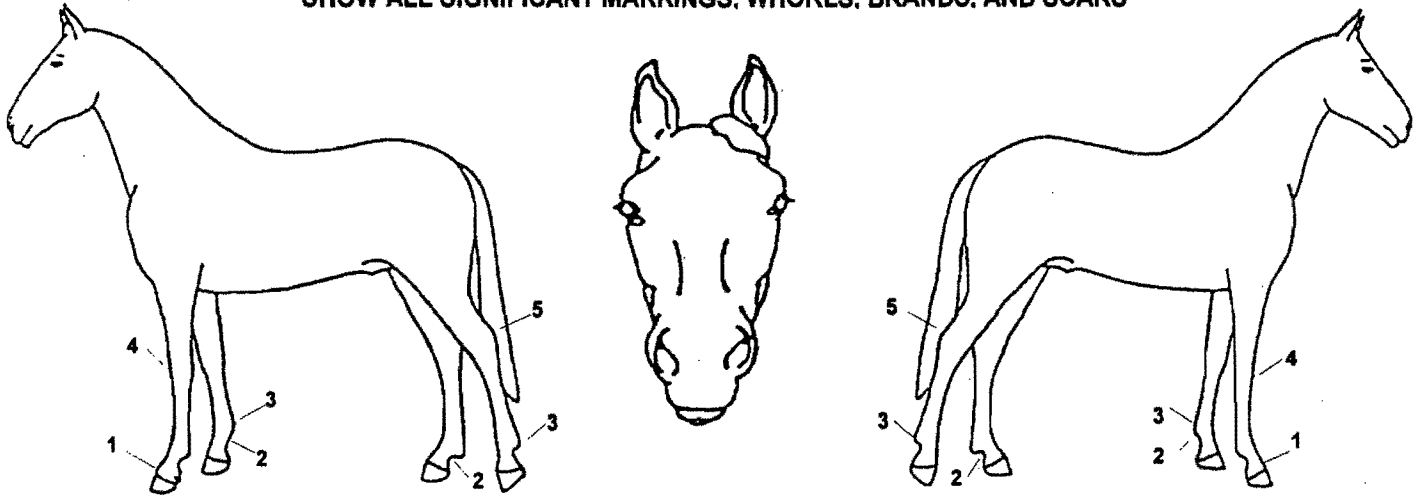
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE	
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16. Tube No. 8613	Official Tag	17. Tattoo	18. Identification No. 985140000259753	19. Barcode	20. Color Grey	21. Breed 6	22. Electronic I.D. No.	23. Age or DOB 3	24. Sex F	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD		26. OTHER MARKS AND BRANDS	
27. LEFT FORELIMB		28. RIGHT FORELIMB	
29. LEFT HINDLIMB		30. RIGHT HINDLIMB	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.		32. DATE RECEIVED 7/13/9	33. DATE REPORTED OUT 7/13/9	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
		36. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **N 0952162**
1. ACCESSION NUMBER **ACL 8614**
2. DATE BLOOD DRAWN **7/13/9**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W, LIVESTOCK AUCTION, LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASNER DVM, 5900 JONES PLACE NW, ALBUQUERQUE, NM.	
Zip Code Tel No. County NM.	Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO		

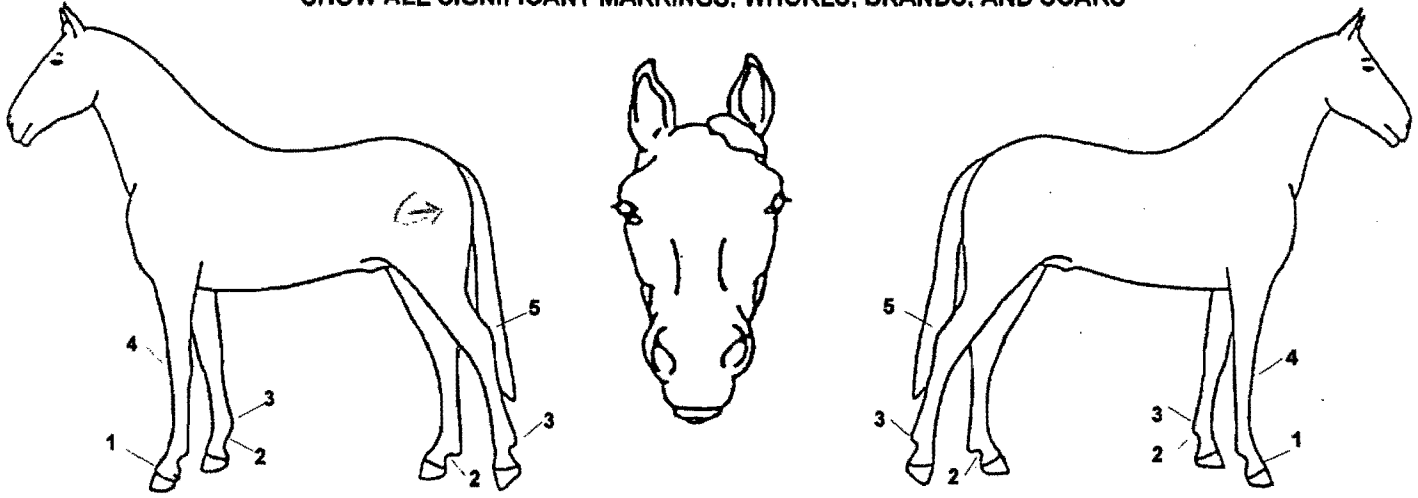
CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASNER DVM.	12. SIGNATURE DATE 7/13/9
I certify that I have examined the horse and, to the best of my knowledge and belief, this form is true, correct and complete.		
13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Br.	19. Identification No. 985140000316418	20. Color GAUTH G	21. Breed G	22. Electronic I.D. No.	23. Age or DOB 4	24. Sex 5	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS G / LH
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB, ALBUQUERQUE, NM.	32. DATE RECEIVED 7/13/9	33. DATE REPORTED OUT 7/13/9	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 1 year or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

N 0952161

1. ACCESSION NUMBER

ACL 8615

2. DATE BLOOD DRAWN

7/13/19

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING

Market Change of Ownership Show First Test Retest Export

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

N/A.

Zip Code

Tel No.

County

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

1167

6. TEST TYPE

ELISA

AGID

8. NAME AND ADDRESS OF OWNER (Please print or type)

DENNIS CHAVEZ
@ S/W LIVESTOCK AUCTION,
LOS LUNAS, NM

Zip Code

County

NM

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

C.Y. BRASMER DVM,
5900 JONES PLACE NW,
ALBUQUERQUE, NM

Zip Code 87120

Tel No. (505) 610-4711

County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASMER DVM.

12. SIGNATURE DATE

7/13/19

CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No. Official Tag 16. Tattoo/Brand

985140000254155



20. Color

grey

21. Breed

C

22. Electronic I.D. No.

23. Age or DOB

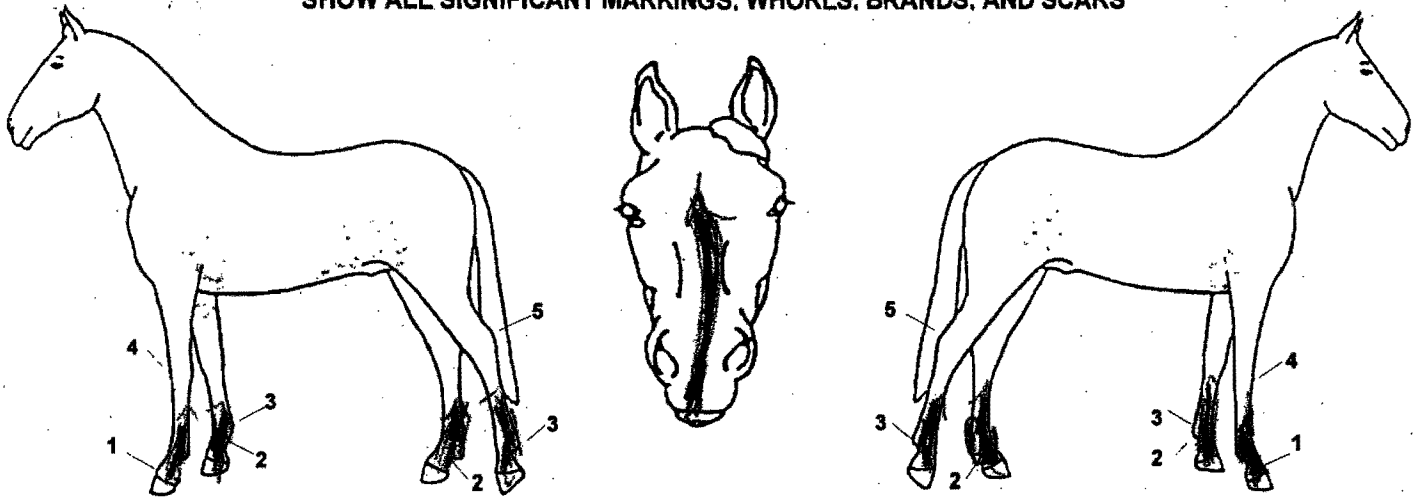
5

24. Sex

G

M - Male
F - Female
G - Gelding
N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD

Star - STAPP, snip

26. OTHER MARKS AND BRANDS

27. LEFT FORELIMB

sock

28. RIGHT FORELIMB

sock

29. LEFT HINDLIMB

sock

30. RIGHT HINDLIMB

sock

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE

ALBUQUERQUE COGGINS LAB.
ALBUQUERQUE, NM.

32. DATE RECEIVED

7/13/19

33. DATE REPORTED OUT

7/13/19

34. TEST RESULTS

Negative Positive AGID ELISA

36. SIGNATURE OF TECH

(b)(6)

35. REMARKS

Falsification of this form or knowingly using a falsified form is an offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 1 year or both (U.S.C. Section 1001).

offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 1 year or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

N 0952160

1. ACCESSION NUMBER

ACL 8616

2. DATE BLOOD DRAWN

7/13/9

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING

Market Change of Ownership Show First Test Retest Export

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

N/A
Tel No. Zip Code
County

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

1167

6. TEST TYPE

ELISA
 AGID

8. NAME AND ADDRESS OF OWNER (Please print or type)

DENNIS CHAVEZ
@ S/W LIVESTOCK AUCTION,
LOS LUNAS, Zip Code
Tel No. County **NM.**

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

C.Y. BRASMER DVM,
5900 JONES PLACE NW,
ALBUQUERQUE, NM, Zip Code **87120**
Tel No. **(505) 610-4711** County **BERNALLILLO**

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted (b)(6) was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASMER DVM.

12. SIGNATURE DATE

7/13/9

I certify that I have examined (b)(6) to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

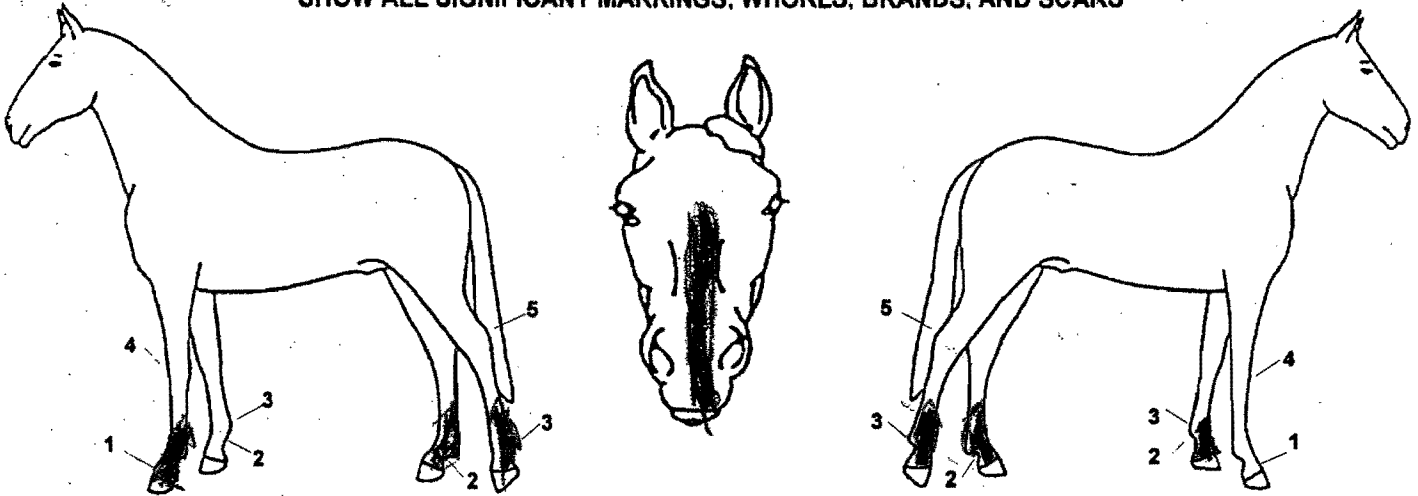
15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand
8616		

19. 985140000312514

20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
Bay	C		7	M	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

26. HEAD **SIPP**

27. LEFT FORELIMB **SOCK**

28. LEFT HINDLIMB **SOCK**

26. OTHER MARKS AND BRANDS

28. RIGHT FORELIMB **/**

30. RIGHT HINDLIMB **SOCK**

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 7/13/9	33. DATE REPORTED OUT 7/13/9	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. SIGNATURE (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a false signature is a criminal offense and may result in a fine of not more than \$10,000 or 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

N 0952159

1. ACCESSION NUMBER

ACL

8617

2. DATE BLOOD DRAWN

7/13/9

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W LIVESTOCK AUCTION LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Zip Code	County NM.	Zip Code 87120	County BERNALILLO
Tel No.		Tel No. (505) 610-4711	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted (b)(6) was drawn by me from the horse described below on the date indicated above.

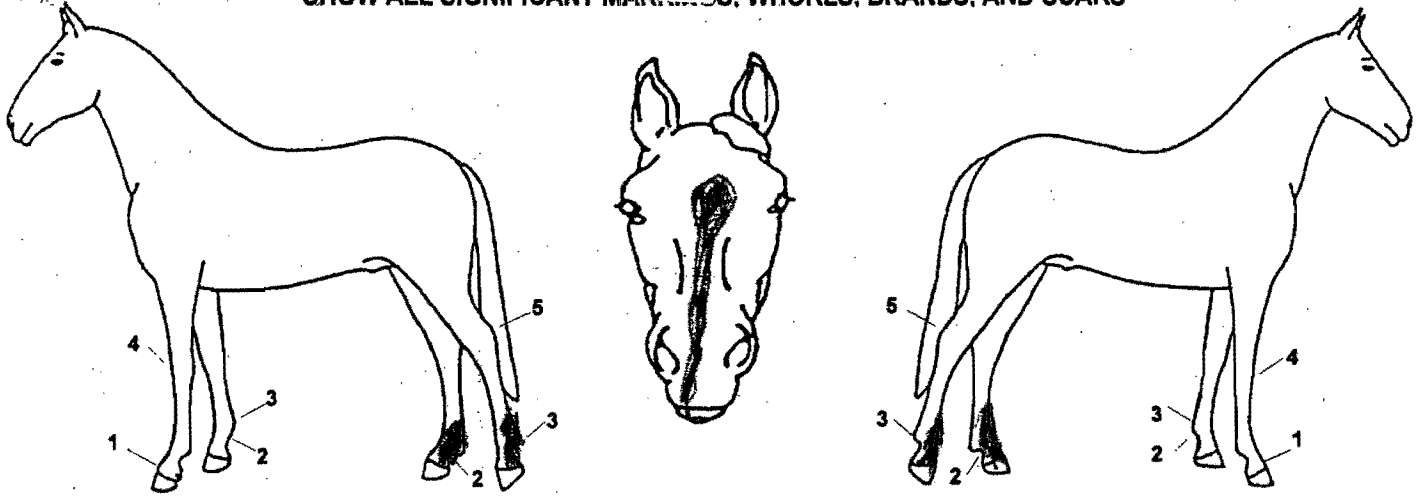
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 7/13/9
--	---	------------------------------

I certify that I have examined the horse and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse 985140000376515	20. Color BAY	21. Breed 6	22. Electronic I.D. No.	23. Age or DOB 6.M	24. Sex M	25. M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD SIOK-STRIP-SHIP	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB SOCC	30. RIGHT HINDLIMB SOCC

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 7/13/9	33. DATE REPORTED OUT 7/13/9	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECH (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 1 year or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. N 0952158	1. ACCESSION NUMBER ACL. 8618	2. DATE BLOOD DRAWN 7/13/9
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Retest <input checked="" type="checkbox"/> First Test <input checked="" type="checkbox"/> Export	7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION, LOS LUNAS,		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Zip Code County NM.		Zip Code 87120 County BERNALILLO	
Tel No.		Tel No. (505) 610-4711	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted from was drawn by me from the horse described below on the date indicated above.

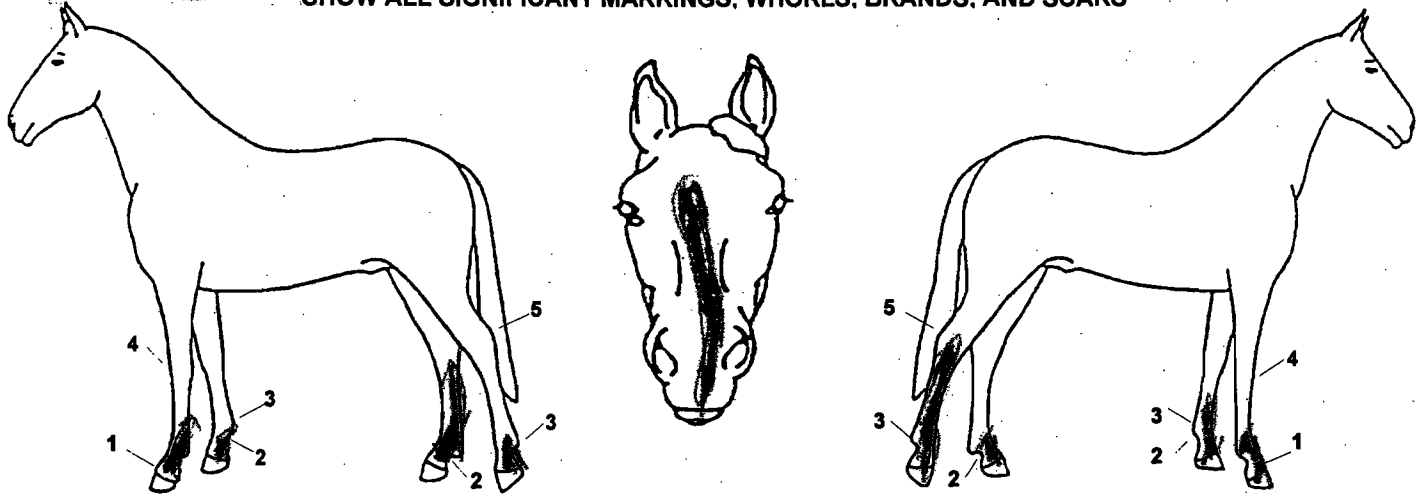
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 7/13/9
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I certify that I have examined the information provided, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	Official Tag	18. Tattoo/Brand	19. Name of Horse 985140000289925	20. Color pal	21. Breed G	22. Electronic I.D. No.	23. Age or DOB 9	24. Sex 5	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STUPP	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB SOCK	28. RIGHT FORELIMB SOCK
29. LEFT HINDLIMB SOCK	30. RIGHT HINDLIMB STOCKING

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 7/13/9	33. DATE REPORTED OUT 7/13/9	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. SIGNATURE OF TESTER (b)(6)		36. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **N 0952104**
1. ACCESSION NUMBER **ACL 8573**
2. DATE BLOOD DRAWN **7/13/9**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Retest <input checked="" type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Zip Code Tel No. County NM.		Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted as drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 7/13/9
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I certify that I have examined

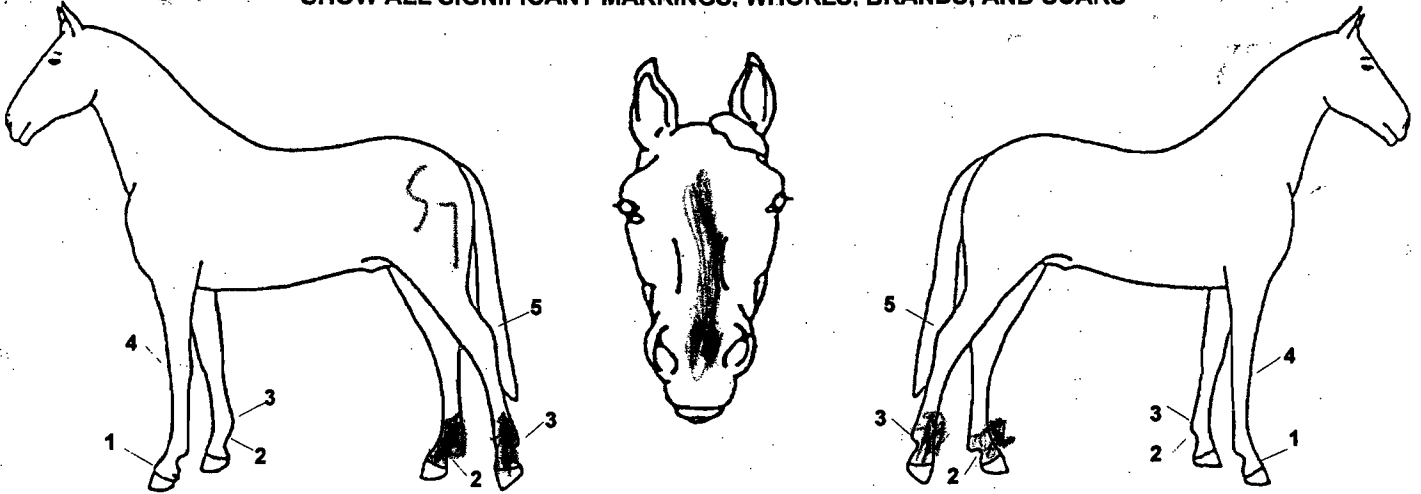
CERTIFICATION OF OWNER OR OWNER'S AGENT

the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
--	----------------------------------	--------------------

16. Tube No.	Official Tag	18. Tattoo/Brand	19. Name of Horse 985140000255563	20. Color Bay	21. Breed Q	22. Electronic I.D. No.	23. Age or DOB 2	24. Sex F	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STRIP	26. OTHER MARKS AND BRANDS S7 LIH
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB SOCK	30. RIGHT HINDLIMB SOCK

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 7/13/9	33. DATE REPORTED OUT 7/13/9	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECH (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 1 year or both (U.S.C. Section 1001).

Health Certificate No. I44391
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)



**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
 FROM THE UNITED STATES OF AMERICA TO MEXICO**

To be valid, it must be accompanied by VS FORM 10-13 entirely completed

**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

Para tener validez debe estar acompañada de la VS FORMA 10-13, completamente llenada.

1. Name and Address of Exporter:

Nombre y Dirección del Exportador:

Dennis Chavez
 24 Dalies Rd
 Los Lunas, NM 87031

2. Name and Address of Importer:

Nombre y Dirección del Importador:

Bertha Ruiz Pacheco
 Carnicos De Jerez
 Jerez, Zacatecas MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/Número de identificación	Sex/Sexo	Breed/Raza	Age/Edad	Color/Color
(0571)	Gelding	QH	7	Sorrel
(0572)	Gelding	QH	7	Brown
(0573)	Mare	QH	7	Grey
(0574)	Gelding	QH	7	Bay
(0575)	Mare	QH	7	Grey
(0576)	Mare	QH	9	Grey
(0577)	Gelding	TB	9	Grey
(0578)	Gelding	QH	8	Palomino
(0579)	Gelding	TB	7	Brown
(0580)	Gelding	QH	7	Brown
(0581)	Mare	QH	9	Bay
(0582)	Gelding	TB	7	Sorrel
(0583)	Gelding	QH	7	Sorrel
(0584)	Mare	QH	7	Grey
(0585)	Mare	QH	8	Bay
(0586)	Mare	QH	7	Black
(0587)	Mare	QH	7	Appy
(0588)	Mare	QH	7	Sorrel
(0589)	Mare	QH	8	Bay
(0590)	Gelding	QH	6	Bay

Health Certificate No. T44391
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)



**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
 FROM THE UNITED STATES OF AMERICA TO MEXICO**

To be valid, it must be accompanied by VS FORM 10-13 entirely completed

**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

Para tener validez debe estar acompañada de la VS FORMA 10-13, completamente llenada.

1. Name and Address of Exporter:

Nombre y Dirección del Exportador:

Dennis Chavez
 24 Dalies Rd
 Los Lunas, NM 87031

2. Name and Address of Importer:

Nombre y Dirección del Importador:

Bertha Ruiz Pacheco
 Carnicos De Jerez
 Jerez, Zacatecas MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/Número de identificación	Sex/Sexo	Breed/Raza	Age /Edad	Color/Color
(0591)	Gelding	QH	5	Sorrel
(0592)	Mare	QH	6	Black
(0593)	Mare	QH	7	Grey
(0594)	Gelding	QH	6	Black
(0595)	Gelding	QH	8	Sorrel
(0596)	Mare	QH	7	Palomino
(0597)	Gelding	QH	8	Grey
(0598)	Mare	QH	7	B.Skin
(0599)	Mare	QH	6	Brown
(0600)	Gelding	TB	6	Brown
(0601)	Gelding	QH	7	Appy
(0602)	Gelding	QH	6	Brown
(0603)	Gelding	QH	7	Sorrel
(0604)	Gelding	QH	5	B.Skin
(0605)	Mare	TB	6	Sorrel
(0606)	Gelding	QH	6	Sorrel
(0607)	Gelding	QH	5	Paint
(0608)	Mare	QH	7	Roan
(0609)	Gelding	QH	6	Bay
(0610)	Mare	QH	7	B.Skin

Mexico, Slaughter Horses Health Certificate

Health Certificate No. I44391
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)



**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
 FROM THE UNITED STATES OF AMERICA TO MEXICO**

To be valid, it must be accompanied by VS FORM 10-13 entirely completed

**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

Para tener validez, debe estar acompañada de la VS FORMA 10-13, completamente llenada.

1. Name and Address of Exporter:

Nombre y Dirección del Exportador:

Dennis Chavez
 24 Dalies Rd
 Los Lunas, NM 87031

2. Name and Address of Importer:

Nombre y Dirección del Importador:

Bertha Ruiz Pacheco
 Carnicos De Jerez
 Jerez, Zacatecas MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/Número de identificación	Sex/Sexo	Breed/Raza	Age /Edad	Color/Color
(0611)	Mare	QH	5	Sorrel
(0612)	Gelding	QH	4	Paint
(0613)	Mare	QH	6	Bay
(0614)	Gelding	QH	7	Roan
(0615)	Mare	QH	6	Sorrel
(0616)	Gelding	QH	8	Sorrel
(0617)	Gelding	QH	7	Bay
(0618)	Gelding	QH	8	Black
(0619)	Gelding	QH	6	Black
(0620)	Mare	QH	7	Bay
(0621)	Gelding	QH	6	Paint
(0622)	Gelding	Mule	9	Black
(0623)	Gelding	QH	9	Bay
(0624)	Mare	QH	7	Black
(0625)	Mare	QH	5	Grey
(0626)	Gelding	QH	3	Black
(0627)	Gelding	QH	4	Bay
(0628)	Gelding	QH	6	Bay
(0629)	Mare	QH	7	Grey
(0630)	Gelding	QH	6	Grey

Health Certificate No. I44391
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)



**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
 FROM THE UNITED STATES OF AMERICA TO MEXICO**

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**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

Para tener validez, debe estar acompañada de la VS FORMA 10-13, completamente llenada.

1. Name and Address of Exporter:

Nombre y Dirección del Exportador:

Dennis Chavez
 24 Dalies Rd
 Los Lunas, NM 87031

2. Name and Address of Importer:

Nombre y Dirección del Importador:

Bertha Ruiz Pacheco
 Carnicos De Jerez
 Jerez, Zacatecas MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/Número de identificación	Sex/Sexo	Breed/Raza	Age/Edad	Color/Color
(0631)	Mare	QH	5	Brown
(0632)	Gelding	QH	4	Sorrel
(0633)	Gelding	QH	6	Bay
(0634)	Gelding	QH	5	Sorrel
(0635)	Mare	QH	6	Bay
(0636)	Gelding	QH	7	Paint
(0637)	Gelding	QH	6	Black
(0638)	Gelding	QH	7	Appy
(0639)	Gelding	QH	8	Sorrel
(0640)	Gelding	QH	6	Chesnut
(0641)	Gelding	QH	6	Sorrel
(0642)	Gelding	QH	7	Paint
(0643)	Mare	QH	6	Paint
(0644)	Gelding	QH	6	Palomino
(0645)	Gelding	QH	5	Bay
(0646)	Gelding	QH	6	Appy
(0647)	Mare	QH	7	Brown
(0648)	Gelding	QH	9	Bay
(0649)	Mare	QH	4	Dun
(0650)	Mare	QH	6	Paint

Mexico, Slaughter Horses Health Certificate

Health Certificate No. I44391
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)



**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
 FROM THE UNITED STATES OF AMERICA TO MEXICO**

To be valid, it must be accompanied by VS FORM 10-13 entirely completed

**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

Para tener validez debe estar acompañada de la VS FORMA 10-13, completamente llenada.

1. Name and Address of Exporter:

Nombre y Dirección del Exportador:

Dennis Chavez
 24 Dalies Rd
 Los Lunas, NM 87031

2. Name and Address of Importer:

Nombre y Dirección del Importador:

Bertha Ruiz Pacheco
 Carnicos De Jerez
 Jerez, Zacatecas MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/Número de identificación	Sex/Sexo	Breed/Raza	Age /Edad	Color/Color
(0651)	Gelding	QH	5	Palomino
(0652)	Gelding	QH	3	Black
(0653)	Mare	QH	5	Sorrel
(0654)	Gelding	QH	6	Sorrel
(0655)	Mare	QH	8	Bay
(0656)	Gelding	QH	7	Appy
(0657)	Gelding	QH	6	Grey
(0658)	Gelding	QH	6	Sorrel
(0659)	Mare	QH	7	Bay
(0660)	Gelding	QH	5	Palomino
(0661)	Mare	QH	6	Sorrel
(0662)	Gelding	QH	6	Bay
(0663)	Mare	QH	5	Sorrel
(0664)	Mare	QH	8	Appy
(0665)	Gelding	QH	7	Paint
(0666)	Mare	QH	6	Dun
(0667)	Mare	QH	7	Grey
(0668)	Mare	QH	5	Palomino
(0669)	Mare	QH	4	Paint
(0670)	Gelding	QH	3	Palomino

Mexico, Slaughter Horses Health Certificate

Health Certificate No. T44391
 (Valid only if the USDA Veterinary Seal
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**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
 FROM THE UNITED STATES OF AMERICA TO MEXICO**

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**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

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1. Name and Address of Exporter:

Nombre y Dirección del Exportador:

Dennis Chavez
 24 Dalies Rd
 Los Lunas, NM 87031

2. Name and Address of Importer:

Nombre y Dirección del Importador:

Bertha Ruiz Pacheco
 Carnicos De Jerez
 Jerez, Zacatecas MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/Número de identificación	Sex/Sexo	Breed/Raza	Age /Edad	Color/Color
(0671)	Gelding	TB	7	Sorrel
(0672)	Mare	TB	7	B.Skin
(0673)	Mare	TB	7	Black
(0674)	Mare	QH	7	Brown
(0675)	Mare	QH	7	Bay
(0676)	Mare	QH	8	Bay
(0677)	Mare	QH	8	Sorrel
(0678)	Mare	TB	8	Sorrel
(0679)	Mare	QH	7	Chesnut
(0680)	Mare	QH	7	Bay
(0681)	Mare	QH	8	Palomino
(0682)	Mare	QH	7	Appy
(0683)	Gelding	QH	5	Bay
(0684)	Mare	QH	7	R.Roan
(0685)	Gelding	QH	7	Paint
(0686)	Gelding	QH	8	Dun
(0687)	Mare	QH	6	Palomino
(0688)	Gelding	QH	7	Brown
(0689)	Gelding	QH	4	Paint
(0690)	Mare	QH	7	Bay

Health Certificate No. I44391
 (Valid only if the USDA Veterinary Seal
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**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
 FROM THE UNITED STATES OF AMERICA TO MEXICO**

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**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

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1. Name and Address of Exporter:

Nombre y Dirección del Exportador:

Dennis Chavez
 24 Dalies Rd
 Los Lunas, NM 87031

2. Name and Address of Importer:

Nombre y Dirección del Importador:

Bertha Ruiz Pacheco
 Carnicos De Jerez
 Jerez, Zacatecas MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/Número de identificación	Sex/Sexo	Breed/Raza	Age /Edad	Color/Color
(0691)	Gelding	QH	5	Bay
(0692)	Gelding	QH	7	R. Roan
(0693)	Gelding	QH	7	Bay
(0694)	Mare	QH	6	White
(0695)	Gelding	QH	7	Sorrel
(0696)	Gelding	QH	7	Sorrel
(0697)	Gelding	QH	8	Brown
(0698)	Mare	QH	5	Chesnut
(0699)	Gelding	QH	6	Bay
(0700)	Mare	QH	7	Brown
(0701)	Gelding	QH	6	Black
(0702)	Mare	QH	7	Chesnut
(0703)	Gelding	QH	5	Sorrel
(0704)	Gelding	QH	6	B. Roan
(0705)	Mare	QH	6	B. Roan
(0706)	Gelding	QH	5	Bay
(0707)	Mare	QH	7	Sorrel
(0708)	Gelding	QH	8	Sorrel
(0709)	Gelding	QH	8	Black
(0710)	Gelding	QH	7	Palomino
(0711)	Gelding	QH	6	Dun
(0712)	Gelding	QH	6	Paint

Mexican Slaughter Horses Health Certificate

Health Certificate No. I44391
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)



**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
 FROM THE UNITED STATES OF AMERICA TO MEXICO**

To be valid, it must be accompanied by VS FORM 10-13 entirely completed

**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

Para tener validez debe estar acompañada de la VS FORMA 10-13, completamente llenada.

1. Name and Address of Exporter:

Nombre y Dirección del Exportador:

Dennis Chavez
 24 Dalies Rd
 Los Lunas, NM 87031

2. Name and Address of Importer:

Nombre y Dirección del Importador:

Bertha Ruiz Pacheco
 Carnicos De Jerez
 Jerez, Zacatecas MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/Número de identificación	Sex/Sexo	Breed/Raza	Age /Edad	Color/Color
(0713)	Mare	QH	4	Sorrel
(0714)	Mare	QH	7	Bay
(0715)	Mare	QH	6	Grullo
(0716)	Gelding	QH	7	Bay
(0717)	Gelding	QH	6	Paint
(0718)	Gelding	QH	8	Appy
(0719)	Gelding	QH	7	Palomino
(0720)	Gelding	QH	7	Sorrel
(0721)	Gelding	QH	7	B.Skin
(0722)	Gelding	QH	8	Brown
(0723)	Gelding	QH	7	Bay
(0724)	Gelding	QH	8	Paint
(0725)	Gelding	QH	8	Sorrel
(0726)	Mare	QH	7	Paint
(0727)	Gelding	QH	8	Black
(0728)	Mare	QH	7	Sorrel
(0729)	Gelding	QH	7	Bay
(0730)	Gelding	QH	7	Bay
(0731)	Gelding	QH	7	Bay
(0732)	Mare	QH	7	R.Roan
(0733)	Gelding	QH	8	Paint
(0734)	Mare	QH	7	Grey
(0735)	Mare	QH	8	Grey
(0736)	Mare	QH	7	B.Roan

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICES
STATEMENT OF SERVICES

Originating Office Phone

505-761-3160

Dennis Chavez
24 Dalies Road
Los Lunas

NM 87031

Control Number: 350190385

Office Id: 973501

Service Date(s)
Begin: 21-AUG-09
End: 21-AUG-09

Reference NR: I44390

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	9759735177 0250	49.00	1.00	49.00

Total Due \$ 49.00

Remarks: slaughter horses to Mexico

Payment Information

Nfc Id
9999999999V

Date	Amount	Payment Type	Account/Check #
21-AUG-09	\$ 49.00	Money Order	09125144524

Attention: Customers with government credit accounts - A consolidated monthly bill will be issued by the USDA, APHIS (signature accepting payment terms is on file). Upon receipt of the monthly bill, mail your payment to: USDA/APHIS, P.O. Box 979039 St. Louis, MO 63197-9000.

Notice to Payer: If payment of this Statement of Service is something other than cash or a US postal Money Order, the Statement of Service will not be considered paid in full until such tender has been cleared. If you have any questions, please contact the originating office listed above.

UNITED STATES DEPARTMENT OF AGRICULTURE
 ANIMAL AND PLANT HEALTH INSPECTION SERVICES
 STATEMENT OF SERVICES

Originating Office Phone

505-761-3160

Control Number: 350190385

Office Id: 973501

Dennis Chavez
 24 Dalies Road
 Los Lunas

NM 87031

Service Date(s)
 Begin: 21-AUG-09
 End: 21-AUG-09

Reference NR: I44390

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	9759735177 0250	49.00	1.00	49.00

Total Due \$ 49.00

Remarks: slaughter horses to Mexico

Payment Information

Nfc Id
 9999999999v

Date	Amount	Payment Type	Account/Check #
21-AUG-09	\$ 49.00	Money Order	09125144524

Attention: Customers with government credit accounts - A consolidated monthly bill will be issued by the USDA, APHIS (signature accepting payment terms is on file). Upon receipt of the monthly bill, mail your payment to: USDA/APHIS, P.O. Box 979039 St. Louis, MO 63197-9000.

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THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATER MARK - HOLD AT AN ANGLE TO VIEW

WESTERN UNION MONEY ORDER

INTEGRATED PAYMENT SYSTEMS, INC. - ISSUER
Englewood, Colorado



09-125144524

82-40/1021

AGENT 605307 DATE 081209

TIME 1341 01

40.00

091251445248 LOCATION 001238

48 7 1111

**** PAY EXACTLY FORTY-NINE DOLLARS AND NO CENTS ******

PAY EXACTLY

PAY TO THE

WCA

OR

(b)(6)

(b)(6)

Western Union Money Order and Design is a service mark of Western Union Holdings, Inc./Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado

⑆ 102100400⑆ 40091251445248⑈

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATER MARK - HOLD AT AN ANGLE TO VIEW

WESTERN UNION MONEY ORDER

INTEGRATED PAYMENT SYSTEMS, INC. - ISSUER
Englewood, Colorado



09-125144524

AGENT 605307 DATE 081209
TIME 1341 01
091251445248 LOCATION 001238

49.00

82-401021

XX PAY EXACTLY FORTY-NINE DOLLARS AND NO CENTS XXXXXXXXXXXXX

PAY EXACTLY
PAY TO THE
OR

USDA

(b)(6)

(b)(6)

Western Union Money Order and Design is a service mark of Western Union Holdings, Inc./Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado

⑆102100400⑆ 40091251445248⑈

**UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICES
STATEMENT OF SERVICES**

Originating Office Phone
505-761-3160

Control Number: 350190026
Office ID: 9735

Name and Address of Remitter:

[Dennis Chavez
24 Dalies Road
Los Lunas, NM 87031]

Service Date(s)
Begin: 8-13-2009
End: 8-13-2009

Note: Partial units must be in quarter increments (.25, .5, .75 e.g. 15 mins. = .25)

Reference NR:

Code	Description	Unit Cost	# of Units	Total Dollars
	Endorsement, Slaughter Horses to Mexico	\$49.00	1	\$49.00
Total Due \$				\$49.00

Remarks: Health Certificate No. I44390

NFC ID: _____

Accounting Code: _____

Payment Information

Date	Amount	Payment Type	Account/Check #
<u>8-13-2009</u>	_____	On Account	_____
	_____	Check	_____
	_____	Cash	_____
	<u>\$49.00</u>	Money Order	<u>09-125144524</u>
	_____	Credit Card	_____

For customers with government credit accounts, signature accepting payment terms is on file. A consolidated monthly bill will be issued by the USDA National Finance Center.

Notice to Payer: If payment of this invoice is other than cash or a United States postal Money Order, the invoice will not be considered paid in full until such tender has been cleared. If you have any questions, please contact the originating office listed above.

APHIS FORM 81 (REV. 12/96) AUTOMATED [Pre-printed] (Previous versions are obsolete)

**UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICES
STATEMENT OF SERVICES**

Originating Office Phone
505-761-3160

Control Number: 350190026
Office ID: 9735

Name and Address of Remitter:

Service Date(s)

[Dennis Chavez
24 Dalies Road
Los Lunas, NM 87031]

Begin: 8-13-2009
End: 8-13-2009

Note: Partial units must be in quarter increments (.25, .5, .75 e.g. 15 mins. = .25)

Reference NR:

Code	Description	Unit Cost	# of Units	Total Dollars
	Endorsement, Slaughter Horses to Mexico	\$49.00	1	\$49.00
Total Due \$				\$49.00

Remarks: Health Certificate No. I44390

NFC ID: _____

Accounting Code: _____

Payment Information

Date	Amount	Payment Type	Account/Check #
<u>8-13-2009</u>	_____	On Account	_____
	_____	Check	_____
	_____	Cash	_____
	<u>\$49.00</u>	Money Order	<u>09-125144524</u>
	_____	Credit Card	_____

For customers with government credit accounts, signature accepting payment terms is on file. A consolidated monthly bill will be issued by the USDA National Finance Center.

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APHIS FORM 81 (REV. 12/96) AUTOMATED [Pre-printed] (Previous versions are obsolete)

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WESTERN UNION MONEY ORDER

INTEGRATED PAYMENT SYSTEMS, INC. - ISSUER
Englewood, Colorado



09-125144524

AGENT 605307 DATE 081209
TIME 1341 01
091251445248 LOCATION 001239

49.00
14 5/8 ****

82-40/1021

** PAY EXACTLY FORTY-NINE DOLLARS AND NO CENTS *****

PAY EXACTLY

PAY TO THE ORDER OF

USDA

(b)(6)

(b)(6)

Western Union Money Order and Design is a service mark of Western Union Holdings, Inc./Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado

⑆102100400⑆ 40091251445248⑈

Health Certificate No. I44390
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)



**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
FROM THE UNITED STATES OF AMERICA TO MEXICO**

To be valid, it must be accompanied by VS FORM 10-13 entirely completed

**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

Para tener validez debe estar acompañada de la VS FORMA 10-13, completamente llenada.

1. Name and Address of Exporter:

Nombre y Dirección del Exportador:

DENNIS CHAVEZ
24 Dalies Rd
Los Lunas, NM 87031

2. Name and Address of Importer:

Nombre y Dirección del Importador:

Bertha Ruiz Pacheco
Empacadora Y Ganadera De Camargo, SA De C.V.
Carret.Panamericana Km. #64, CD.Camargo, Chihuahua MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/Número de identificación	Sex/Sexo	Breed/Raza	Age /Edad	Color/Color
(0421)	Gelding	QH	7	Sorrel
(0422)	Gelding	QH	6	Bay
(0423)	Mare	QH	5	R. Roan
(0424)	Mare	QH	5	Bay
(0425)	Mare	QH	5	B. Roan
(0426)	Gelding	Draft	7	Dun
(0427)	Gelding	Draft	6	Sorrel
(0428)	Mare	QH	5	Bay
(0429)	Gelding	QH	4	Bay
(0430)	Mare	QH	4	Chesnut
(0431)	Mare	QH	3	Paint
(0432)	Gelding	QH	4	Bay
(0433)	Mare	QH	3	Grullo
(0434)	Mare	QH	3	Bay
(0435)	Gelding	QH	2	Black
(0436)	Mare	QH	4	Bay
(0437)	Gelding	QH	3	Grullo
(0438)	Gelding	QH	3	Bay
(0439)	Mare	QH	7	Bay
(0440)	Mare	QH	6	Appaloosa



**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
 FROM THE UNITED STATES OF AMERICA TO MEXICO**

To be valid it must be accompanied by VS FORM 10-13 entirely completed

**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

Para tener validez debe estar acompañada de la VS FORMA 10-13, completamente llenada.

1. Name and Address of Exporter:

Nombre y Dirección del Exportador:

DENNIS CHAVEZ
 24 Dalies Rd
 Los Lunas, NM 87031

2. Name and Address of Importer:

Nombre y Dirección del Importador:

Bertha Ruiz Pacheco
 Empacadora Y Ganadera De Camargo, SA De C.V.
 Carret.Panamericana Km. #64, CD.Camargo, Chihuahua MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/Número de identificación	Sex/Sexo	Breed/Raza	Age /Edad	Color/Color
(0441)	Mare	QH	5	Buckskin
(0442)	Mare	TB	9	Bay
(0443)	Mare	QH	5	Bay
(0444)	Mare	QH	5	Bay
(0445)	Mare	QH	4	Bay
(0446)	Mare	QH	4	Bay
(0447)	Mare	QH	3	Roan
(0448)	Mare	QH	3	Sorrel
(0449)	Gelding	QH	4	Bay
(0450)	Gelding	QH	5	B.Skin
(0451)	Mare	QH	4	Brown
(0452)	Mare	QH	4	Bay
(0453)	Gelding	QH	2	Brown
(0454)	Mare	QH	6	B.Roan
(0455)	Mare	QH	3	Sorrel
(0456)	Mare	QH	6	R.Roan
(0457)	Gelding	QH	7	Sorrel
(0458)	Mare	QH	4	Bay
(0459)	Mare	QH	4	Dun
(0460)	Mare	QH	4	Sorrel



**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
 FROM THE UNITED STATES OF AMERICA TO MEXICO**

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**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

Para tener validez debe estar acompañada de la VS FORMA 10-13, completamente llenada.

1. Name and Address of Exporter:

Nombre y Dirección del Exportador:

DENNIS CHAVEZ
 24 Dalies Rd
 Los Lunas, NM 87031

2. Name and Address of Importer:

Nombre y Dirección del Importador:

Bertha Ruiz Pacheco
 Empacadora Y Ganadera De Camargo, SA De C.V.
 Carret. Panamericana Km. #64, CD. Camargo, Chihuahua MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/Número de identificación	Sex/Sexo	Breed/Raza	Age/Edad	Color/Color
(0461)	Mare	QH	4	Sorrel
(0462)	Mare	QH	5	Sorrel
(0463)	Mare	Draft	2	Sorrel
(0464)	Mare	QH	3	Dun
(0465)	Gelding	QH	2	Palomino
(0466)	Gelding	QH	2	Sorrel
(0467)	Mare	QH	3	Bay
(0468)	Mare	QH	3	B.Skin
(0469)	Mare	QH	3	Paint
(0470)	Gelding	QH	8	Paint
(0471)	Mare	QH	4	B.Roan
(0472)	Gelding	QH	3	Sorrel
(0473)	Gelding	QH	4	Sorrel
(0474)	Mare	QH	3	Brown
(0475)	Mare	QH	4	Paint
(0476)	Gelding	QH	4	B.Roan
(0477)	Gelding	QH	4	Bay
(0478)	Mare	QH	3	B.Skin
(0479)	Mare	QH	5	Paint
(0480)	Mare	QH	9	Sorrel



**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
 FROM THE UNITED STATES OF AMERICA TO MEXICO**

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**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

Para tener validez debe estar acompañada de la VS FORMA 10-13, completamente llenada.

1. Name and Address of Exporter:

Nombre y Dirección del Exportador:

DENNIS CHAVEZ
 24 Dalies Rd
 Los Lunas, NM 87031

2. Name and Address of Importer:

Nombre y Dirección del Importador:

Bertha Ruiz Pacheco
 Empacadora Y Ganadera De Camargo, SA De C.V.
 Carret.Panamericana Km. #64, CD.Camargo, Chihuahua MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/Número de identificación	Sex/Sexo	Breed/Raza	Age /Edad	Color/Color
(0481)	Mare	QH	9	Sorrel
(0482)	Mare	QH	7	Brown
(0483)	Gelding	Draft	7	Dun
(0484)	Mare	QH	4	R.Roan
(0485)	Mare	QH	4	Palomino
(0486)	Mare	QH	4	Bay
(0487)	Gelding	QH	3	Sorrel
(0488)	Mare	QH	3	R.Roan
(0489)	Mare	QH	2	Sorrel
(0490)	Mare	QH	7	Chesnut
(0491)	Mare	QH	5	Sorrel
(0492)	Gelding	QH	4	Paint
(0493)	Mare	QH	5	Sorrel
(0494)	Mare	QH	6	Grey
(0495)	Mare	QH	7	R.Roan
(0496)	Gelding	QH	6	Black
(0497)	Mare	QH	7	Chesnut
(0498)	Mare	QH	3	Grey
(0499)	Mare	QH	8	Grey
(0500)	Mare	QH	6	Sorrel



**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
 FROM THE UNITED STATES OF AMERICA TO MEXICO**

To be valid, it must be accompanied by VS FORM 10-13 entirely completed

**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

Para tener validez debe estar acompañada de la VS FORMA 10-13, completamente llenada.

1. Name and Address of Exporter:

Nombre y Dirección del Exportador:

DENNIS CHAVEZ
 24 Dalies Rd
 Los Lunas, NM 87031

2. Name and Address of Importer:

Nombre y Dirección del Importador:

Bertha Ruiz Pacheco
 Empacadora Y Ganadera De Camargo, SA De C.V.
 Carret.Panamericana Km. #64, CD.Camargo, Chihuahua MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/Número de identificación	Sex/Sexo	Breed/Raza	Age/Edad	Color/Color
(0501)	Mare	QH	5	Bay
(0502)	Gelding	QH	5	Paint
(0503)	Mare	QH	7	R.Roan
(0504)	Mare	QH	7	Bay
(0505)	Mare	QH	6	Sorrel
(0506)	Gelding	QH	7	Bay
(0507)	Mare	QH	3	Bay
(0508)	Mare	QH	4	Bay
(0509)	Mare	QH	5	Grey
(0510)	Gelding	QH	5	Bay
(0511)	Gelding	QH	4	Dun
(0512)	Mare	QH	4	Sorrel
(0513)	Gelding	QH	3	Sorre
(0514)	Gelding	QH	3	Grey
(0515)	Gelding	QH	4	Bay
(0516)	Mare	QH	3	Bay
(0517)	Mare	QH	7	Dun
(0518)	Mare	QH	7	Grey
(019E)	Gelding	QH	2	Grey
(0519)	Mare	QH	2	Chesnut



**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
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**CERTIFICADO INTERNACIONAL ZOOSANTARIO PARA EXPORTAR CABALLOS PARA
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

Para tener validez debe estar acompañada de la VS FORMA 10-13, completamente llenada.

1. Name and Address of Exporter:

Nombre y Dirección del Exportador:

DENNIS CHAVEZ
 24 Dalies Rd
 Los Lunas, NM 87031

2. Name and Address of Importer:

Nombre y Dirección del Importador:

Bertha Ruiz Pacheco
 Empacadora Y Ganadera De Camargo, SA De C.V.
 Carret.Panamericana Km. #64, CD.Camargo, Chihuahua MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/Número de identificación	Sex/Sexo	Breed/Raza	Age /Edad	Color/Color
(0520)	Mare	QH	3	Black
(0521)	Gelding	QH	2	Sorrel
(0522)	Mare	QH	2	Chesnut
(0523)	Mare	QH	2	R.Roan
(0524)	Mare	QH	2	Palomino
(0525)	Mare	QH	3	R.Roan
(0526)	Gelding	QH	2	Sorrel
(0527)	Mare	QH	3	Sorrel
(0528)	Mare	QH	3	Sorrel
(0529)	Mare	QH	3	Bay
(0530)	Gelding	QH	2	Bay
(0531)	Gelding	QH	2	Sorrel
(0532)	Mare	QH	2	B.Roan
(0533)	Mare	QH	2	Bay
(0534)	Gelding	QH	2	Brown
(0535)	Mare	QH	1	Bay
(0536)	Mare	QH	2	Sorrel
(0537)	Mare	QH	2	Sorrel
(0538)	Mare	QH	2	Bay
(0539)	Gelding	QH	2	Sorrel
(0540)	Mare	QH	2	Brown



**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
 FROM THE UNITED STATES OF AMERICA TO MEXICO**

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**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

Para tener validez debe estar acompañada de la VS FORMA 10-13, completamente llenada.

1. Name and Address of Exporter:

Nombre y Dirección del Exportador:

DENNIS CHAVEZ
 24 Dalies Rd
 Los Lunas, NM 87031

2. Name and Address of Importer:

Nombre y Dirección del Importador:

Bertha Ruiz Pacheco
 Empacadora Y Ganadera De Camargo, SA De C.V.
 Carret.Panamericana Km. #64, CD.Camargo, Chihuahua MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/Número de identificación	Sex/Sexo	Breed/Raza	Age /Edad	Color/Color
(0541)	Gelding	QH	2	Bay
(0542)	Mare	QH	2	Brown
(0543)	Mare	QH	2	Bay
(0544)	Mare	QH	3	Sorrel
(0545)	Gelding	QH	2	Bay
(0546)	Mare	QH	2	R.Roan
(0547)	Gelding	QH	3	B.Skin
(0548)	Mare	QH	2	Bay
(0549)	Gelding	QH	2	Sorrel
(0550)	Mare	QH	2	Brown
(0551)	Mare	QH	2	Sorrel
(0552)	Mare	QH	2	Grullo
(0553)	Mare	QH	2	Sorrel
(0554)	Mare	QH	2	Sorrel
(0555)	Mare	QH	2	Sorrel
(0556)	Mare	QH	2	R.Roan
(0557)	Gelding	QH	3	Caramello
(0558)	Mare	QH	2	B.Roan
(0559)	Mare	QH	6	Bay
(0560)	Mare	QH	4	R.Roan



**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
 FROM THE UNITED STATES OF AMERICA TO MEXICO**

To be valid it must be accompanied by VS FORM 10-13 entirely completed

**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

Para tener validez debe estar acompañada de la VS FORMA 10-13, completamente llenada.

1. Name and Address of Exporter:

Nombre y Dirección del Exportador:

Dennis Chavez
 24 Dalies Rd
 Los Lunas, NM 87031

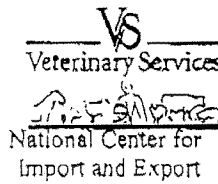
2. Name and Address of Importer:

Nombre y Dirección del Importador:

Bertha Ruiz Pacheco
 Empacadora Y Ganadera De Camargo, SA De C.V.
 Carret.Panamericana Km. #64, CD.Camargo, Chihuahua MX

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number/Número de identificación	Sex/Sexo	Breed/Raza	Age /Edad	Color/Color
(0561)	Mare	QH	4	Grey
(0562)	Mare	QH	3	Caramello
(0563)	Mare	QH	4	Grey
(0564)	Mare	QH	4	R.Roan
(0565)	Mare	QH	4	Caramello
(0566)	Mare	QH	9	Sorrel
(0567)	Mare	QH	6	Chesnut
(0568)	Mare	QH	4	Bay
(0569)	Mare	QH	5	Sorrel



Health Certificate No. I44390
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.
Los animales son originarios de Estados Unidos.

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.
A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.
Inspection date / *Fecha de inspección* August 13th 2009

(Choose one answer and delete the other/*Escoja una respuesta y suprima la otra*)
3. The animals [are free of ectoparasites.] [were treated against ectoparasites.] (Please indicate the date of treatment and the product used.) Are free of ectoparasites.
[Que se encuentran libres de ectoparásitos.] [Que recibieron un tratamiento.] (Indicando la fecha y el producto utilizado)

4. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.
Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.

5. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.
Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.

C.Y Brasmer
Name of Accredited Veterinarian
*Nombre del Médico Veterinario
Acreditado*

Gary Hart, D.D.V.M.
Name of Endorsing Federal Veterinarian
*Nombre del Médico Veterinario
Federal que endosa.*

(b)(6) 08/13/09
Signature of Accredited Veterinarian and Date
*Firma del Médico Veterinario Acreditado
y Fecha*

(b)(6) 8-13-2009
Signature of Endorsing Federal Veterinarian and Date
*Firma del Médico Veterinario que endosa
y Fecha*

Mexico, Slaughter horse HC
April 2, 2009

USDA, APHIS, VS
6200 Jefferson St., NE, Suite 117
Albuquerque, NM 87109

IDENTIFICATION OF THE ANIMALS TO BE EXPORTED (SLAUGHTER HORSES)

NAME OF CONSIGNOR:

US	TAG#	SEX	BREED	AGE	COLOR	STAR	STRIP	BLAZE	CORONET	PASTERN	SOCK	STOCKING
	0421	G	QH	7	Sorrel	✓					✓	
	22	G		6	Bay							
	23	M		5	Red P.							
	24	M		5	Bay							
	25	M	W	5	Blue P.		✓				✓	
	26	G	Draft	7	Dun			✓			✓	
	27	G	W	6	Sorrel		✓				✓	
	28	M	QH	5	Bay							
	29	G		4	Bay							
	30	M		4	Chestnut							
	31	M		3	Paint							
	32	G		4	Bay							
	33	M		3	Grullo							
	34	M		3	Bay	✓					✓	
	35	G		2	Black	✓					✓	
	36	M		4	Bay							
	37	G		3	Grullo							
	38	G		3	Bay	✓						
	39	M		7	Bay							✓
	40	M		6	Appy							
	41	M	W	5	Buckskin		✓					
	42	M	TD	9	Bay							
	43	M	QH	5	Bay						✓	
	44	M		5	Bay	✓					✓	
	45	M		4	Bay	✓						
	46	M		4	Bay							
	47	M		3	Roan			✓				✓
	48	M		3	Sorrel			✓				✓
	49	G		4	Bay	✓						
	50	G		5	Buckskin							
	51	M		4	Brown						✓	
	52	M		4	Bay						✓	
	53	G		2	Brown	✓						
	54	M		6	Blue P.							
	55	M		3	Sorrel	✓						
	56	M		6	Red P.							
	57	G		7	Sorrel		✓				✓	
	58	M		4	Bay	✓						
	59	M		4	Dun	✓					✓	
	60	M		4	Sorrel		✓					
	61	M		4	Sorrel		✓				✓	
	62	M	W	5	Sorrel		✓				✓	
	63	M	Draft	2	Sorrel		✓				✓	
	64	M	QH	3	Dun	✓						
	65	G		2	Palom		✓					
	66	G		2	Sorrel							
	67	M		3	Bay	✓		✓				
	68	M		3	Buckskin							
	69	M		3	Paint							
	70	G	W	8	Paint							

IDENTIFICATION OF THE ANIMALS TO BE EXPORTED (SLAUGHTER HORSES)

NAME OF CONSIGNOR:

US	TAG#	SEX	BREED	AGE	COLOR	STAR	STRIP	BLAZE	CORONET	PASTERN	SOCK	STOCKING
	0471	M	QH	4	Blue P.	✓						
	72	G		3	Sorrel		✓				✓	
	73	G		3	Sorrel		✓					
	74	M		3	Brown							
	75	M		4	Paint							
	76	G		4	Blue P.						✓	
	77	G		4	Bay	✓					✓	
	78	M		3	Buckskin							
	79	M		5	Paint							
	80	M		9	Sorrel			✓			✓	
	81	M		7	Brown						✓	
	82	M	1/4	5	Red R.	✓						
	83	G	Draft	7	Dun		✓				✓	
	84	M	QH	4	Red P.		✓				✓	
	85	M		4	Palom.		✓				✓	
	86	M		4	Bay		✓					
	87	G		3	Sorrel			✓				
	88	M		3	Bay R.		✓					✓
	89	M		2	Sorrel	✓						
	90	M		7	Chestnut		✓				✓	
	91	M		5	Sorrel						✓	
	92	G		4	Paint			✓				
	93	M		5	Sorrel	✓					✓	
	94	M		6	Grey							
	95	M		7	Red P.							
	96	G		6	Black	✓					✓	
	97	M		7	Chestnut							
	98	M		3	Grey							
	99	M		8	Grey							
	0500	M		6	Sorrel		✓				✓	
	01	M		5	Bay							
	02	G		5	Paint							
	03	M		7	Blue P.							
	04	M		7	Bay	✓					✓	
	05	M		6	Sorrel		✓				✓	
	06	G		7	Bay	✓					✓	
	07	M		3	Bay							
	08	M		4	Bay	✓					✓	
	09	M		5	Grey							
	10	G		5	Bay Bay							
	11	G		4	Dun	✓					✓	
	12	M		4	Sorrel		✓				✓	
	13	G		3	Sorrel							
	14	M G		3	Grey							
	15	G		4	Bay							
	16	M		3	Bay	✓					✓	
	17	M		7	Dun		✓					
	18	M		7	Grey							
196	19	G	W	7	Grey							
	20											

Camargo

IDENTIFICATION OF THE ANIMALS TO BE EXPORTED (SLAUGHTER HORSES)

NAME OF CONSIGNOR:

US	TAG #	SEX	BREED	AGE	COLOR	STAR	STRIP	BLAZE	CORONET	PASTERN	SOCK	STOCKING
	0514	M	QH	2	Chestnut	✓						
	20	M		3	Black						✓	
	21	G		2	Sorrel		✓				✓	
	22	M		2	Chestnut							
	23	M		2	Red P.							
	24	M		2	Palo.							
	25	M		3	Red P.			✓				✓
	26	G		2	Sorrel							
	27	M		3	Sorrel		✓				✓	
	28	M		3	Sorrel		✓				✓	
	29	M		3	Bay							
	30	G		2	Bay	✓					✓	
	31	G		2	Sorrel							✓
	32	M		2	Blue R.							
	33	M		2	Bay	✓					✓	
	34	G		2	Brown							
	35	M		1	Bay		✓					
	36	M		2	Sorrel		✓					
	37	M		2	Sorrel	✓						
	38	M		2	Bay						✓	
	39	G		2	Sorrel		✓				✓	
	40	M		2	Brown	✓					✓	
	41	G		2	Bay	✓						
	42	M		2	Brown							
	43	M		2	Bay	✓					✓	
	44	M		3	Sorrel							
	45	G		2	Bay	✓					✓	
	46	M		2	Red P.		✓					
	47	G		3	Buckskin						✓	
	48	M		2	Bay						✓	
	49	G		2	Sorrel		✓				✓	
	50	M		2	Brown	✓						
	51	M		2	Sorrel		✓				✓	
	52	M		2	Grullo		✓					
	53	M		2	Sorrel							
	54	M		2	Sorrel		✓				✓	
	55	M		2	Sorrel	✓					✓	
	56	M		2	Red P.							
	57	G		3	Carmello		✓				✓	
	58	M		2	Blue R.	✓						
	59											
	60											
	61											
	62											
	63											
	64											
	65											
	66											
	67											
	68											

IDENTIFICATION OF THE ANIMALS TO BE EXPORTED (SLAUGHTER HORSES)

NAME OF CONSIGNOR: _____

US	TAG#	SEX	BREED	AGE	COLOR	STAR	STRIP	BLAZE	CORONET	PASTERN	SOCK	STOCKING
	0554	M	QH	6	Bay						✓	
	60	M		4	Red P.			✓				
	61	M		4	Grey							
	62	M		3	Caramel							
	63	M		4	Grey							
	64	M		4	Red P.	✓					✓	
	65	M		3	Caramel							
	66	M		9	Sorrel						✓	
	67	M		6	Chestnut			✓			✓	
	68	M		4	Bay							
	69	M	"	5	Sorrel			✓				

Valid for no longer than 30 days following the date of inspection of the animal(s) identified on this document.

SHIPPER OR CONSIGNOR: **Dennis Cheung** PHONE: **505 615 1119**
 SHIPPER OR CONSIGNEE: **Dennis Cheung** PHONE: **505 615 1119**
 PHYSICAL ADDRESS: **5714 Pont**
 CITY, STATE, ZIP: **Sta Teresa NM**
 DESTINATION (if different from above):
 CARRIER: TRUCK AIR
 OTHER NAME AND ADDRESS:
 C AND D VEHICLE: Y N ENTRY PERMIT NUMBER: **N/A**
 TEST CHARTS: Legible copies of official charts (with individual animals identified and animals that are not shipped lined out) attached to original and all copies.
 Yes No CHART NUMBERS:
 VACCINATED OR TREATED FOR: (except brucellosis)
 Disease: _____ Date: _____
 Product(s): _____ Exp. Date: _____

STATE/AREA STATUS: Tuberculosis Free Modified Accredited Advanced Brucellosis Free 'A' Other Status (indicate) _____
 HERDFLOCK STATUS: Accredited # _____ Certified # _____ Validated # _____ _____
 QUALIFIED NEGATIVE HERD TEST DATES: A. _____ B. _____
 BRUCELLOSIS TEST DATE: _____ LAB: _____ RESULTS: _____
 EIA TEST DATE: _____ LAB: _____ ACC. # / RESULTS: _____
 TUBERCULOSIS TEST DATE: _____ LAB: _____ DATE: _____
 OTHER TEST(S) DISEASE TESTED FOR: _____

FEDERAL EAR TAG # REGISTRATION TATTOO	L I N E #	REGISTERED OWNERSHIP BRAND DESCRIPTION AND REGISTERED OWNERSHIP BRAND	BRUCELLOSIS			EIA TEST	TUBERCULOSIS	OTHER TEST(S)
			Vaccination	TATTOO	Symbol			
	1							
	2	150 hd. mix Novena						
	3							
	4	As described on						
	5							
	6							
	7	ERTL Novena #						
	8							
	9							
	10							
	11							
	12	144390						
	13							
	14							
	15							

ERINARY CERTIFICATION-I certify, as an accredited veterinarian, that the above described animals have been inspected by me and that they are not showing signs of infectious, contagious and/or communicable disease (except where noted). The vaccinations and results of tests are indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination federal interstate requirements. No further warranty is made or implied.

VETERINARIAN: **DR. BRASMEH, LVM** LICENSE # _____
 ADDRESS: **6910 JONES BL, ALBUQUERQUE, NM** LICENSE # _____
 PHONE: **505-833-5805**

CONTACT STATE OF DESTINATION FOR MOVEMENT REQUIREMENT: _____
 STATE OF DESTINATION REQUIREMENTS: _____
 OWNER/AGENT STATEMENT: Owner must comply with all origin & state of destination entry requirements. The animals in this shipment are those certified to and listed on this certificate.
 DISTRIBUTION: ORIGINAL COPY TO ACCOMPANY SHIPMENT
 YELLOW & PINK COPIES SENT TO NMLB
 W/ 10 DAYS OF ISSUE. GOLDENROD COPY

Void No



**New Mexico Livestock Board
Official Certificate Of Livestock Inspection (Form1)**

Form #: 055-8-00927

Inspection Type: In State Move
Animal Type: Equine
Owner/Shipper: CHAVEZ, DENNIS

Addr: PO BOX 700
City: LOS LUNAS ST: NM Zip: 87031
Inspected at: SWLA Premise ID:

Permit #:
Date: 12-Aug-2009 3:27 pm
County: Valencia

Sold By	Brand Owner	Addr/City/State:	Master #	Brand	Loc	Ear	Gender	Qty	H Cert #	ID #
CHAVEZ, DENNIS	CHAVEZ, DENNIS	PO BOX 700, LOS LUNAS, NM	59697		LHC LHH		Mixed	280		
Total:								280		

Remarks:
Horses are being shipped to Santa Teresa.

Total in Shipment	280	at	0.50	\$/head	\$140.00
Service Charge					\$0.00
Other Charges					\$0.00
Beef/Sheep Council -		at		\$/head	\$0.00
Total					\$140.00

Quarantine #: **Must Comply With Requirements Of State Of Destination**

Owner Signature:

(A) I hereby certify that I have legal possession or that I have authorization from the legal owner to sell, transfer or dispose of the livestock described herein
(B) A health certificate issued by an accredited veterinarian and permit if requested MUST accompany for interstate movement

Inspector Signature:

I hereby certify that I have this day inspected the above described livestock and, to the best of my knowledge and belief, find the same to be free of visible symptoms of infectious, contagious, and dangerous diseases and the brands, numbers, and all other data embodied in the foregoing report, are true and correct in every particular as required by law.

City: Rio Rancho District: 8 Phone 362-6036

No Diversion without permission

Change of Ownership	<input type="checkbox"/> Yes
Buyer/Rep:	
Consigned To:	Santa Teresa
At:	Santa Teresa, NM
County:	To Premise
Purpose	Feedlot
Void After:	August 14, 2009
Void At Destination	

**C.Y. BRASMER DVM
5900 Jones Place NW
Albuquerque, NM 87120
505-610-4711**

I hereby certify to the best of my knowledge that the 150 head of horses;
tagged 421 thru 569 and 196-----,
inspected today to accompany Health Certificate No. I44390 are in good health and not of
Kentucky origin.

C.Y. Brasmer DVM

(b)(6)



AFFIDAVIT

DECLARACION JURADA

I Dennis Chavez declare that, to my best knowledge horses included in this shipment and accompany by the health certificate I4439 have not been fed to or treated within the last ninety (90) days prior to shipment with the following compounds, plants or drugs.

Por estemedio declaro que a mi saber y entender los cabalios en este embarque, acompanados por el certificado sanitario numero I4439 no han sido alimentados o tranados con ninguno de los siguientes, plantas o medicamentos durante los noventa dias antes del embarque.

1. Aristolochia spp and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicines, dapsone, dimetridazole, metronidazole, nitrofurans (included furazolidone), ronidazol.

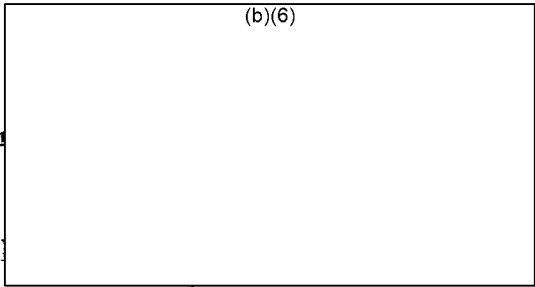
Aristolochia spp y cualquier otra preparacion derivada de esta planta, cloranfencial, cloroformo, clorpromazina, colchicines, dapsona, demetridazole, metronidazol, nitrofurans (incuding furazolidona) y rodinazole.

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol and raptopamine.

Los sigulentes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol y raptopamina.

3. The following thyrosthtics substances were not used: thiouracil, methylthiouracil phenylthiouracil and propylthiouracial.

Que no fueron empleados los siguientes tirostaticos: tiouracilo, metiluracilo, fentituiractio y propitituiracilo.

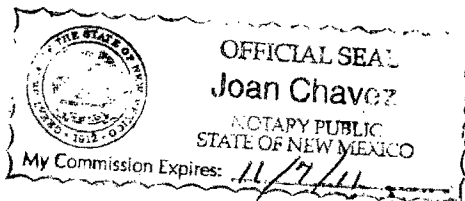


Date and Signature of the exporter

8/13/09

Date and Signature of the Notary

8/13/09



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

FORM APPROVED
OMB NO. 0579-0160
144390

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

TIME HORSES LOADED ON CONVEYANCE 5:00pm	DATE 8/13/09	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE Los Lunas, New Mexico
(b)(6) NAME	NAME OF AUCTION/MARKET Southwest Livestock	CONSIGNEE (RECEIVER/DESTINATION) NAME Bertha Ruiz Pacheco
CONSIGNOR (OWNER/SHIPPER) NAME Dennis Chavez	STREET ADDRESS 24 Dalio Rd	STREET ADDRESS Empacadora y Granadera De Camargo
CITY, STATE, ZIP CODE Los Lunas, nm 87031	CITY, STATE, ZIP CODE Santa Teresa, nm 88008	AREA CODE & TELEPHONE NO. 915-252-6614

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE				SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions		
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal			Geld	
1	USFH	0421								/									Gen
2		422	/							/									
3		423								/				/					
4		424	/							/				/					
5		425								/				/					
6		426								/				/					
7		427								/				/					
8		428	/							/				/					
9		429	/							/				/					
10		430						/		/				/					
11		431						/		/				/					
12		432	/							/				/					
13		433								/				/					
14		434	/							/				/					
15		435						/		/				/					

HORSES HAVE _____ HOURS IMMEDIATELY AVAILABLE FOR INSPECTION	(b)(6)	MINIMUM OF 6 CONSECUTIVE	CANADIAN FOOD INSPECTION AGENCY (CFIA)
		SIGNATURE	EST. _____ DATE _____ TIME _____
I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).			DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
SIGNATURE OF THE SHIPPER	(b)(6)	contained in this form is true and correct to	EST. _____ DATE _____ TIME _____

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

FORM APPROVED
OMB NO. 0579-0160
IL4390

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**
(Please type or print in Ink)

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				
USFH	0436	/												/				C32h	
	437																		
	438	/																	
	439	/												/					
	440													/					
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	464													/					
	465													/					

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 OF KNOWINGLY USING A FALSIFIED FORM IS A FEDERAL CRIME AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR UP TO 5 YEARS.

SIGNATURE OF OWNER

(b)(6)

(The information provided on this form is true and correct to the best of my knowledge.)

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FORM APPROVED
OMB NO.
0579-0160

144390

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**
(Please type or print in Ink)

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				
USEHOLD	466																	C3h	
	467	/																	
	468																		
	469				/														
	470				/														
	471																		
	472																		
	473																		
	474																		
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	495																		

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 ONE YEAR OR BOTH.

SIGNATURE OF (b)(6)

(true and correct to the best of my knowledge.)

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FORM APPROVED
OMB NO.
0579-0160

144390

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

(Please type or print in ink)

	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	USFH04	496			/						/						/	Ch	
17		497					/				/					/			
18		498		/							/					/			
19		499		/							/					/			
20		500									/					/			
21		501	/								/					/			
22		502				/					/					/			
23		503									/					/			
24		504	/								/					/			
25		505									/					/			
26		506	/								/					/			
27		507	/								/					/			
28		508	/								/					/			
29		509		/							/					/			
30		510	/								/					/			
31		511									/					/			
32		512									/					/			
33		513									/					/			
34		514		/							/					/			
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36		516	/								/					/			
37		517									/					/			
38		518		/							/					/			
39		196		/							/					/			
40		519									/					/			
41		520			/						/					/			
42		521									/					/			
43		522									/					/			
44		523									/					/			
45		524									/					/			

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SIGNATURE OF OWNER/SHIPPER

(b)(6)

(Signature of Veterinarian)

**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

744390

	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	USFH	5255						r. roan		/				/				Ch	
17		526						cornel		/							/		
18		527						cornel		/				/					
19		528						cornel		/				/					
20		529	/							/				/					
21		530	/							/							/		
22		531						cornel		/							/		
23		532						brown		/				/					
24		533	/							/				/					
25		534						brown		/							/		
26		535	/							/				/					
27		536						cornel		/				/					
28		537						cornel		/				/					
29		538	/							/				/					
30		539						cornel		/							/		
31		540						brown		/				/					
32		541	/							/							/		
33		542						brown		/				/					
34		543	/							/				/					
35		544						cornel		/				/					
36		545	/							/							/		
37		546						r. roan		/				/					
38		547						b. sun		/							/		
39		548	/							/				/					
40		549						cornel		/							/		
41		550						brown		/				/					
42		551						cornel		/				/					
43		552						gravel		/				/					
44		553						cornel		/				/					
45		554						cornel		/				/					

I HEREBY AUTHORIZE THE USE OF THIS FORM OR KNOWINGLY TO BE IMPRISONMENT FOR NOT
SIGNATURE OF OWNER/S

(b)(6)

AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS (to the best of my knowledge.)

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

	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	USFH	555								/				/					C →	
17		556								/				/						
18		557								/						/				
19		558								/				/						
20		559	/							/				/						
21		560								/				/						
22		561		/						/				/						
23		562								/				/						
24		563		/						/				/						
25		564								/				/						
26		565								/				/						
27		566								/				/						
28		567								/				/						
29		568	/							/				/						
30		569								/				/						
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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 IMPRISONMENT (b)(6) PENALTY AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR

SIGNATURE OF

and correct to the best of my knowledge.)

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICES
STATEMENT OF SERVICES

Originating Office Phone

505-761-3160

Control Number: 350100123

Office Id: 973501

C Y Brasmer D V M
5900 Jones Place N W
Albuquerque NM 87120

Service Date(s)
Begin: 16-DEC-09
End: 16-DEC-09

Reference NR: NM-10071

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
105	1-2 Tests Basic - 1st Animal	0759735177 0250	111.00	1.00	111.00
106	1-2 Tests - Additional Animal	0759735177 0250	6.25	19.00	118.75

Total Due \$ 229.75

Remarks: 20 horses to Mexico re Dennis Chavez

Payment Information

Nfc Id
9999999999V

Date	Amount	Payment Type	Account/Check #
16-DEC-09	\$ 229.75	Check	2128

Attention: Customers with government credit accounts - A consolidated monthly bill will be issued by the USDA, APHIS (signature accepting payment terms is on file). Upon receipt of the monthly bill, mail your payment to: USDA/APHIS, P.O. Box 979039 St. Louis, MO 63197-9000.

Notice to Payer: If payment of this Statement of Service is something other than cash or a US postal Money Order, the Statement of Service will not be considered paid in full until such tender has been cleared. If you have any questions, please contact the originating office listed above.

CHRISTOPHER Y BRASMER, DBA
C.Y. BRASMER D.V.M.
5900 JONES PL. NW
ALBUQUERQUE, NM 87120-2006

95-660/1070
8090739211

2128

DATE 12/16/19

© DELIVER WALLET OR EQUIVALENT

PAY TO
THE ORDER OF

USDP - Aphis - VS

\$ 229.75

Two Hundred and Twenty-Nine 75/100 DOLLARS

Security Features
Detailed on Back.



BANK OF ALBUQUERQUE
Albuquerque, New Mexico
www.bankofalbuquerque.com

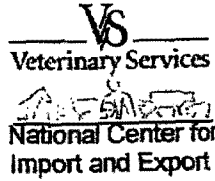
(b)(6)

MEMO

(b)(4)

MP

SPECIALTY BLUE



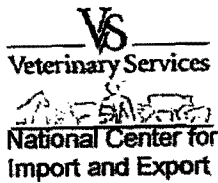
Health Certificate No. NM-10071
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY
 (REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF
 AMERICA TO MEXICO**
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE
 ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS
 DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM
 Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter:
Nombre y Dirección del Exportador:
 Dennis Chavez
 24 Dallies Rd. Los Lunas, NM 87031
2. Name and Address of Importer:
Nombre y Dirección del Importador:
 Orozco Importaciones de RL de CV
 Río Nilo #4135 Local 5, Cordova-Americas
 CD. Juarez Chih. Mx. 32310
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas <i>(reseña)</i>	Intended purpose Reproduction Work/ <i>Función zootécnica:</i> [Reproducción] [Trabajo]	State of origin/ <i>Estado de Origen</i>
985170000351152	G	Paint	10	Red/white Paint	work	NM
985170000355644	F	QH	5	Brown ⁵ K 1/h	"	"
985170000353715	G	"	7	Bay, sock r/h	"	"
985170000355769	G	"	7	Sorrell roan sock lf,rf	"	"
985170000344573	G	"	5	Sorrell strip sock rf,rh,lh	"	"
985170000358120	G	"	4	Sorrell star,shnp sock lf,lh,rh	"	"
985170000380093	G	"	5	Red Dun strip sock lf,lh,rh	"	"



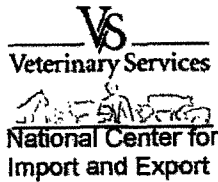
Health Certificate No. NM-10071
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY
 (REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF
 AMERICA TO MEXICO**
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE
 ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS
 DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM
 Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter:
Nombre y Dirección del Exportador:
 Dennis Chavez
 24 Dallies Rd. Los Lunas, NM 87031
2. Name and Address of Importer:
Nombre y Dirección del Importador:
 Orozco Importaciones de RL de CV
 Rio Nilo #4135 Local 5, Cordova-Américas
 Cd. Juarez Chih. Mx. 32310
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/ <i>Sexo</i>	Breed/ <i>Raza</i>	Age <i>(Edad)</i>	Color and marks/ <i>Color y marcas (reseña)</i>	Intended purpose Reproduction Work/ <i>Función zootécnica: [Reproducción] [Trabajo]</i>	State of origin/ <i>Estado de Origen</i>
985170000351904	G	QH	10	Bay, star	work	NM
985170000360932	G	"	7	Brown strip sock lf, lh, rf rh	"	"
985170000337793	G	"	10	lineback dun strip	"	"
985170000378875	G	"	8	Gray Roan	"	"
985170000337471	G	"	4	red/white paint blue eyes	"	"
985170000359649	G	"	4	Bay, star coronet lf, rf sock lh, rh	"	"
985170000334953	G	"	2	star Gray coronet lh, rh	"	"



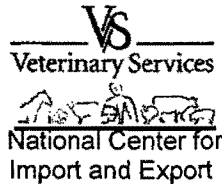
Health Certificate No. NM-10071
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY
 (REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF
 AMERICA TO MEXICO**
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE
 ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS
 DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM
 Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter:
Nombre y Dirección del Exportador:
 Dennis Chavez
 24 Dallies Rd. Los Lunas, NM 87031
2. Name and Address of Importer:
Nombre y Dirección del Importador:
 Orozco Importaciones de RL de CV
 Rio Nilo #4135 Local 5, Cordova-Americas
 Cd. Juarez Chih. Mx. 32310
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas <i>(reseña)</i>	Intended purpose Reproduction Work/ <i>Función zootécnica:</i> [Reproducción] [Trabajo]	State of origin/ <i>Estado de Origen</i>
985170000375093	G	QH	7	Bay, strip sock lf, lh, rf, rh	work	NM
985170000381692	G	Paint	6	Paint	"	"
985170000337241	G	QH	6	star, strip, snip sock lf, lh, rf, rh	"	"
985170000338211	G	"	10	Dun, star, snip sock lh, rh	"	"
985170000337172	G	"	8	gray, no marks	"	"
985170000335318	G	"	7	sorrell, strip sock lf, lh, rf, rh	"	"
				(b)(6)		

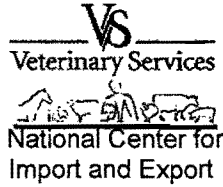


Health Certificate No. NM-10071
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States
Los animales son originarios de los Estados Unidos.
2. The animals are individually identified indicating: color, sex, breed, age, marks, and tattoo or microchip.
Identificación individual de los animales, señalando color, sexo, raza, edad y marcas (reseña), además de tatuaje o microchip.
3. The animals remained in the United States during the 60 days prior to export.
Los animales permanecieron en los Estados Unidos durante 60 días previos a la exportación.
4. The animals were inspected at the farm of origin and were found free of reportable diseases; the animals have not been exposed to reportable diseases during the 60 days prior to export.
Los animales fueron inspeccionados en el lugar de origen y encontrados libres de enfermedades de notificación obligatoria y no fueron expuestos a ellas durante los 60 días previos a la exportación.
5. The animals are free of ectoparasites or were treated against ectoparasites. (Indicate the date and name of the product).
Que se encuentran libres de ectoparásitos o que recibieron un tratamiento, indicando fecha y el producto utilizado.
Los animales son libres de ectoparasitos.

6. At the farm origin and in adjacent farms, there have been no cases of dourine, Venezuelan equine encephalitis, vesicular stomatitis, epizootic lymphangitis, ulcerative lymphangitis, glanders, piroplasmosis, and surra during 60 days prior to export.
Que durante los 60 días previos a la exportación, en las instalaciones de origen como en las instalaciones vecinas no se han presentado casos de: Durina, Encefalitis equina venezolana, Estomatitis vesicular, Linfangitis epizootica, Linfangitis ulcerativa, Muermo, Piroplasmosis equina y surra.
7. Within 60 days prior to export, the animals were tested with negative results, for the following diseases. The laboratory samples were taken under the supervision of a USDA accredited veterinarian.
Que los animales fueron sometidos a las siguientes pruebas, con resultados negativos, dentro de los 60 días previos a la fecha de exportación. Las muestras fueron colectadas bajo supervisión de un Médico Veterinario Acreditado por el USDA.



Health Certificate No. NM-10071
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

Equine infectious anemia: AGID test (Coggin's test) or ELISA.
 (Indicate the name of the official laboratory and the date the samples were obtained).
Anemia infecciosa equina: agar gel inmunodifusión (AGID o prueba de Coggin) o
ELISA. *(Señale el nombre del laboratorio oficial y la fecha de la obtención de la*
muestra.)

Albuquerque Coggins Lab- 12/15/09

Note: Horses in this shipment were not positive to testing for CEM in the USDA APHIS control-surveillance program.

Nota: Los caballos en este embarque no obtuvieron pruebas positivas a MCE en el control-vigilancia que mantiene Estados Unidos.

8. Horses have **not** been on premises infected with CEM and are **not** epidemiologically linked to infected premises or animals diagnosed with CEM, during the 12 months prior to export.
Que durante los 12 meses previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales afectados.

9. The animals are transported in containers and/or vehicles that were cleaned and disinfected prior to embarkation. During transportation the horses were not in contact with other animals.
Que los vehículos y/o contenedores utilizados para el transporte de los animales se sometieron a limpieza y desinfección antes del embarque y los animales a exportar no estuvieron en contacto con otros animales durante el traslado.

Inspection date / Fecha de inspección 12/15/09

C. Y. Brasmer, DVM
 Name of Accredited Veterinarian
Nombre del Médico Veterinario
Acreditado

M.G. McDole, D.V.M.
 Name of Endorsing Federal Veterinarian
Nombre del Médico Veterinario
Federal que endosa.

Signature of Accredited Veterinarian (Date)
Firma del Médico Veterinario Acreditado
(Fecha)

(b)(6)
12/16/09

Date Endorsed and Signature of Endorsing Federal Veterinarian
Fecha de endoso y firma del Médico

(b)(6)
12-16-2009

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. P 0172161	1. ACCESSION NUMBER <i>ACL 10431</i>	2. DATE BLOOD DRAWN <i>12/15/19</i>
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export	7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: _____ LONG: _____	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code _____ Tel No. _____ County _____
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS.	9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	Zip Code _____ Tel No. _____ County _____

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that I have submitted with this Form when drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM.	12. SIGNATURE DATE 12/15/19
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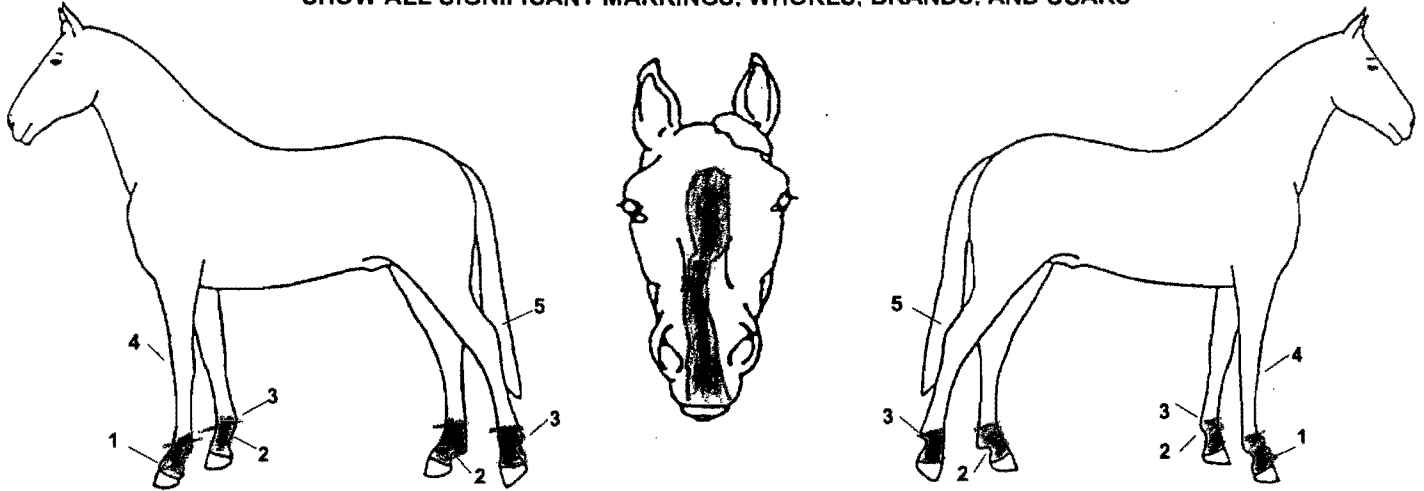
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
		27	Southern			335318	7	6	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD <i>Strip</i>	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB <i>Soch</i>	28. RIGHT FORELIMB <i>Soch</i>
29. LEFT HINDLIMB <i>Soch</i>	30. RIGHT HINDLIMB <i>Soch</i>

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 12/15/19	33. DATE REPORTED OUT 12/15/19	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a crime and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

P 0172160

1. ACCESSION NUMBER

ACL 10430

2. DATE BLOOD DRAWN

12/15/19

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING

Market Change of Ownership Show Retest First Test Export

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

N/A.

Zip Code

Tel No.

County

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

1167

6. TEST TYPE

ELISA

AGID

8. NAME AND ADDRESS OF OWNER (Please print or type)

DENNIS CHAVEZ
6 S/W. LIVESTOCK AUCTION.
LOS LUNAS.

Zip Code

Tel No.

County

NM.

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

C.Y. BRASMER DVM.
5900 JONES PLACE NW.

ALBUQUERQUE, NM.

Zip Code

87120

Tel No. (505) 610-4711

County

BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

(b)(6)

11. TYPE OR PRINT SIGNATURE NAME

C.Y. BRASMER DVM.

12. SIGNATURE DATE

12/15/19

CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

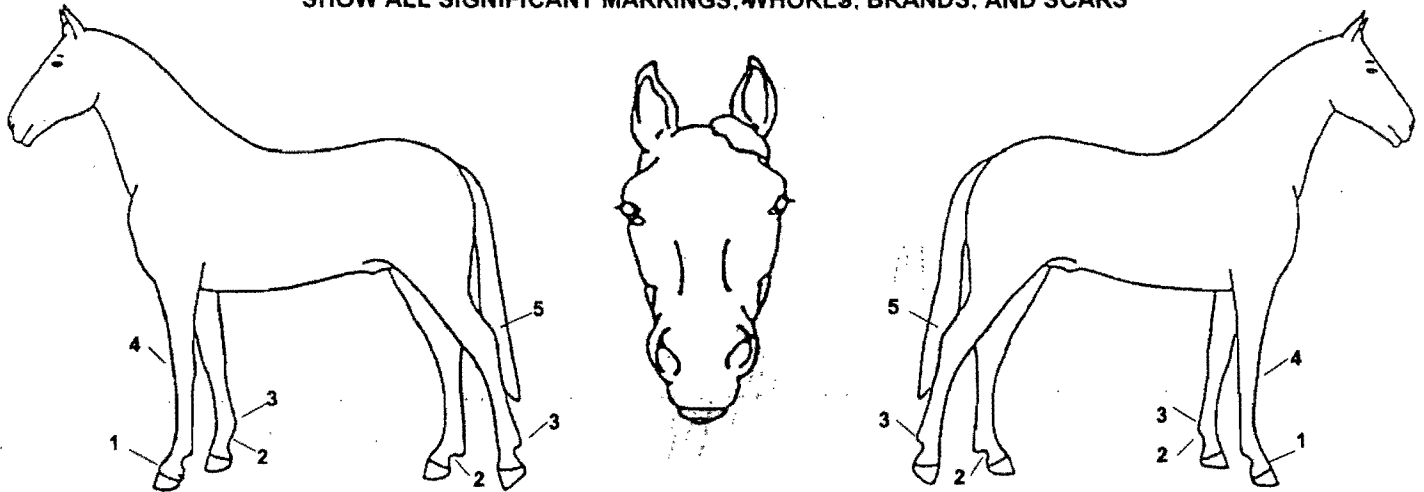
13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
	5520			gray	QH	337172	8	6	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	NO MARKS	26. OTHER MARKS AND BRANDS	NO MARKS
27. LEFT FORELIMB		28. RIGHT FORELIMB	
29. LEFT HINDLIMB		30. RIGHT HINDLIMB	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 12/15/19	33. DATE REPORTED OUT 12/15/19	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is an offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.
P 0172159

1. ACCESSION NUMBER
AGL. 10429

2. DATE BLOOD DRAWN
12/15/99

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Tel No. County NM.		Tel No. (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify (b)(6) submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 12/15/99
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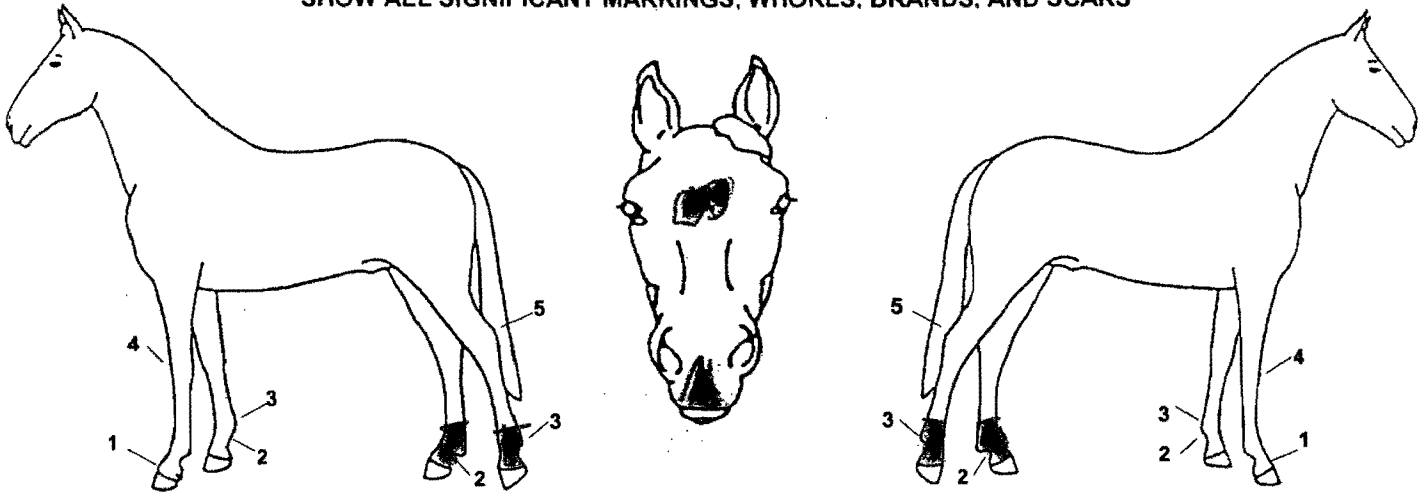
CERTIFICATION OF OWNER OR OWNER'S AGENT

examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---------------------------------	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
	63			CB	DUN PH	338211	10	6	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Flock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STON, SNIP	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB SOCK	30. RIGHT HINDLIMB SOCK

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 12/15/99	33. DATE REPORTED OUT 12/15/99	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

P 0172158

1. ACCESSION NUMBER

ACL. 10428

2. DATE BLOOD DRAWN

12/15/19

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Tel No. County NM.		Tel No. (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify (b)(6) submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 12/15/19
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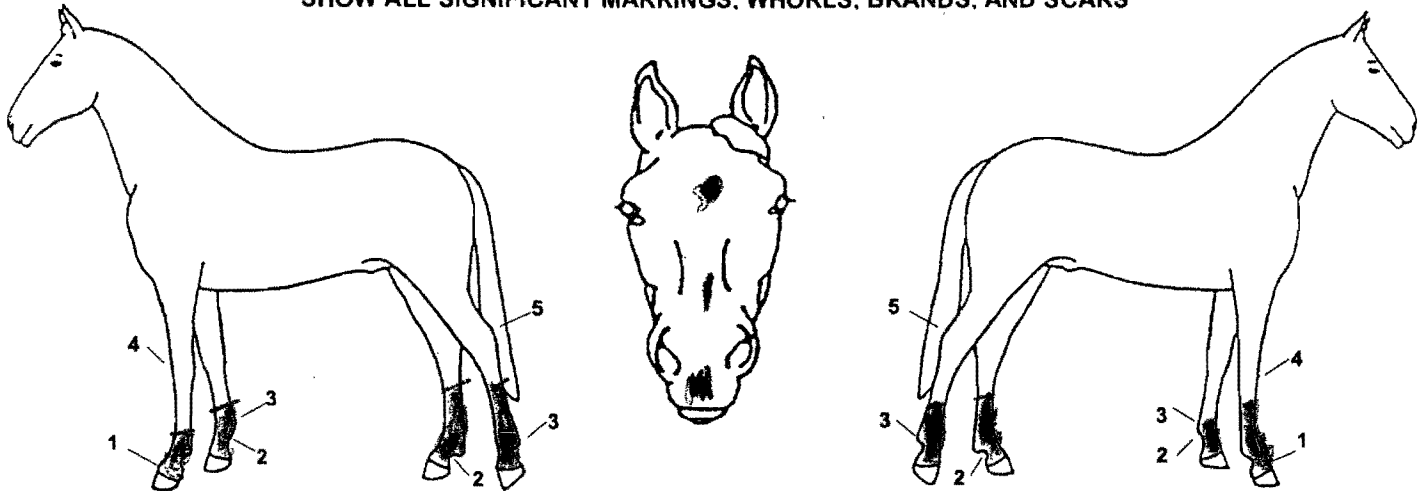
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
5516			SORQH			337241	6	6	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAR, STRIP, snip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB Suck	28. RIGHT FORELIMB Suck
29. LEFT HINDLIMB Suck	30. RIGHT HINDLIMB Suck

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COUGLINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 12/15/19	33. DATE REPORTED OUT 12/15/19	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form for not more t

offense and may result in a fine of not more than \$10,000 or imprisonment or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. P 0172157	1. ACCESSION NUMBER ACL. 10427	2. DATE BLOOD DRAWN 12/15/99
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/ S/W. LIVESTOCK AUCTION. LOS LUNAS, NM.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Tel No. County		Zip Code County	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM.	12. SIGNATURE DATE 12/15/99
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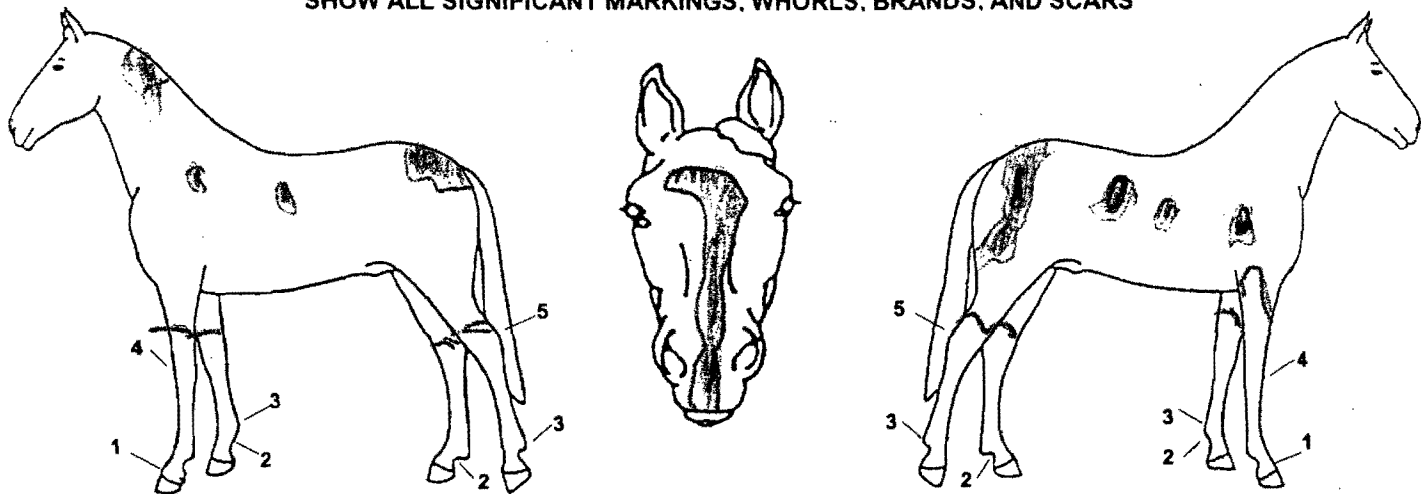
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
				Paint	Paint	381692	6	6	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD PAINT	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 12/15/99	33. DATE REPORTED OUT 12/15/99	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)			35. REMARKS

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

P 0172156

1. ACCESSION NUMBER

ACL 10426

2. DATE BLOOD DRAWN

12/15/97

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CRAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASNER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Tel No. County NM.		Tel No. (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify (b)(6) submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASNER DVM.	12. SIGNATURE DATE 12/15/97
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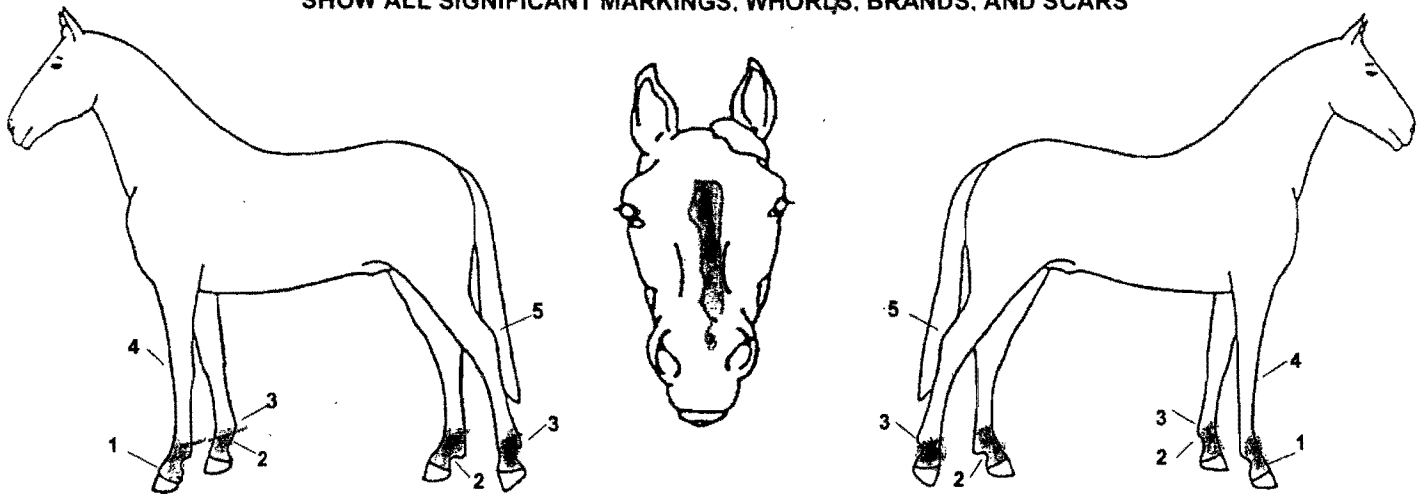
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify (b)(6) examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
	5566			Bay	QH	375093	7	G	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip	28. OTHER MARKS AND BRANDS
27. LEFT FORELIMB Sock	28. RIGHT FORELIMB Sock
29. LEFT HINDLIMB Sock	30. RIGHT HINDLIMB Sock

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 12/15/97	33. DATE REPORTED OUT 12/15/97	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is an offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

P 0172155

1. ACCESSION NUMBER

ACL 10425

2. DATE BLOOD DRAWN

12/15/19

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		N/A.	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASLER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.	
Tel No. County NM.		Tel No. (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that the information submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASLER DVM.	12. SIGNATURE DATE 12/15/19
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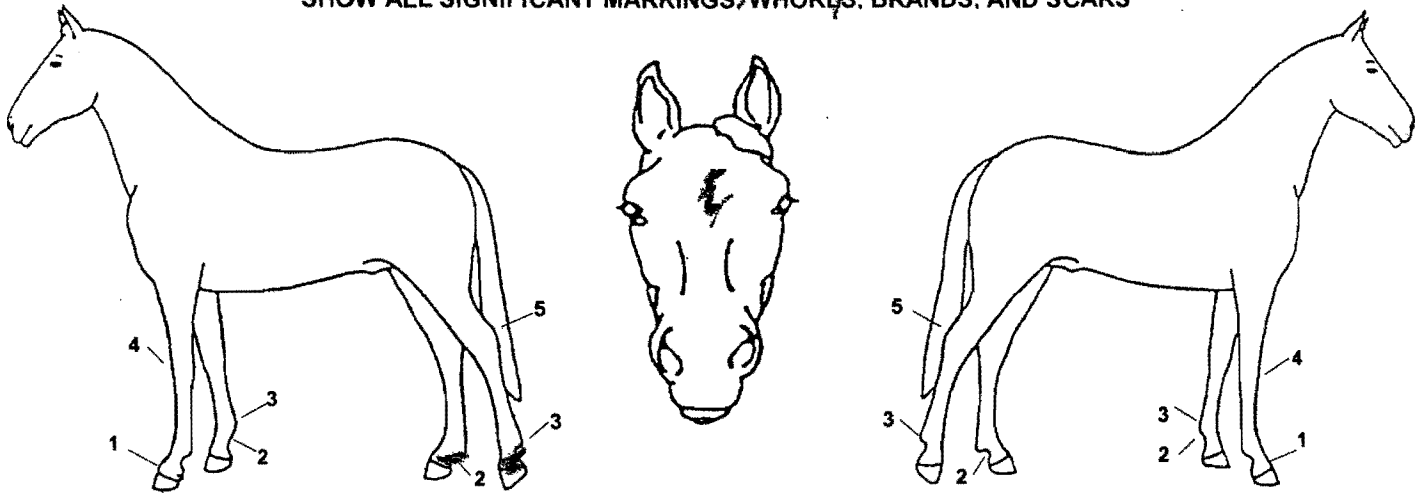
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
					gray PH	334953	2	6	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAR	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Coronet	30. RIGHT HINDLIMB Coronet

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGIAS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 12/15/19	33. DATE REPORTED OUT 12/15/19	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a crime and may result in a fine of not more than \$10,000 or imprisonment for not more than 1 year (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **P 0172154**
1. ACCESSION NUMBER **ACL 10423**
2. DATE BLOOD DRAWN **12/15/9**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING
 Market Change of Ownership Retest Export Show First Test

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)
LAT: _____ LONG: _____

5. VETERINARY LICENSE OR ACCREDITATION NO. **1167**

6. TEST TYPE
 ELISA AGID

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)
N/A.
Zip Code _____ Tel No. _____ County _____

8. NAME AND ADDRESS OF OWNER (Please print or type)
DENNIS CHAVEZ
@ S/W. LIVESTOCK AUCTION.
LOS LUNAS.
Zip Code _____ Tel No. _____ County **NM.**

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)
C.Y. BRASNER DVM.
5900 JONES PLACE NW.
ALBUQUERQUE, NM.
Zip Code **87120**
Tel No. **(505) 610-4711** County **BERNALILLO**

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)

11. TYPE OR PRINT SIGNATURE NAME **C.Y. BRASNER DVM.**

12. SIGNATURE DATE **12/15/9**

CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

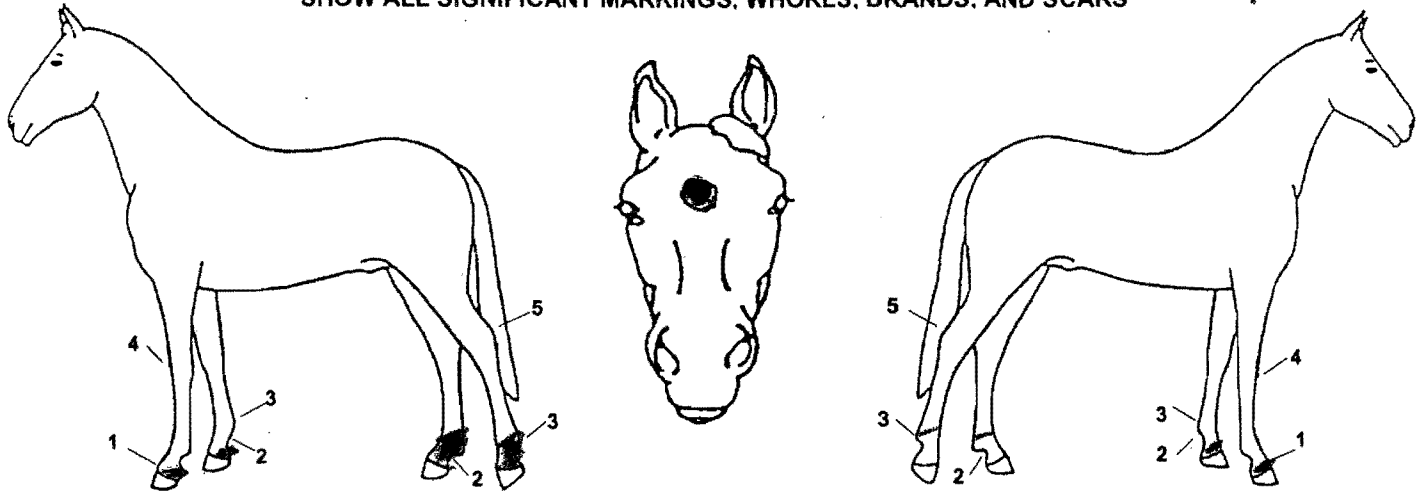
13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
		5529			Bay QH	359649	4	G	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD **STAR**

26. OTHER MARKS AND BRANDS

27. LEFT FORELIMB **Coronet**

28. RIGHT FORELIMB **Coronet**

29. LEFT HINDLIMB **Soch**

30. RIGHT HINDLIMB **Soch**

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE
ALBUQUERQUE COGGINS LAB.
ALBUQUERQUE, NM.

32. DATE RECEIVED **12/15/9**

33. DATE REPORTED OUT **12/15/9**

34. TEST RESULTS
 Negative Positive AGID ELISA

35. REMARKS

36. SIGNATURE OF (b)(6)

Falsification of this form or knowingly using a falsified form is an offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

P 0172153

1. ACCESSION NUMBER

ACL. 10924

2. DATE BLOOD DRAWN

12/15/19

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code Tel No. County	
8. NAME AND ADDRESS OF OWNER (Please print or type) DERRIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS.		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. KRASNER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. (505) 610-4711	
Tel No. County No.		Tel No. County	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. KRASNER DVM.	12. SIGNATURE DATE 12/15/19
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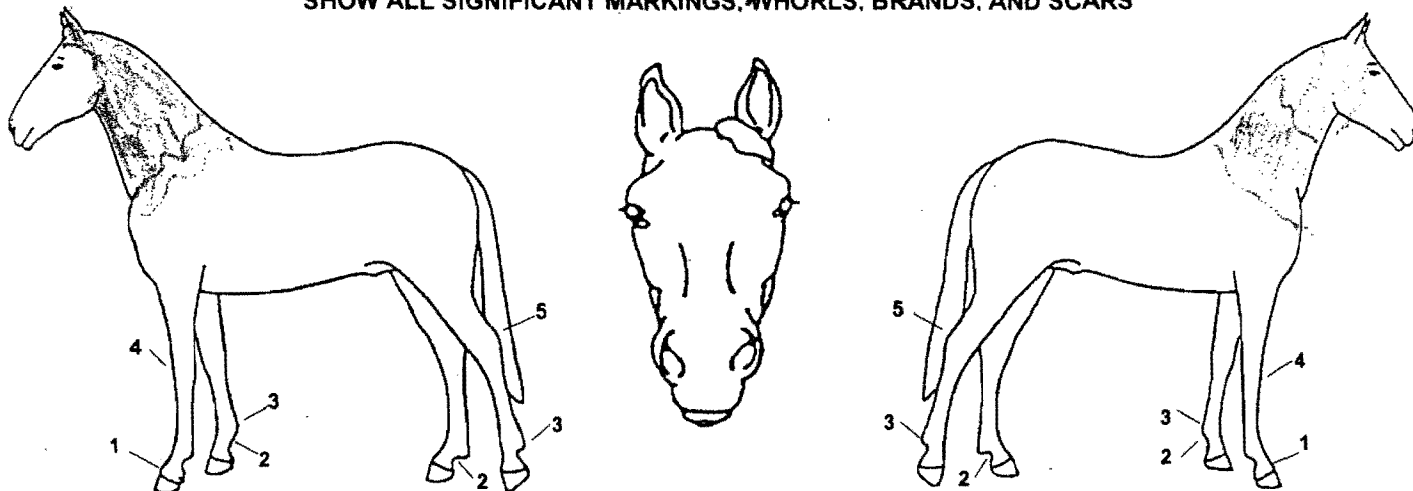
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color R/W	21. Breed Paint	22. Electronic I.D. No. 337471	23. Age or DOB 4	24. Sex G	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS 2 Blue Eyes
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 12/15/19	33. DATE REPORTED OUT 12/15/19	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form for not more than

one year and may result in a fine of not more than \$10,000 or imprisonment both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. P 0172152	1. ACCESSION NUMBER ACL. 10422	2. DATE BLOOD DRAWN 12/15/9
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.		
4. GEOGRAPHIC INFORMATION SYSTEMS (IGIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ @ S/W. LIVESTOCK AUCTION. LOS LUNAS.			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE SW. ALBUQUERQUE, NM.		
Zip Code Tel No.		Zip Code County		Zip Code County	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL (b)(6) VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 12/15/9
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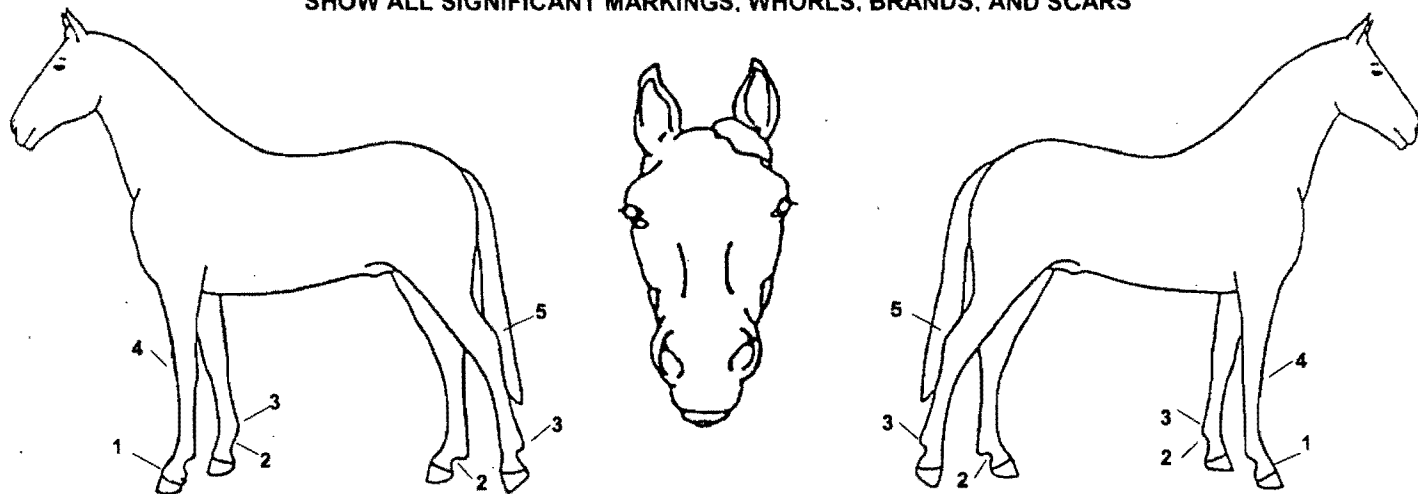
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
	5325			grey	ROD-1QH	378875	8	6	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD NO MARKS	26. OTHER MARKS AND BRANDS NO MARKS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 12/15/9	33. DATE REPORTED OUT 12/15/9	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. P 0172151	1. ACCESSION NUMBER <i>ACL. 10421</i>	2. DATE BLOOD DRAWN <i>12/15/97</i>
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A.		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) DENNIS CHAVEZ c/s/w. LIVESTOCK AUCTION. LOS LUNAS.			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM.		
Tel No. County ST.		Zip Code	Zip Code 87120		Tel No. (505) 610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that the information submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM.	12. SIGNATURE DATE 12/15/97
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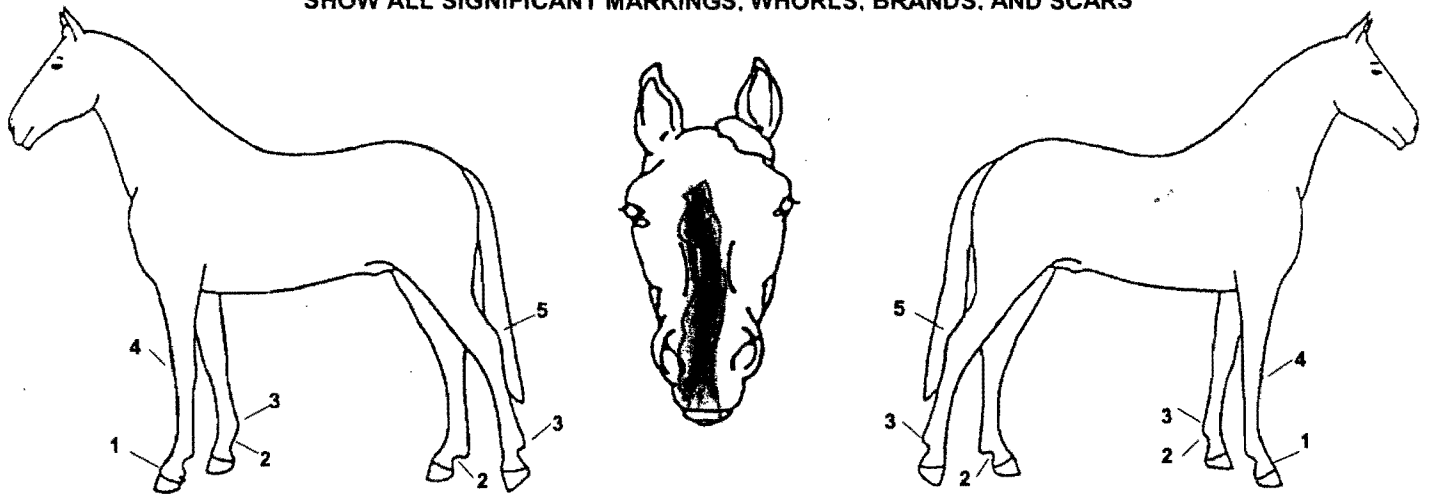
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color <i>LB</i>	21. Breed <i>DUN PH</i>	22. Electronic I.D. No. <i>337793</i>	23. Age or DOB <i>10</i>	24. Sex <i>6</i>	M - Male F - Female G - Gelding N - Neuter
<i>62</i>									

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD <i>STRIP</i>	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 12/15/97	33. DATE REPORTED OUT 12/15/97	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF TESTER (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a crime and may result in a fine of not more than \$10,000 or imprisonment for not more than 1 year (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. P 0168982	1. ACCESSION NUMBER AOL/10420	2. DATE BLOOD DRAWN 12/15/99
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC. 14 DALLIES RD. LOS LUNAS, NM. Zip Code 87031-7200 Tel No. (505)865-4600 County VALENCIA	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) Dennis Chavez SW L/S A Los Lunas, NM Zip Code 87031 Tel No. 865 4600 County		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505)610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that the information submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 12/15/99
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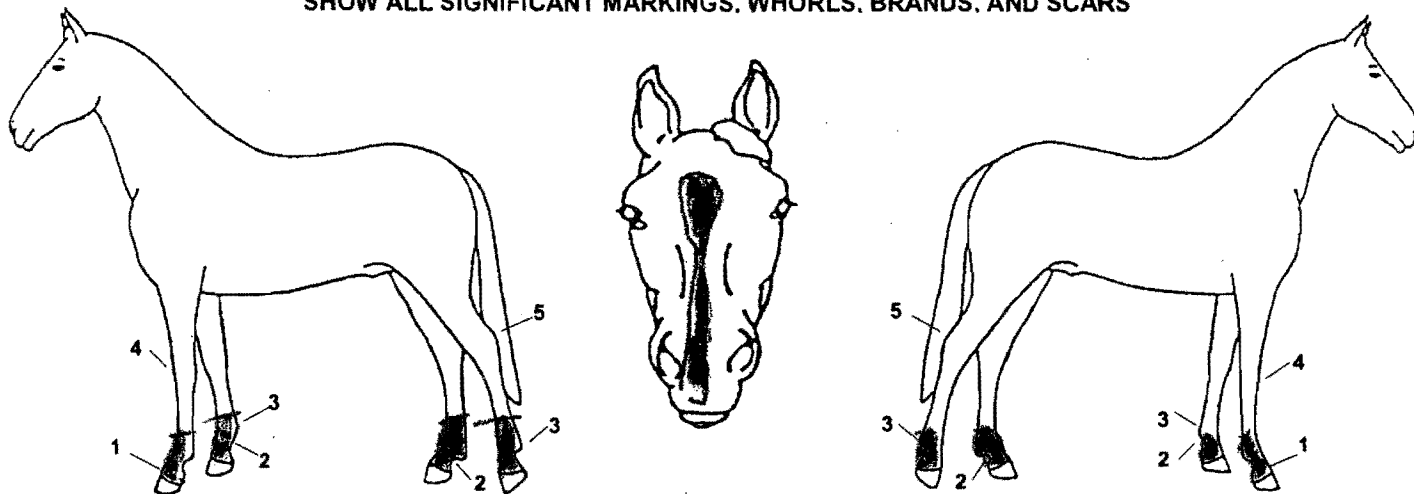
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
		57			Brown	360932	7	6	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STRIP	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB Sock	28. RIGHT FORELIMB Sock
29. LEFT HINDLIMB Sock	30. RIGHT HINDLIMB Sock

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.	32. DATE RECEIVED 12/15/99	33. DATE REPORTED OUT 12/15/99	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

P 0168983

1. ACCESSION NUMBER

ACL/10419 12/15/19

2. DATE BLOOD DRAWN

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC. 14 DALLIES RD. LOS LUNAS, NM. Zip Code 87031-7000 Tel No. (505) 865-4600 County VALLENUELA	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		8. NAME AND ADDRESS OF OWNER (Please print or type) Dennis Chavez SW 1/8 A Los Lunas, NM Zip Code 87031 Tel No. 865 4600 County	
9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASNER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO			

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify (b)(6) submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASNER DVM.	12. SIGNATURE DATE 12/15/19
---	--	---------------------------------------

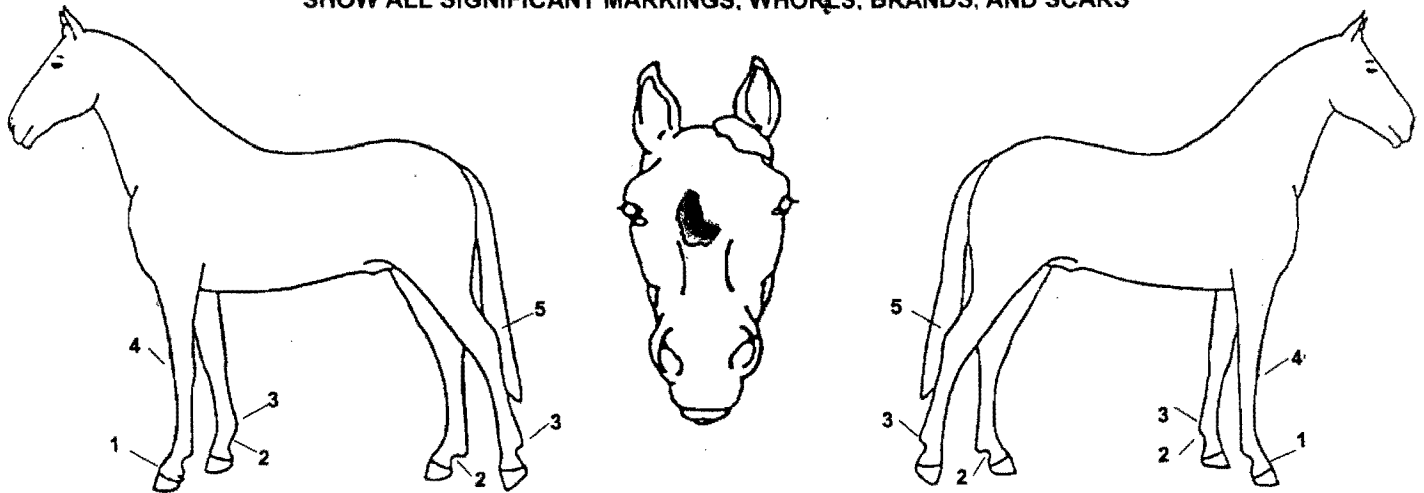
CERTIFICATION OF OWNER OR OWNER'S AGENT

examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME (b)(6)	15. SIGNATURE DATE (b)(6)
--	---	-------------------------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
	73			Bay	PH	351904	10	6	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAR	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.	32. DATE RECEIVED 12/15/19	33. DATE REPORTED OUT 12/15/19	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified form is a crime and may result in a fine of not more than \$10,000 or imprisonment for not more than 1 year (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **P 0168984**
1. ACCESSION NUMBER **ACL 10418**
2. DATE BLOOD DRAWN **12/15/19**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	8. NAME AND ADDRESS OF OWNER (Please print or type) Dennis Chavez SW L/S A LOS LUNAS, NM Zip Code 87031 Tel No. 865 4600 County
9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505) 610-4711 County		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505) 610-4711 County	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 12/15/19
--	--	---------------------------------------

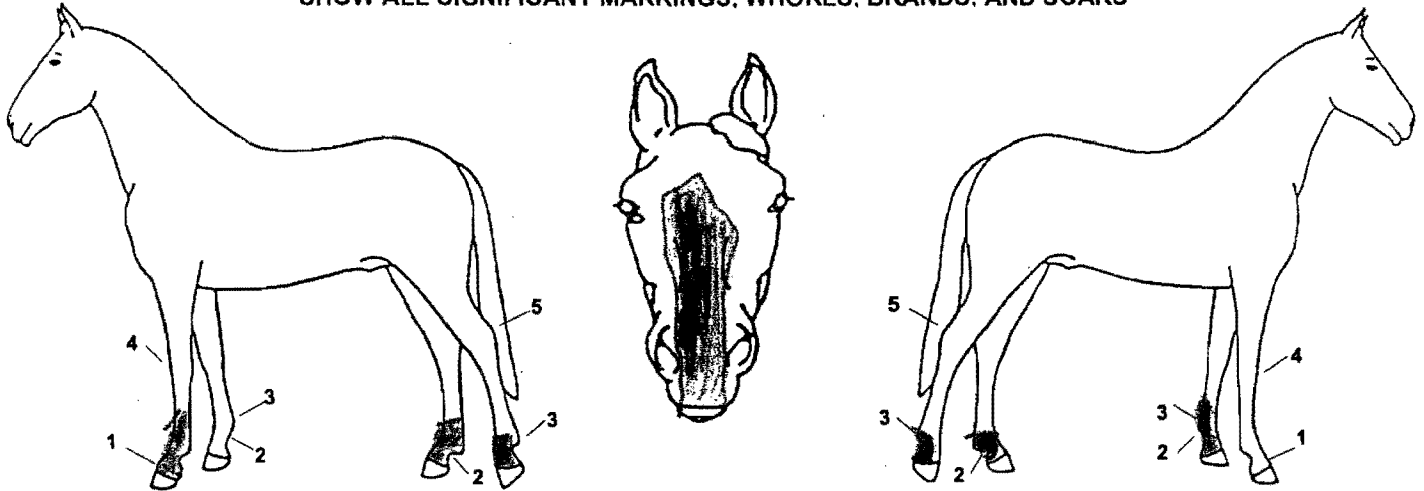
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify I examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
	89			Red	Dun PH	380093	5	6	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB Soch	28. RIGHT FORELIMB
29. LEFT HINDLIMB Soch	30. RIGHT HINDLIMB Soch

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.	32. DATE RECEIVED 12/15/19	33. DATE REPORTED OUT 12/15/19	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form for not more than

offense and may result in a fine of not more than \$10,000 or imprisonment for both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

P 0168987

1. ACCESSION NUMBER

ACL 10415

2. DATE BLOOD DRAWN

12/15/19

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export <input type="checkbox"/> AGID		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC. 14 DALLIES RD. LOS LUNAS, NM. Zip Code 87031-7400 Tel No. (505) 865-4600 County VALENCIA	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
8. NAME AND ADDRESS OF OWNER (Please print or type) Dennis Chavez SW L75 A Los Lunas, NM Zip Code 87031 Tel No. 865 4600 County		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.		12. SIGNATURE DATE 12/15/19	
---	--	--	--	---------------------------------------	--

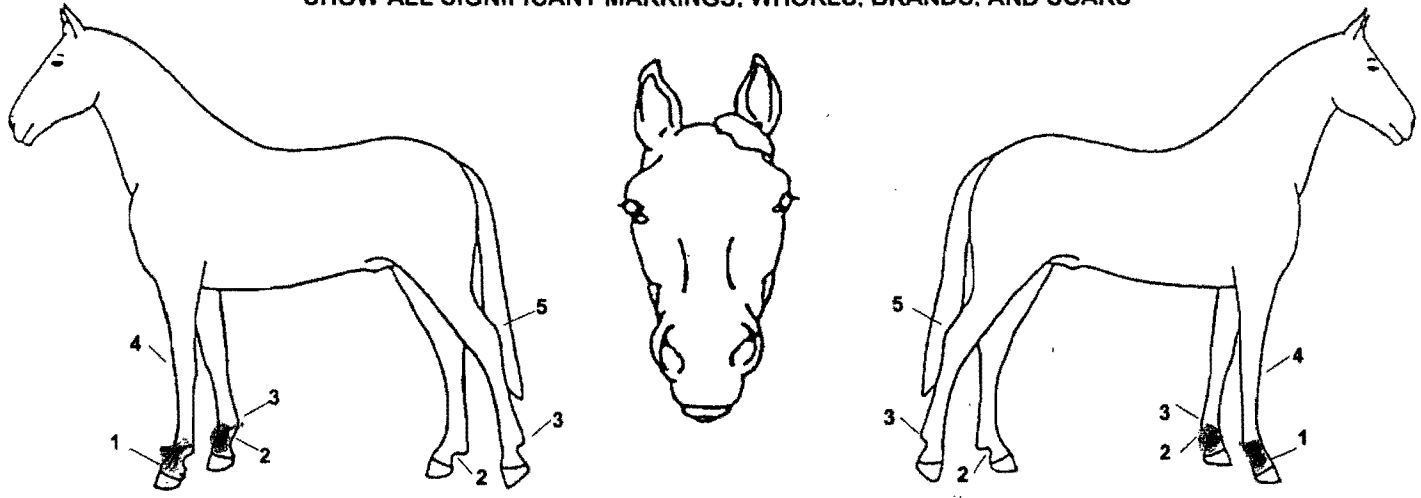
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE	
--	--	---	--	---------------------------	--

16. Tube No.	17. Official Tap No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
		5502		Some	Rood/QH	355769	7	6	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD NO MARKS		26. OTHER MARKS AND BRANDS NO MARKS	
27. LEFT FORELIMB Sock		28. RIGHT FORELIMB SOCK	
29. LEFT HINDLIMB		30. RIGHT HINDLIMB	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.		32. DATE RECEIVED 12/15/19		33. DATE REPORTED OUT 12/15/19		34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA	
36. SIGNATURE (b)(6)		35. REMARKS					

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. P 0168985	1. ACCESSION NUMBER <i>ACL 10417</i>	2. DATE BLOOD DRAWN <i>12/15/19</i>
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		14 DALLIES RD. LOS LUNAS, NM. Zip Code 87031-7600 Tel No. (505)865-4600 County VALENCIA	
8. NAME AND ADDRESS OF OWNER (Please print or type) Dennis Chaves SW L/S A Los Lunas, NM Zip Code 87031 Tel No. 865 4600 County		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505)610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that the blood sample submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 12/15/19
--	---	--------------------------------

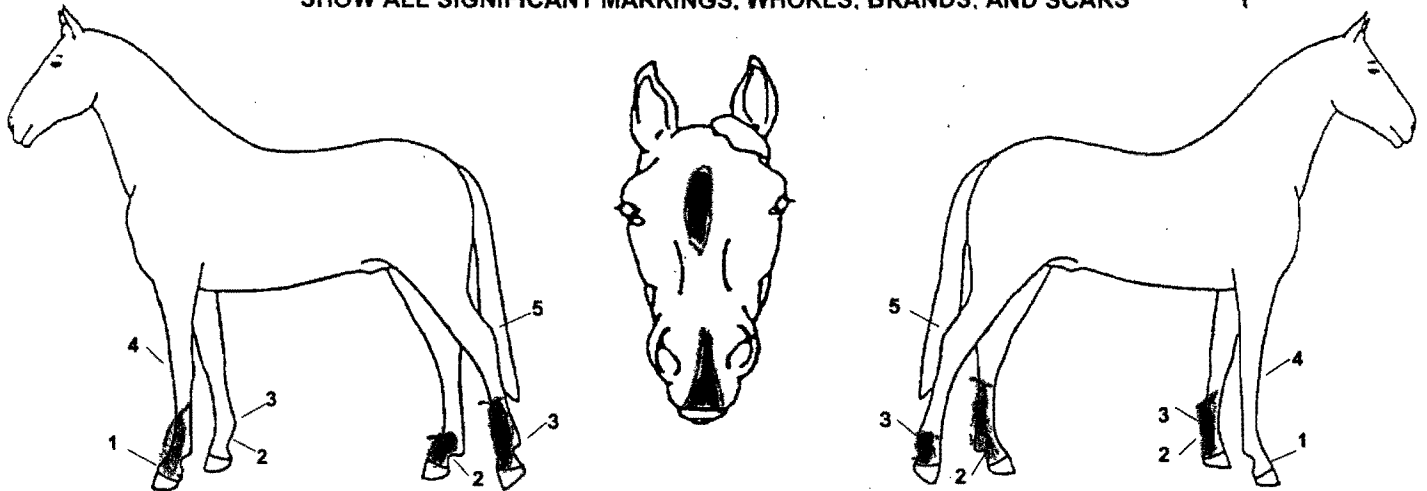
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
	58			Soan	PH	358120	4	6	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAR, strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB Soan	28. RIGHT FORELIMB Soan
29. LEFT HINDLIMB Soan	30. RIGHT HINDLIMB Soan

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.	32. DATE RECEIVED 12/15/19	33. DATE REPORTED OUT 12/15/19	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

P 0168986

1. ACCESSION NUMBER

ACLI 10416

2. DATE BLOOD DRAWN

12/15/19

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC. 14 DALLIES RD. LOS LUNAS, NM. Zip Code 87051-7400 Tel No. (505) 865-4600 County VALENCIA	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		8. NAME AND ADDRESS OF OWNER (Please print or type) Dennis Chavez SB L/S A Los Lunas, NM Zip Code 87051 Tel No. 865 4600 County	
9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO			

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that the sample submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.		12. SIGNATURE DATE 12/15/19	
---	--	--	--	---------------------------------------	--

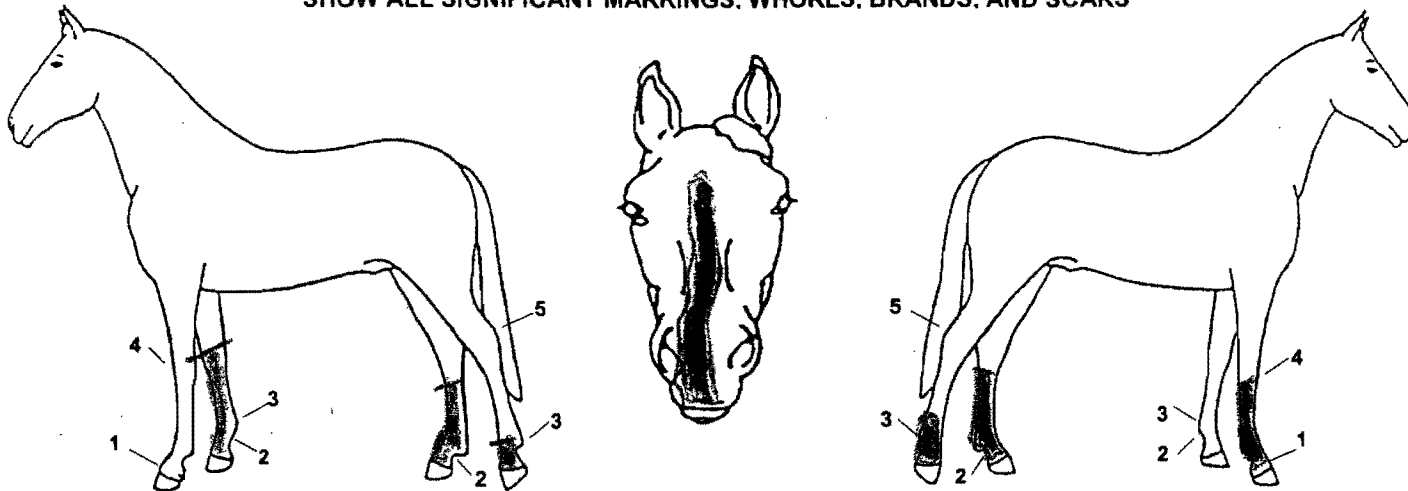
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE	
--	--	---	--	---------------------------	--

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
		5534			Sorrel	3445735	5	G	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip		26. OTHER MARKS AND BRANDS	
27. LEFT FORELIMB		28. RIGHT FORELIMB Sock	
29. LEFT HINDLIMB Sock		30. RIGHT HINDLIMB Sock	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.		32. DATE RECEIVED 12/15/19		33. DATE REPORTED OUT 12/15/19		34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA	
36. SIGNATURE (b)(6)				35. REMARKS			

Falsification of this form or knowingly using a falsified form is an offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.
P 0168988

1. ACCESSION NUMBER

ACL/ 10414

2. DATE BLOOD DRAWN

12/15/9

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		14 DALLIES RD. LOS LUNAS, NM. Zip Code 87031-7200 Tel No. (505)865-4600 County VALENCIA	
8. NAME AND ADDRESS OF OWNER (Please print or type) Dennis Chavez SS L/S A Los Lunas, NM Zip Code 87031 Tel No. 865 4600 County		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505)610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that the blood sample submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 12/15/9
--	--	--------------------------------------

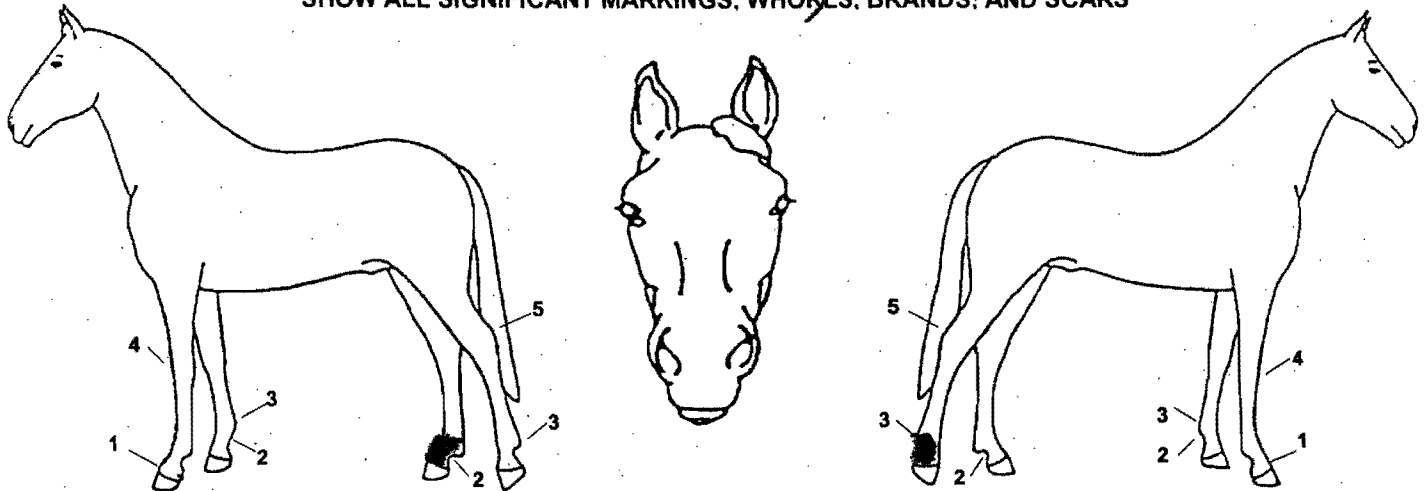
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
	\$588				BR, PH	353715	7	G	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB Sock

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.	32. DATE RECEIVED 12/15/9	33. DATE REPORTED OUT 12/15/9	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF VETERINARIAN (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. P 0168989	1. ACCESSION NUMBER ACL 10413	2. DATE BLOOD DRAWN 12/15/19
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC.	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		14 DALLIES RD. LOS LUNAS, NM. Zip Code 87031-7206 Tel No. (505)865-4600 County VALENCIA	
8. NAME AND ADDRESS OF OWNER (Please print or type) Dennis Chavez SW L/S A Los lunas, NM Zip Code 87031 Tel No. 865-4600 County		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505)610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that the information submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 12/15/19
--	--	---------------------------------------

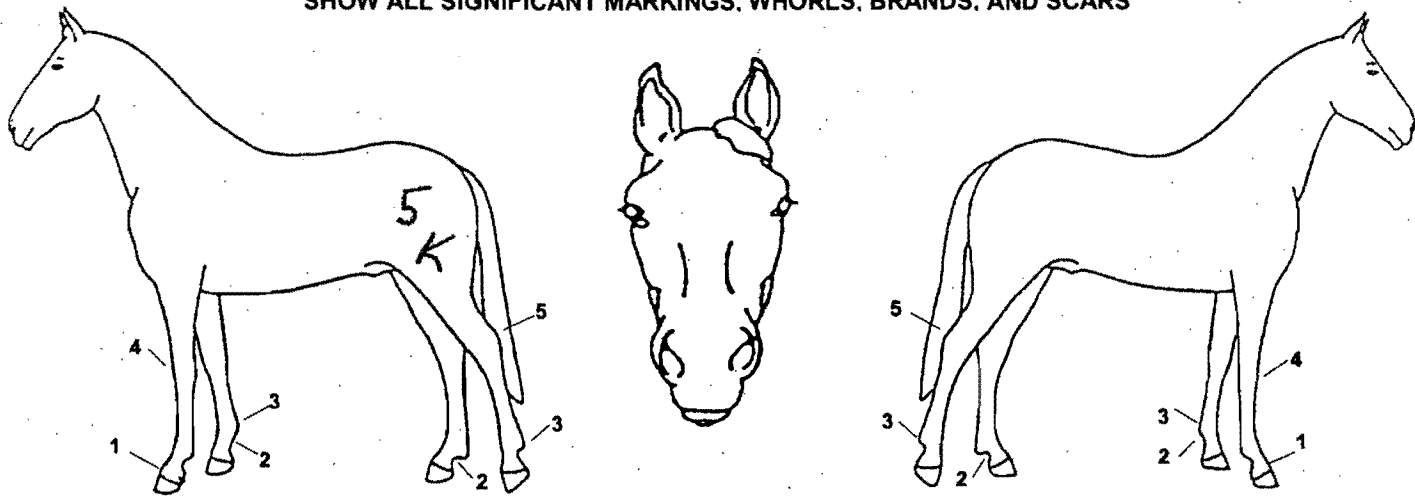
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
		70			BANDPH	355644	5	H	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS 5 K 4H
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.	32. DATE RECEIVED 12/15/19	33. DATE REPORTED OUT 12/15/19	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE (b)(6)			35. REMARKS

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. P 0168990	1. ACCESSION NUMBER <i>ACLI 10412</i>	2. DATE BLOOD DRAWN <i>12/15/19</i>
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input checked="" type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test	7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC. 14 DALLIES RD. LOS LUNAS, NM. Zip Code 87031-7208 Tel No. (505)865-4600 County VALENCIA
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167
6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	8. NAME AND ADDRESS OF OWNER (Please print or type) Dennis Chavez SW L/S A Los Lunas, NM Zip Code 87031 Tel No. 865-4600 County
9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW, ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505)610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that (b)(6) submitted with this Form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERAL VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 12/15/19
---	--	---------------------------------------

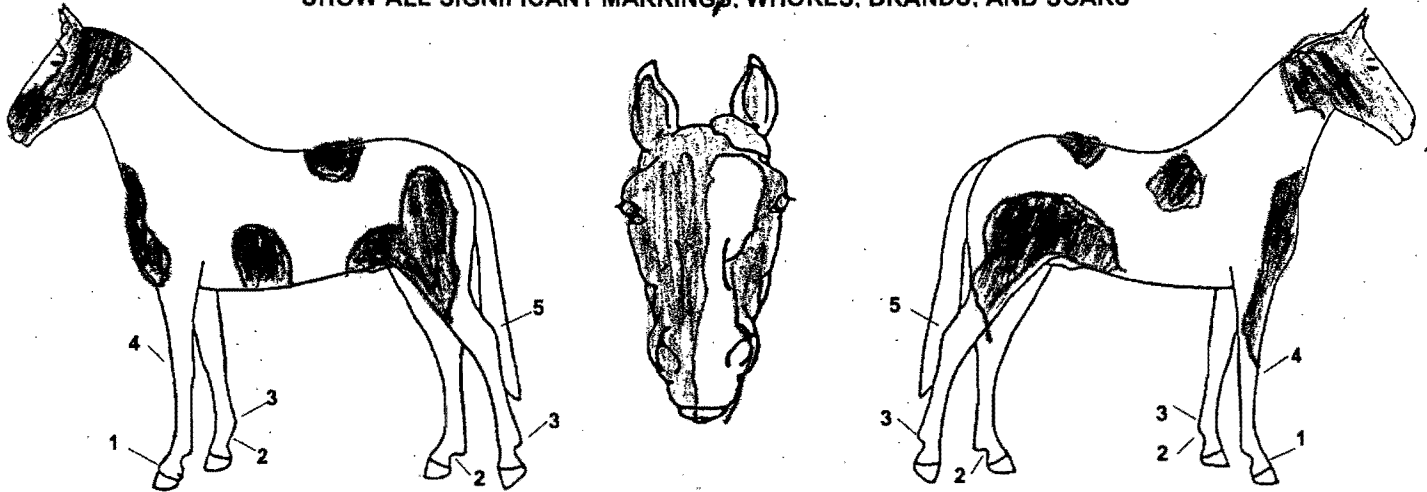
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	17. Official Tag No.	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
	59			Brown	PNT PNT	351152	106		

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Paint	26. OTHER MARKS AND BRANDS Paint
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.	32. DATE RECEIVED 12/15/19	33. DATE REPORTED OUT 12/15/19	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a crime and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICES
STATEMENT OF SERVICES



Originating Office Phone
505-589-6150

Control Number: 350300240
Office Id: 973503

Bertha Ruiz Pacheco
Elisa Griensen #7741
Col. Independencia #2
Juarez CH 32679

Service Date(s)
Begin: 14-JAN-10
End: 14-JAN-10

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	0759735177 0250	51.00	1.00	51.00

Total Due \$ 51.00

Remarks: HEALTH CERT#09-NM-050
DENNIS CHAVEZ, 24 DALIES RD. LOS LUNAS, NM 87031

Payment Information

Nfc Id 9999999999V

Date	Amount	Payment Type	Account/Check #
14-JAN-10	\$ 51.00	Money Order	14-038385600

THIS DOCUMENT CONTAINS A TRUE WATERMARK - HOLD UP TO LIGHT TO VIEW

WESTERN UNION MONEY ORDER	WESTERN UNION FINANCIAL SERVICES INC. - ISSUER <small>Englewood, Colorado</small>
<small>Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado</small>	
A 614483 D 122709 T 1505 41 140383856003 L 000435	14-038385600 \$ 51.00
#350300240 PAY EXACTLY FIFTY-ONE DOLLARS AND NO CENTS PAY TO THE ORDER OF <i>U.S. Dept. of Agriculture</i>	(b)(6)
(b)(6)	(b)(6)

be issued by the USDA, APHIS
your payment to: USDA/APHIS,

a US postal Money Order, the
red. If you have any

⑆102100400⑆ 40140383856003⑈



Health Certificate No. 09-NM-050
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)



**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
 FROM THE UNITED STATES OF AMERICA TO MEXICO
 CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

Note: Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

Nota: México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.

1. Name and Address of Exporter: **Dennis Chavez**
Nombre y Dirección del Exportador: **24 Dalies Rd**
Los Lunas, NM 87031
2. Name and Address of Importer: **Bertha Ruiz Pacheco**
Nombre y Dirección del Importador: **Carnicos De Jerez**
Jerez, Zacatecas MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
985170000311327	Gelding	7	347779	Gelding	8
335656	Gelding	5	348603	Gelding	7
369982	Gelding	6	347764	Mare	6
371008	Mare	4	373088	Mare	8
348640	Mare	7	347891	Gelding	5
349658	Mare	5	342031	Gelding	5
349673	Mare	8	342946	Mare	7
312184	Gelding	5	342446	Mare	9
342749	Mare	4	342388	Mare	5
348041	Gelding	5	311328	Gelding	7
347897	Mare	3	348151	Gelding	5
311308	Gelding	6	339934	Gelding	8
348324	Gelding	5	370203	Gelding	4
341256	Gelding	7	341274	Mare	3
311841	Mare	7	311853	Gelding	3
369808	Gelding	6	340276	Mare	5
347651	Gelding	4	341600	Mare	7
312142	Gelding	7	342901	Mare	6
347825	Mare	8	341761	Mare	4

Mexico, Slaughter horse HC

#352300 240



Health Certificate No. 09-NM-050
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341388	Mare	5	349791	Mare	4
383126	Mare	7	354291	Mare	7
376707	Mare	5	360681	Mare	5
361224	Mare	8	378902	Mare	8
383335	Mare	4	376329	Gelding	6
383386	Mare	7	375207	Gelding	5
375186	Gelding	8	382521	Gelding	6
357324	Gelding	6	363629	Gelding	6
361976	Mare	7	359354	Mare	6
375074	Gelding	4	378229	Gelding	6
373989	Mare	5	372732	Gelding	7
357658	Mare	4	377377	Gelding	5
359725	Gelding	6	358849	Gelding	4
383273	Gelding	4	379036	Mare	5
360737	Gelding	7	359400	Gelding	6
379004	Mare	5	361328	Gelding	5
374415	Gelding	4	359892	Mare	5
378246	Gelding	7	375357	Mare	8
359459	Mare	5	357139	Gelding	7

Mexico, Slaughter horse HC



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Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
374609	Mare	6	349464	Gelding	7
383773	Gelding	4	348661	Mare	5
384964	Mare	8	341404	Mare	4
373632	Mare	5	370741	Gelding	3
375385	Gelding	7	382337	Gelding	7
348554	Gelding	8	349700	Mare	4
373597	Gelding	6	341385	Gelding	8
360803	Mare	7	383467	Mare	6
381105	Gelding	5	360300	Gelding	7
383099	Mare	3	383499	Mare	4
375952	Gelding	4	375368	Mare	6
376270	Gelding	7	361187	Mare	5
372041	Gelding	5	361995	Gelding	4
311217	Mare	8	381295	Mare	5
371100	Mare	6	378106	Gelding	7
334329	Mare	5	375502	Gelding	4
347814	Gelding	7	382551	Gelding	8
340054	Mare	6	360769	Mare	3
336653	Mare	8	382568	Gelding	7

Mexico, Slaughter horse HC



Health Certificate No. **09-NM-050**
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Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
359551	Gelding	7	358839	Gelding	6
376317	Gelding	5	377627	Gelding	4
382773	Mare	6	377770	Mare	8
373975	Gelding	5	383715	Gelding	4
358911	Gelding	6	381646	Mare	6
377069	Mare	7	377242	Mare	7
381234	Mare	5	381414	Mare	5
381093	Mare	8	361680	Mare	6
361794	Mare	6	360476	Gelding	7
384289	Mare	5	375082	Gelding	4
361041	Gelding	6	375839	Mare	7
375928	Gelding	8	379687	Mare	4
378338	Gelding	7	353905	Mare	8
374128	Gelding	5	360155	Gelding	7
358552	Gelding	4	375443	Mare	8
376555	Mare	8	379620	Mare	6
361777	Mare	6	354038	Gelding	5
374015	Gelding	6	356734	Mare	8
382288	Mare	5	359273	Mare	7

Mexico, Slaughter horse HC



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383169	Gelding	5	375241	Gelding	7
360206	Mare	6	359889	Mare	6
359188	Mare	4	375787	Mare	5
383001	Mare	7	375238	Gelding	6
373651	Mare	4	361103	Mare	8
362621	Gelding	7	375151	Mare	6
355393	Mare	5	360923	Gelding	7
383058	Mare	4	379093	Mare	5
378847	Mare	5	358296	Mare	6
375855	Gelding	4	382863	Mare	8
376785	Mare	9	358677	Gelding	5
359629	Gelding	5	378544	Mare	7
377743	Mare	6	360133	Gelding	5
376824	Mare	7	381698	Mare	4
378565	Mare	9	377327	Mare	8
382072	Mare	6	359423	Gelding	5
360637	Mare	5	381953	Mare	6
383582	Mare	7	375926	Mare	8
383831	Gelding	4	359977	Mare	7

Mexico, Slaughter horse HC



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Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
381604	Gelding	6			
378270	Gelding	7			
375964	Mare	6			
334026	Mare	5			

Mexico, Slaughter horse HC



Health Certificate No. 09-NM-050
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Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada

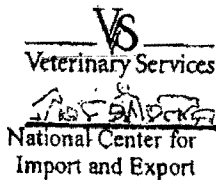
CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.
Los animales son originarios de Estados Unidos.

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.
A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.
 Inspection date / Fecha de inspección January 9th 2010

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.
Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.
Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.



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(Delete as appropriate / *Remueva lo que no aplique*)

5. [The animals are free of ectoparasite and originated from areas not under quarantine for *Boophilus* spp ticks.].

[*Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.*]

C.Y Brasmer
Name of Accredited Veterinarian
*Nombre del Médico Veterinario
Acreditado*

Walter F. Howe
Name of Endorsing Federal Veterinarian
*Nombre del Médico Veterinario
Federal que endosa.*

Signature of Accredited Veterinarian and Date
Firma del Médico Veterinario Acreditado y Fecha
1-9-2010

(b)(6)

(b)(6)

and Date
Firma del Médico Veterinario que endosa y Fecha
1/12/10

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) (*Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal.*)

Mexico, Slaughter horse HC



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**AFFIDAVIT
DECLARACIÓN JURADA**

I. Dennis Chavez declare that, to my best knowledge horses included in this shipment and accompanied by the health certificate # _____ have not been fed or treated within the last one hundred and eighty days (180) prior to shipment with the following compounds, plants or drugs.

Por este medio declaro que a mi saber y entender los caballos en este embarque, acompañados por el certificado sanitario número _____ no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta (180) días antes del embarque.

1. Aristolochia spp and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (included furazolidone), ronidazol.

Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (including furazolidona) y rodinazole.

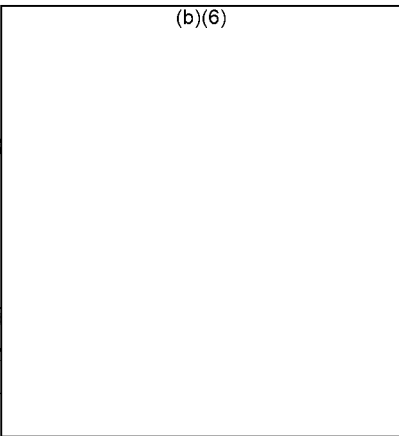
2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol and raptopamine.

Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol y raptopamina.

3. The following thyrostatics substances were not used: thiouracil, methylthiouracil phenylthiouracil and propylthiouracil.

Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.

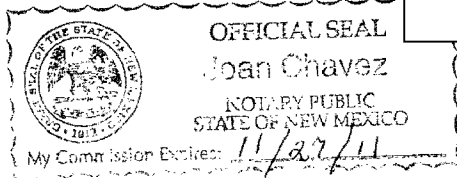
Date and signature of the exporter
Fecha y firma del exportador



1-9-2010

Date and signature of the Notary
Fecha y firma del Notario Publico

1-9-2010



Mexico, Slaughter horse HC

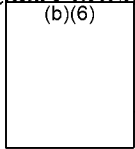
**C.Y. BRASMER DVM
5900 Jones Place NW
Albuquerque, NM 87120
505-610-4711**

I hereby certify to the best of my knowledge that the 194 head of horses;

tagged 8801 thru 8994 and -----

inspected today to accompany Health Certificate No. 09-NM-050 are in good health and not of

Kentucky origin.



C.Y. Brasmer DVM

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

FORM APPROVED
OMB NO.
0579-0160

09-NN-050

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

TIME HORSES LOADED ON CONVEYANCE <u>8:00am</u>	DATE <u>1-9-10</u>	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <u>Los Lunas, New Mexico</u>
VEHICLE LICENSE NO. AND DRIVER'S NAME (b)(6)	NAME OF AUCTION/MARKET <u>Southwest Livestock</u>	CONSIGNEE (RECEIVER/DESTINATION) NAME <u>Bertha Ruiz Pacheco</u>
CONSIGNOR (OWNER/SHIPPER) NAME <u>Dennis Chavez</u>	STREET ADDRESS <u>24 Dalies Rd</u>	STREET ADDRESS <u>Carnicos de Jerez</u>
CITY, STATE, ZIP CODE <u>Los Lunas, nm 87031</u>	CITY, STATE, ZIP CODE <u>Jerez, Zacatecas mx</u>	CITY, STATE, ZIP CODE <u>Santa Teresa, Nm 88008</u>
AREA CODE & TELEPHONE NO. <u>505-865-4600</u>	AREA CODE & TELEPHONE NO. <u>915-252-6614</u>	

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION					BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal			Geld
1	USFM	8801																985170000311307
2		02	/															335656
3		03	/															369982
4		04	/										/					371008
5		05											/					348640
6		06											/					349658
7		07	/										/					349673
8		08																312184
9		09				/							/					342749
10		10	/															348041
11		11			/								/					347897
12		12											/					311308
13		13											/					348324
14		14				/							/					341256
15		15											/					311841

HORSES HAVE HAD A
HOURS IMMEDIATELY

SIGNATURE

I HEREBY AUTHORIZE 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 provided in this form is true and correct to the best of my knowledge.)

MAXIMUM OF 6 CONSECUTIVE

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____

DATE _____

TIME _____

**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

09-NM-050

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USFA	8816				/							/				/	369808	
17		17				/							/				/	347651	
18		18	/										/				/	312142	
19		19		/									/				/	347825	
20		20							b. skin				/				/	347779	
21		21					/						/				/	348603	
22		22				/							/				/	347764	
23		23	/										/				/	373088	
24		24							SR				/				/	347891	
25		25	/										/				/	342031	
26		26				/							/				/	342946	
27		27	/										/				/	342446	
28		28	/										/				/	342388	
29		29							SR				/				/	311328	
30		30							roan				/				/	348151	
31		31					/						/				/	339934	
32		32		/									/				/	370203	
33		33	/										/				/	341274	
34		34							SR				/				/	311853	
35		35	/										/				/	340276	
36		36				/							/				/	341600	
37		37		/									/				/	342901	
38		38	/										/				/	341761	
39		39	/										/				/	341388	
40		40	/										/				/	383126	
41		41							SR				/				/	376707	
42		42							b. skin				/				/	361224	
43		43		/									/				/	383335	
44		44	/										/				/	383386	
45		45							SR				/				/	375186	

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 NO (b)(6) 001.

SIGNATURE OF OWNER

is true and correct to the best of my knowledge.)

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

09-NH-050

	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	UBFH	8846				/					/						/	357324	
17		47			/						/					/		360976	
18		48							SR	/							/	375074	
19		49			/						/					/		373989	
20		50	/								/					/		357658	
21		51	/								/						/	359725	
22		52							SR	/							/	383273	
23		53				/					/						/	360737	
24		54	/								/					/		379004	
25		55				/					/						/	374415	
26		56	/								/						/	378246	
27		57				/					/					/		359459	
28		58							SR	/							/	349791	
29		59		/							/						/	354291	
30		60							SR	/							/	360681	
31		61				/					/						/	378902	
32		62			/						/						/	376329	
33		63	/								/						/	375207	
34		64							SR	/							/	382521	
35		65	/						SR	/							/	363629	
36		66		/							/					/		359354	
37		67	/								/						/	378229	
38		68				/					/						/	372732	
39		69							SR	/							/	377377	
40		70				/					/						/	358849	
41		71	/								/					/		379036	
42		72	/								/						/	359400	
43		73							SR	/							/	361328	
44		74			/						/					/		359892	
45		75							SR	/						/		375357	

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 IMPRISONMENT FOR NOT MORE THAN 5 YEARS AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR

SIGNATURE OF OWNER/SHIPPER

(b)(6)

correct to the best of my knowledge.)

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FORM APPROVED
OMB NO.
0579-0160

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

(Please type or print in Ink)

09-NM-050

	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	1654	8876	/							/						/	357139	
17		77	/							/				/			374609	
18		78						SR		/						/	383773	
19		79	/							/				/			384964	
20		80						brown		/				/			373632	
21		81	/							/						/	375385	
22		82	/							/						/	348554	
23		83	/							/						/	373597	
24		84		/						/				/			360803	
25		85		/						/						/	381105	
26		86						roan		/				/			383099	
27		87						brown		/						/	375952	
28		88						SR		/						/	376270	
29		89						SR		/						/	372041	
30		90	/							/				/			311217	
31		91	/							/				/			371100	
32		92						SR		/				/			334329	
33		93						app		/						/	347814	
34		94	/							/				/			340054	
35		95			/					/				/			336653	
36		96			/					/						/	349464	
37		97						SR		/				/			348661	
38		98						brown		/				/			341404	
39		99						brown		/						/	370741	
40		8900						SR		/						/	382337	
41		01	/							/				/			349700	
42		02			/					/						/	341385	
43		03			/					/				/			383467	
44		04			/					/						/	360300	
45		05	/							/				/			383499	

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SIGNATURE OF OWNER/SHIPPER

(b)(6)

is true and correct to the best of my knowledge.)

**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

09-NM-050

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	8906	/							/				/			375368	
17		07						palo		/				/			361187	
18		08	/							/						/	361995	
19		09	/							/				/			381295	
20		10	/							/						/	378106	
21		11				/				/						/	375502	
22		12				/				/						/	382551	
23		13			/					/				/			368769	
24		14				/				/						/	382568	
25		15						SR		/						/	359551	
26		16						grullo		/						/	376317	
27		17				/				/				/			382773	
28		18						SR		/						/	373975	
29		19	/							/						/	358911	
30		20	/							/				/			377069	
31		21	/							/				/			381234	
32		22						SR		/				/			381093	
33		23						SR		/				/			361794	
34		24						palo		/				/			384289	
35		25				/				/						/	361041	
36		26	/							/						/	375928	
37		27			/					/						/	378338	
38		28						dun		/						/	374128	
39		29						SR		/						/	358552	
40		30						SR		/				/			376555	
41		31						SR	/					/			361777	
42		32						dun		/						/	374015	
43		33			/					/				/			382288	
44		34	/							/						/	358839	
45		35						SR		/						/	377627	

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SIGNATURE OF OWNER/SHIPPER (I or agent) (b)(6) (to the best of my knowledge)

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FORM APPROVED
OMB NO.
0579-0160

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

(Please type or print in Ink)

09-NN-050

	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	USFH	8936	/										/				377770		
17		37						app					/				/	383715	
18		38						dun					/					381646	
19		39	/										/					377242	
20		40						pale					/					381414	
21		41				/							/					361680	
22		42				/							/				/	360476	
23		43						sr					/				/	375082	
24		44				/							/					375839	
25		45						rdan					/					379687	
26		46						pale					/					353905	
27		47						grullo					/				/	360155	
28		48						brwn					/					375443	
29		49		/									/					379620	
30		50	/						/				/				/	354038	
31		51	/										/					356734	
32		52		/									/					359273	
33		53						sr					/				/	383169	
34		54						sr					/					360206	
35		55	/										/					359188	
36		56						sr					/					383001	
37		57	/										/					373651	
38		58	/										/				/	362621	
39		59						sr					/					355393	
40		60	/										/					383058	
41		61				/							/					378847	
42		62						bskin					/				/	375855	
43		63	/										/					376785	
44		64						sr					/				/	359629	
45		65						bskin					/					377743	

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SIGNATURE OF OWNER/SHIPPER (I certify

(b)(6)

to the best of my knowledge)

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FORM APPROVED
OMB NO.
0579-0160

09-NM-050

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

(Please type or print in ink)

	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	ISEH	89166						SR	/				/				376824	
17		67						SR	/				/				378565	
18		68	/									MULE	/				382072	
19		69						SR	/				/				360637	
20		70						SR	/				/				383582	
21		71						bskin	/							/	383831	
22		72						SR	/							/	375241	
23		73	/						/				/				359889	
24		74	/						/				/				375787	
25		75	/						/							/	375238	
26		76						SR	/				/				361103	
27		77	/						/				/				375151	
28		78	/						/							/	360923	
29		79						SR	/				/				379093	
30		80	/						/				/				358296	
31		81	/						/				/				382863	
32		82	/						/							/	358677	
33		83	/						/				/				378544	
34		84						SR	/							/	360133	
35		85	/						/				/				381698	
36		86						SR	/				/				377327	
37		87	/						/							/	359423	
38		88						SR	/				/				381953	
39		89						SR	/				/				375926	
40		90	/						/				/				359977	
41		91						SR	/							/	381604	
42		92		/					/							/	378270	
43		93	/						/				/				375904	
44		94		/					/				/				334026	
45																		

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SIGNATURE OF OWNER/SHIPPER (I certify that

... of my knowledge.)

UNITED STATES DEPARTMENT OF AGRICULTURE
 ANIMAL AND PLANT HEALTH INSPECTION SERVICES
 STATEMENT OF SERVICES

Originating Office Phone
 505-589-6150

Control Number: 350300230
 Office Id: 973503

Bertha Ruiz Pacheco
 Elisa Griensen #7741
 Col. Independencia #2
 Juarez CH 32679

Service Date(s)
 Begin: 21-DEC-09
 End: 21-DEC-09

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	0759735177 0250	51.00	1.00	51.00

Total Due \$ 51.00

Remarks: VS HEALTH CERT# 09-NM-046
 DENNIS CHAVEZ, 24 DALIES RD. LOS LUNAS, NM 87031

Payment Information

Nfc Id 9999999999V

Date	Amount	Payment Type	Account/Check #
21-DEC-09	\$ 51.00	Money Order	09-161101554

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATER MARK - HOLD AT AN ANGLE TO VIEW

WESTERN UNION MONEY ORDER **INTEGRATED PAYMENT SYSTEMS, INC. - ISSUER**
 Englewood, Colorado

09-161101554
 82-40/1021

AGENT 60530Z DATE 121909
 TIME 0849 05
 091611015543 LOCATION 001238

51.00
 4 1 5 ****

** PAY EXACTLY FIFTY-ONE DOLLARS AND NO CENTS *****

PAY EXACTLY
 PAY TO THE U.S.D.A. (b)(6)

(b)(6)

Will be issued by the USDA, APHIS
 Will your payment to: USDA/APHIS,
 or a US postal Money Order, the
 learned. If you have any

Western Union Money Order and Design is a service mark of Western Union Holdings, Inc./Payable to
 @ 1021004001: 40091611015543

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICES
STATEMENT OF SERVICES

Originating Office Phone
505-589-6150

Control Number: 350300230
Office Id: 973503

Bertha Ruiz Pacheco
Elisa Griensen #7741
Col. Independencia #2
Juarez CH 32679

Service Date(s)
Begin: 21-DEC-09
End: 21-DEC-09

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	0759735177 0250	51.00	1.00	51.00

Total Due \$ 51.00

Remarks: VS HEALTH CERT# 09-NM-046
DENNIS CHAVEZ, 24 DALIES RD. LOS LUNAS, NM 87031


Payment Information

Nfc Id
9999999999V

Date	Amount	Payment Type	Account/Check #
21-DEC-09	\$ 51.00	Money Order	09-161101554

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATER MARK - HOLD AT AN ANGLE TO VIEW

WESTERN UNION MONEY ORDER



VALERO (ISSUER'S AGENT)

#35030250

INTEGRATED PAYMENT SYSTEMS, INC. - ISSUER
Englewood, Colorado

09-161101554
82-40/1021

AGENT 60530Z DATE 121909
TIME 0849 05
091611015543 LOCATION 001238

51.00
41.00 ****

** PAY EXACTLY FIFTY-ONE DOLLARS AND NO CENTS *****

PAY EXACTLY
PAY TO THE ORDER OF
U. S. O. A. (b)(6)

(b)(6)

Western Union Money Order and Design is a service mark of Western Union Holdings, Inc./Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado

Will be issued by the USDA, APHIS
will your payment to: USDA/APHIS,
or a US postal Money Order, the
learned. If you have any

⑆102100400⑆ 40091611015543⑈



Health Certificate No. 09-NM-046
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
 FROM THE UNITED STATES OF AMERICA TO MEXICO
 CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

Note: Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

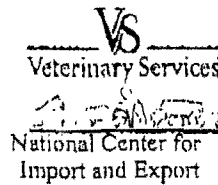
Nota: México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.

1. Name and Address of Exporter: Dennis Chavez
 Nombre y Dirección del Exportador: 24 Dalies Rd
 Los Lunas, NM 87031
2. Name and Address of Importer: Bertha Ruiz Pacheco
 Nombre y Dirección del Importador: Rastro Municipal TIF 366
 Periterico Lombardo Toledano 13401 Chih. Chih
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
985170000349397	Mare	6	985170000367076	Geld	5
985170000371536	Mare	7	985170000365607	Geld	6
985170000367962	Geld	6	985170000340004	Geld	7
985170000331558	Mare	7	985170000365928	Geld	5
985170000329972	Mare	8	985170000366532	Geld	7
985170000308251	Geld	5	985170000345617	Geld	6
985170000372356	Geld	7	985170000346102	Mare	5
985170000340854	Mare	6	985170000364289	Geld	7
985170000372443	Mare	7	985170000365064	Mare	6
985170000352610	Geld	5	985170000340247	Gelding	4
985170000331913	Geld	6	985170000345203	Geld	5
985170000346179	Mare	5	985170000346616	Geld	4
985170000306312	Mare	4	985170000336870	Mare	6
985170000345612	Geld	6	985170000335330	Geld	4
985170000368909	Geld	4	985170000306820	Mare	6
985170000372318	Geld	8	985170000368601	Mare	7
985170000345060	Mare	7	985170000367195	Geld	6
985170000367462	Geld	7	985170000330690	Geld	7
985170000331121	Mare	6	985170000333329	Geld	6
985170000332837	Mare	7	985170000330174	Geld	5

Mexico, Slaughter horse HC

#352300230



Health Certificate No. **09-NM-046**
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
 FROM THE UNITED STATES OF AMERICA TO MEXICO
 CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

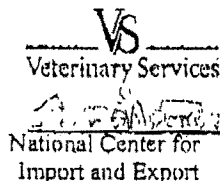
Note: Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

Nota: México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.

1. Name and Address of Exporter: **Dennis Chavez**
Nombre y Dirección del Exportador: 24 Dalies Rd
 Los Lunas, NM 87031
2. Name and Address of Importer: **Bertha Ruiz Pacheco**
Nombre y Dirección del Importador: Rastro Municipal TIF 366
 Periterico Lombardo Toledano 13401 Chih. Chih
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
985170000353043	Mare	4	985170000352359	Mare	5
985170000366655	Geld	6	985170000339237	Geld	6
985170000353275	Geld	7	985170000339103	Geld	7
985170000373766	Geld	5	985170000369801	Mare	6
985170000333065	Mare	4	985170000374509	Mare	7
985170000345885	Geld	3	985170000371929	Mare	6
985170000845717	Mare	4	985170000313514	Mare	7
985170000352213	Mare	6	985170000369134	Mare	6
985170000365441	Geld	7	985170000312216	Mare	5
985170000344752	Mare	8	985170000332552	Mare	8
985170000346483	Mare	6	985170000347753	Mare	4
985170000336435	Mare	8	985170000363601	Geld	3
985170000336992	Geld	5	985170000308354	Mare	2
985170000312699	Mare	6	985170000353282	Geld	3
985170000374020	Geld	7	985170000340851	Mare	4
985170000329736	Mare	6	985170000367459	Geld	5
985170000368048	Mare	5	985170000353592	Mare	6
985170000369020	Mare	7	985170000346493	Mare	7
985170000344645	Mare,	6	985170000366497	Mare	9
985170000332987	Mare	7	985170000349595	Mare	10

Mexico, Slaughter horse HC



Health Certificate No. 09-NM-046
 (Valid only if the USDA Veterinary Seal
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**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
 FROM THE UNITED STATES OF AMERICA TO MEXICO
 CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

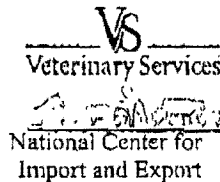
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Nombre y Dirección del Importador: Rastro Municipal TIF 366
 Periterico Lombardo Toledano 13401 Chih. Chih
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Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
985170000344648	Geld	3	985170000371880	Mare	6
985170000348841	Geld	4	985170000341525	Geld	8
985170000349009	Geld	7	985170000312092	Mare	7
985170000313051	Mare	6	985170000373519	Geld	4
985170000333459	Geld	7	985170000370708	Mare	2
985170000342228	Mare	8	985170000313183	Mare	5
985170000341485	Mare	6	985170000311391	Geld	3
985170000341899	Mare	5	985170000342014	Mare	7
985170000345816	Mare	4	985170000339018	Mare	9
985170000377431	Geld	2	985170000339036	Mare	8
985170000348695	Mare	5	985170000348368	Mare	7
985170000369827	Geld	7	985170000331510	Mare	5
985170000349383	Geld	6	985170000312816	Geld	3
985170000335247	Mare	9	985170000342808	Geld	4
985170000338554	Mare	8	985170000313084	Mare	6
985170000339937	Geld	6	985170000333859	Mare	8
985170000370221	Geld	7	985170000372055	Geld	9
985170000342920	Geld	6	985170000373608	Geld	7
985170000374155	Mare	7	985170000310906	Mare	6
9851700003488678	Gelding	8	985170000345099	Mare	5

Mexico, Slaughter horse HC



Health Certificate No. **09-NM-046**
 (Valid only if the USDA Veterinary Seal
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**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
 FROM THE UNITED STATES OF AMERICA TO MEXICO
 CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

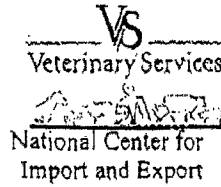
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 Periterico Lombardo Toledano 13401 Chih.Chih
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
985170000346503	Geld	6	985170000330688	Mare	4
985170000352483	Geld	7	985170000372955	Geld	6
985170000367946	Geld	4	985170000341196	Geld	7
985170000348080	Geld	5	985170000338647	Geld	5
985170000368558	Geld	7	985170000365503	Mare	4
985170000363920	Geld	6	985170000342429	Geld	3
985170000365344	Mare	5	985170000313015	Mare	4
985170000373039	Geld	7	985170000371904	Mare	6
985170000371759	Mare	6	985170000369305	Geld	7
985170000366265	Geld	4	985170000348956	Mare	8
985170000346844	Geld	5	985170000341030	Mare	7
985170000345358	Geld	4	985170000352557	Geld	6
985170000369124	Mare	6	985170000341080	Mare	7
985170000363577	Geld	4	985170000345875	Geld	8
985170000366355	Mare	6	985170000371840	Mare	9
985170000342346	Mare	7	985170000345319	Mare	3
985170000349474	Geld	6	985170000365628	Mare	4
985170000364327	Geld	7	985170000328596	Mare	3
985170000366062	Geld	6	985170000367797	Geld	6
985170000365560	Geld	5			

Mexico, Slaughter horse HC



Health Certificate No. 09-NM-046
 (Valid only if the USDA Veterinary Seal
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Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

Los animales son originarios de Estados Unidos.

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.

A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.

Inspection date / Fecha de inspección December 19th 2009

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.

Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.

Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.

Mexico, Slaughter horse HC



Health Certificate No. 09-NM-046
(Valid only if the USDA Veterinary Seal
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(Delete as appropriate / Remueva lo que no aplique)

5. The animals are free of ectoparasite and originated from areas not under quarantine for Boophilus spp. ticks.

~~[Los animales estan libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.]~~

C.Y Brasmer
Name of Accredited Veterinarian
Nombre del Médico Veterinario
Acreditado

(b)(6)

Name of Endorsing Federal Veterinarian
Nombre del Médico Veterinario
Federal que endosa.

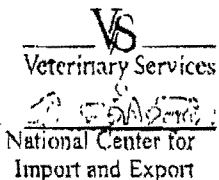
(b)(6)
12/19/09
Signature of Accredited Veterinarian and Date
Firma del Médico Veterinario Acreditado
y Fecha

(b)(6)

12/21/09
Signature of Endorsing Federal Veterinarian
and Date
Firma del Médico Veterinario que endosa
y Fecha

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) (Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal).

Mexico, Slaughter horse HC



Health Certificate No. 09-NM-046
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

**AFFIDAVIT
DECLARACIÓN JURADA**

I, Dennis Chavez declare that, to my best knowledge horses included in this shipment and accompanied by the health certificate # _____ have not been fed or treated within the last ninety (180) days prior to shipment with the following compounds, plants or drugs.

Por este medio declaro que a mi saber y entender los caballos en este embarque, acompañados por el certificado sanitario número _____ no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los noventa días antes del embarque.

1. Aristolochia spp and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (included furazolidone), ronidazol.
Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (including furazolidona) y rodinazole.

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol and raptopamine.
Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol y raptopamina.

3. The following thyrostatics substances were not used: thiouracil, methylthiouracil phenylthiouracil and propylthiouracil.
Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiltiuracilo, feniltiuracilo y propiltiuracilo.

(b)(6)
[Redacted signature area]

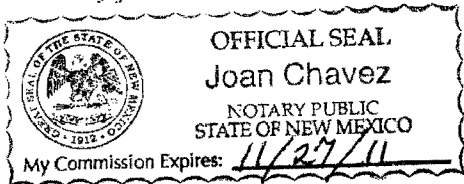
Date and signature of the exporter
Fecha y firma del exportador

12/19/09

(b)(6)
[Redacted signature area]

Date and signature of the Notary Public
Fecha y firma del Notario Publico

12/19/09



Mexico, Slaughter horse IIC

**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

09-NM-046

TIME HORSES LOADED ON CONVEYANCE 8:00 AM	DATE 12/19/09	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE Los Lunas, New Mexico
RIVER'S NAME Trucking-#22 #723	NAME OF AUCTION/MARKET Southwest Livestock Auction	
CONSIGNOR (OWNER/SHIPPER) NAME Dennis Chavez	CONSIGNEE (RECEIVER/DESTINATION) NAME Bertha Ruiz Pacheco	
STREET ADDRESS 24 Dalies Rd	STREET ADDRESS Rastro Municipal TIF 366	
CITY, STATE, ZIP CODE Los Lunas, NM 87031	CITY, STATE, ZIP CODE Periterico Lombardo Toledano Santa Teresa, NM 88008 13401 Chih..Chih	
AREA CODE & TELEPHONE NO. 505-865-4600	AREA CODE & TELEPHONE NO. 915-252-6614	

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	USFH	5540				X					X					X			MC#985170000349397
2	USFH	5541							SR		X					X			MC#985170000371536
3	USFH	5542							SR		X						X		MC#985170000367962
4	USFH	5543							SR		X					X			MC#985170000331558
5	USFH	5544							SR		X					X			MC#985170000329972
6	USFH	5545	X								X						X		MC#985170000308251
7	USFH	5546							RN		X						X		MC#985170000372356
8	USFH	5547	X								X					X			MC#985170000340854
9	USFH	5548		X								X				X			MC#985170000372443
10	USFH	5549							Palo		X						X		MC#985170000352610
11	USFH	5550		X							X						X		MC#985170000331913
12	USFH	5551		X							X					X			MC#985170000346179
13	USFH	5552		X							X					X			MC#985170000306312
14	USFH	5553							BRN		X						X		MC#985170000345612
15	USFH	5554				X					X						X		MC#985170000368909

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY PRIOR TO LOADING. (b)(6)

SIGNATURE _____

I HEREBY AUTHORIZE THE INFORMATION CONTAINED IN THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE 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 (b)(6) _____

the best of my knowledge _____

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____

DATE _____

TIME _____

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FORM APPROVED
OMB NO. 0579-0160

09-NM-046

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

(Please type or print in Ink)

	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	USFH	5555		/						/								Microchip # MC# 985170000372318
17		56								/								985170000345060
18		57		/						/								985170000367462
19		58		/						/								985170000333121
20		59								/								985170000332837
21		60								/								985170000367076
22		61								/								985170000365607
23		62				/				/								985170000340004
24		63			/					/								985170000365928
25		64								/								985170000366532
26		65								/								985170000345617
27		66								/				/				985170000346102
28		67		/						/								985170000364289
29		68								/				/				985170000365064
30		69			/					/								985170000340247
31		70								/								985170000345203
32		71								/								985170000346016
33		72								/				/				985170000336870
34		73	/							/								985170000335330
35		74		/						/				/				985170000306820
36		75								/				/				985170000368601
37		76				/				/								985170000367195
38		77		/						/								985170000330690
39		78				/				/								985170000333329
40		79								/								985170000330174
41		80								/				/				985170000353043
42		81		/						/								985170000366655
43		82		/						/								985170000353275
44		83		/						/								985170000373766
45		84								/				/				985170000333065

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 info

(b)(6)

is the best of my knowledge.)

**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

09-NM-046

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USFA	5385		/														microchip # 985170000345885	
17		86	/															985170000845717	
18		87	/															985170000352213	
19		88	/															985170000365441	
20		89	/															985170000344752	
21		90																985170000346483	
22		91																985170000336435	
23		92	/															985170000336992	
24		93																985170000312699	
25		94		/														985170000374020	
26		95	/															985170000329736	
27		96																985170000368048	
28		97																985170000369020	
29		98	/															985170000344645	
30		99																985170000332987	
31		5000																985170000352359	
32		01		/														985170000339237	
33		02																985170000339103	
34		03		/														985170000369801	
35		04		/														985170000374509	
36		05																985170000371929	
37		06	/															985170000313514	
38		07		/														985170000369134	
39		08																985170000312216	
40		09																985170000332552	
41		10																985170000347753	
42		11																985170000368601	
43		12																985170000308354	
44		13		/														985170000353282	
45		14																985170000340851	

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/SHIP (b)(6) and correct to the best of my knowledge.)

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

FORM APPROVED
OMB NO.
0579-0160

09-NM-046

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

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			
USF4	15015						donor		/						/	985170000367459		
	16						donor		/					/		985170000353590		
	17	/							/					/		985170000346493		
	18				/				/					/		985170000366497		
	19						donor		/					/		985170000344545		
	20						donor		/					/		985170000344648		
	21	/					donor		/					/		985170000342841		
	22						donor		/					/		985170000344009		
	23	/							/					/		985170000313051		
	24	/							/					/		985170000333459		
	25				/		donor		/			MULE		/		985170000342228		
	26						donor		/					/		985170000341485		
	27						donor		/					/		985170000341844		
	28	/							/					/		985170000345816		
	29	/							/					/		985170000371431		
	30						donor		/					/		985170000348695		
	31						donor		/					/		985170000369827		
	32						donor		/					/		985170000349383		
	33	/					donor		/					/		985170000335247		
	34		/						/					/		985170000338524		
	35				/				/					/		985170000339937		
	36	/							/					/		985170000370221		
	37						donor		/					/		985170000342920		
	38	/							/					/		985170000374155		
	39		/						/					/		985170000348678		
	40						donor		/					/		985170000371880		
	41	/							/					/		985170000341525		
	42				/				/					/		985170000312092		
	43				/				/					/		985170000373579		
	44						donor		/					/		985170000370708		

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SIGNATURE OF OWNER/SHIPPER (I certify

(b)(6)

correct to the best of my knowledge.)

**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

09-NM-046

	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	USFH	5045	/											/				985170000313183	
17		46																985170000311341	
18		47																985170000342014	
19		48	/															985170000334018	
20		49																985170000334036	
21		50	/															985170000348368	
22		51	/															985170000331510	
23		52	/															985170000312816	
24		53	/															985170000342808	
25		54	/															985170000313084	
26		55																985170000333254	
27		56	/															985170000372055	
28		57		/														985170000373608	
29		58																985170000310946	
30		59																985170000345094	
31		60	/															985170000346503	
32		61																985170000352433	
33		62				/												985170000367946	
34		63																985170000348020	
35		64	/															985170000368568	
36		65	/															985170000363920	
37		66				/												985170000373039	
38		67	/															985170000365344	
39		68																985170000371759	
40		69																985170000366265	
41		70				/												985170000316844	
42		71																985170000345352	
43		72																985170000369124	
44		73				/												985170000365577	
45		74	/															985170000366355	

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 (b)(6) is the best of my knowledge.)

**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

09-NM-046

	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	LSFH	75		/		-				/				/			985170000 342346	
17		76	/							/				/			985170000 349474	
18		77	/							/						/	985170000 364327	
19		78							10001	/				/			985170000 366062	
20		79				/				/				/			985170000 365360	
21		80				/				/						/	985170000 330688	
22		81	/							/						/	985170000 372953	
23		82							000	/						/	985170000 341196	
24		83				/				/				/			985170000 332647	
25		84							00000	/				/			985170000 365305	
26		85							00000	/				/			985170000 342429	
27		86							00000	/				/			985170000 313015	
28		87		/						/				/			985170000 371901	
29		88		/						/						/	985170000 369305	
30		89				/				/						/	985170000 348456	
31		90	/			-				/				/			985170000 341030	
32		91							00000	/						/	985170000 352557	
33		92							000	/				/			985170000 341080	
34		93		/						/						/	985170000 345275	
35		94		/						/				/			985170000 371810	
36		95	/							/				/			985170000 345319	
37		96				/				/				/			985170000 365628	
38		97							00000	/				/			985170000 328546	
39	Y	98							00000	/				/			985170000 367797	
40																		
41																		
42																		
43																		
44																		
45																		

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SIGNATURE OF OWNER/SHIPPER (b)(6) correct to the best of my knowledge.)

UNITED STATES DEPARTMENT OF AGRICULTURE
 ANIMAL AND PLANT HEALTH INSPECTION SERVICES
 STATEMENT OF SERVICES

Originating Office Phone

505-589-6150

Control Number: 350300229

Office Id: 973503

CORRECTED COPY

Bertha Ruiz Pacheco
 Elisa Griensen #7741
 Col. Independencia #2
 Juarez CH 32679

Service Date(s)
 Begin: 21-DEC-09
 End: 21-DEC-09

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	0759735177 0250	51.00	1.00	51.00

Total Due \$ 51.00

Remarks: VS HEALTH CERT# 09-NM-047
 DENNIS CHAVEZ, 24 DALIES RD. LOS LUNAS, NM 87031

Payment Information

Nfc Id 9999999999V

Date	Amount	Payment Type	Account/Check #
21-DEC-09	\$ 51.00	Money Order	09-161101553

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATER MARK - HOLD AT AN ANGLE TO VIEW

WESTERN UNION MONEY ORDER

INTEGRATED PAYMENT SYSTEMS, INC. - ISSUER
 Englewood, Colorado

09-161101553

AGENT 605307 DATE 121909
 TIME 0848 05
 091611015534 LOCATION 001238

51.00

ISSUER'S AGENT VALERO

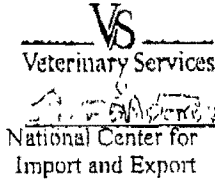
#350300221

PAY EXACTLY
 PAY TO THE ORDER OF *V. Chavez*

** PAY EXACTLY FIFTY-ONE DOLLARS AND NO CENTS *****

(b)(6)

1 be issued by the USDA, APHIS
 1 your payment to: USDA/APHIS,
 or a US postal Money Order, the
 eared. If you have any



Health Certificate No. 09-NM-047
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
FROM THE UNITED STATES OF AMERICA TO MEXICO
CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

Note: Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

Nota: México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchideos.

1. Name and Address of Exporter: Dennis Chavez
Nombre y Dirección del Exportador: 24 Dalies Rd
Los Lunas, NM 87031
2. Name and Address of Importer: Bertha Ruiz Pacheco
Nombre y Dirección del Importador: Carnicos De Jerez
Jerez, Zacatecas MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / <i>Número de microchip</i>	Sex/Sexo	Approximate age/ <i>Edad aproximada</i>	Microchip Number / <i>Número de microchip</i>	Sex / Sexo	Approximate age/ <i>Edad aproximada</i>
985170000368820	Geld	7	985170000330227	Mare	5
985170000338429	Mare	6	985170000367573	Mare	6
985170000374643	Mare	8	985170000367850	Mare	7
985170000366973	Mare	7	985170000367730	Mare	4
985170000331959	Geld	6	985170000307369	Mare	8
985170000332688	Mare	5	985170000306730	Geld	6
985170000353130	Geld	6	985170000365805	Mare	7
985170000331040	Mare	7	985170000338328	Geld	5
985170000333665	Mare	8	985170000366957	Mare	6
985170000352891	Mare	6	985170000333593	Mare	5
985170000345659	Mare	8	985170000367873	Mare	6
985170000329529	Geld	7	985170000366751	Mare	4
985170000368382	Mare	8	985170000367708	Mare	6
985170000370382	Geld	9	985170000368005	Mare	7
985170000346567	Geld	7	985170000345619	Mare	5
985170000367078	Mare	6	985170000308163	Mare	6
985170000330049	Mare	8	985170000367576	Mare	7
985170000371989	Mare	7	985170000368936	Mare	8
985170000366944	Mare	6	985170000367118	Mare	6
985170000369070	Geld	4	985170000306756	Geld	5

Mexico, Slaughter horse HC

350300229

100



Health Certificate No. **09-NM-047**
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
 FROM THE UNITED STATES OF AMERICA TO MEXICO
 CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

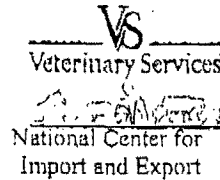
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1. Name and Address of Exporter: Dennis Chavez
 Nombre y Dirección del Exportador: 24 Dalies Rd
 Los Lunas, NM 87031
2. Name and Address of Importer: Bertha Ruiz Pacheco
 Nombre y Dirección del Importador: Carnicos De Jerez
 Jerez, Zacatecas MX
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
985170000366642	Mare	4	985170000368632	Mare	7
985170000308288	Mare	6	985170000367103	Geld	4
985170000368465	Geld	7	985170000340825	Mare	6
985170000346126	Geld	4	985170000368273	Mare	7
985170000368437	Geld	5	985170000341257	Geld	5
985170000335754	Mare	7	985170000368419	Geld	7
985170000344968	Geld	6	985170000369734	Geld	6
985170000372006	Mare	7	985170000338884	Mare	8
985170000366993	Geld	5	985170000345360	Mare	3
985170000352513	Mare	6	985170000329115	Mare	4
985170000346930	Mare	6	985170000368351	Geld	6
985170000345585	Mare	5	985170000364959	Mare	5
985170000368748	Mare	4	985170000329737	Geld	6
985170000335200	Geld	7	985170000306626	Geld	7
985170000366858	Mare	6	985170000339586	Mare	3
985170000368499	Mare	4	985170000333628	Geld	4
985170000367882	Geld	6	985170000344915	Mare	5
985170000368598	Mare	7	985170000370772	Mare	7
985170000307357	Mare	5	985170000332026	Mare	6
985170000338827	Mare	6	985170000368198	Mare	7

Mexico, Slaughter horse HC



Health Certificate No. **09-NM-047**
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**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
 FROM THE UNITED STATES OF AMERICA TO MEXICO
 CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

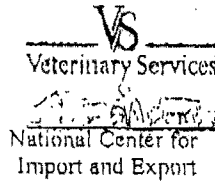
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1. Name and Address of Exporter: Dennis Chavez
 Nombre y Dirección del Exportador: 24 Dalies Rd
 Los Lunas, NM 87031
2. Name and Address of Importer: Bertha Ruiz Pacheco
 Nombre y Dirección del Importador: Carnicos De Jerez
 Jerez, Zacatecas MX
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
985170000345074	Mare	8	985170000352660	Mare	6
985170000368975	Mare	9	985170000344552	Mare	4
985170000353251	Mare	7	985170000367682	Mare	5
985170000367906	Mare	7	985170000368055	Geld	7
985170000332032	Mare	6	985170000368459	Geld	6
985170000333124	Mare	5	985170000331681	Geld	5
985170000336560	Mare	7	985170000345744	Geld	7
985170000369073	Mare	6	985170000331635	Mare	5
985170000346475	Geld	7	985170000335468	Mare	6
985170000332210	Geld	5	985170000353171	Geld	4
985170000367653	Mare	6	985170000346779	Mare	6
985170000366855	Mare	7	985170000345087	Geld	3
985170000306921	Mare	4	985170000352893	Geld	5
985170000366158	Mare	3	98517000033352	Geld	6
985170000338673	Mare	6	985170000330886	Mare	7
985170000366864	Mare	4	985170000333181	Mare	5
985170000307175	Geld	6	985170000367211	Geld	6
985170000331854	Mare	7	985170000340430	Geld	7
985170000345855	Mare	6	985170000352316	Mare	5
985170000353116	Mare	5	985170000367788	Geld	7

Mexico, Slaughter horse HC



Health Certificate No. **09-NM-047**
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**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
 FROM THE UNITED STATES OF AMERICA TO MEXICO
 CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

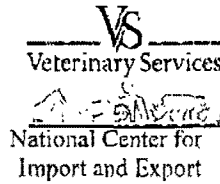
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1. Name and Address of Exporter: Dennis Chavez
Nombre y Dirección del Exportador: 24 Dalies Rd
 Los Lunas, NM 87031
2. Name and Address of Importer: Bertha Ruiz Pacheco
Nombre y Dirección del Importador: Carnicos De Jerez
 Jerez, Zacatecas MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / <i>Número de microchip</i>	Sex/Sexo	Approximate age/Edad <i>aproximada</i>	Microchip Number / <i>Número de microchip</i>	Sex / Sexo	Approximate age/Edad <i>aproximada</i>
985170000330225	Geld	6	985170000368941	Geld	7
985170000346926	Mare	8	985170000347979	Geld	8
985170000373628	Mare	7	985170000311247	Geld	9
985170000353370	Mare	6	985170000371227	Mare	10
985170000329857	Mare	8	985170000348767	Mare	5
985170000306297	Mare	7	985170000342986	Mare	7
985170000346051	Mare	6	985170000310668	Geld	6
985170000308289	Geld	7	985170000311144	Geld	8
985170000367100	Geld	8	985170000348692	Geld	5
985170000349115	Geld	6	985170000313583	Geld	7
985170000368718	Geld	7	985170000348425	Geld	6
985170000346307	Mare	6	985170000332788	Mare	5
985170000368565	Mare	5			
985170000367966	Geld	6			
985170000365824	Mare	8			
985170000349225	Mare	7			
985170000305934	Mare	6			
985170000368902	Mare	5			
985170000367116	Mare	7			
985170000339624	Mare	6			

Mexico, Slaughter horse HC



Health Certificate No. **09-NM-047**
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Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

Los animales son originarios de Estados Unidos.

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.

A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.

Inspection date / Fecha de inspección December 19 2009

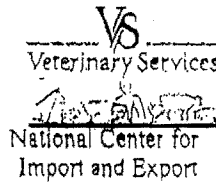
3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.

Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.

Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.

Mexico, Slaughter horse HC



Health Certificate No. 09-NM-047
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

(Delete as appropriate / Remueva lo que no aplique)

5. The animals are free of ectoparasite and originated from areas not under quarantine for Boophilus spp. ticks.

[Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.]

C.Y Brasmer
Name of Accredited Veterinarian
Nombre del Médico Veterinario
Acreditado

(b)(6)

Name of Endorsing Federal Veterinarian
Nombre del Médico Veterinario
Federal que endosa.

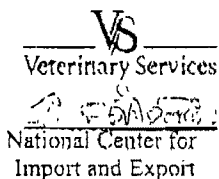
(b)(6) 12/19/09
Signature of Accredited Veterinarian and Date
Firma del Médico Veterinario Acreditado
y Fecha

(b)(6)

12/21/09
Signature of Endorsing Federal Veterinarian
and Date
Firma del Médico Veterinario que endosa
y Fecha

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) (Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal).

Mexico, Slaughter horse HC



Health Certificate No. 09-NM-047
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

**AFFIDAVIT
DECLARACIÓN JURADA**

I. Dennis Chavez declare that, to my best knowledge horses included in this shipment and accompanied by the health certificate # _____ have not been fed or treated within the last ninety () days prior to shipment with the following compounds, plants or drugs. 180

Por este medio declaro que a mi saber y entender los caballos en este embarque, acompañados por el certificado sanitario número _____ no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los noventa días antes del embarque.

1. Aristolochia spp and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (included furazolidone), ronidazol.

Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (including furazolidona) y rodinazole.

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol and raptopamine.

Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol y raptopamina.

3. The following thyrostatics substances were not used: thiouracil, methylthiouracil phenylthiouracil and propylthiouracil.

Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.

(b)(6)
[Redacted Signature]

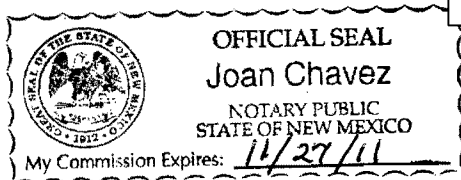
Date and signature of the exporter
Fecha y firma del exportador

12/19/09

(b)(6)
[Redacted Signature]

Date and signature of the Notary Public
Fecha y firma del Notario Publico

12/19/09



Mexico, Slaughter horse IIC

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

FORM APPROVED
OMB NO.
0579-0160

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

TIME HORSES LOADED ON CONVEYANCE 8:00am	DATE 12/19/09	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE Loo Lunas, New Mexico
VEHICLE LICENSE NO. AND DRIVER'S NAME (b)(6)	NAME OF AUCTION/MARKET Southwest Livestock	
CONSIGNOR (OWNER/SHIPPER) NAME Dennis Chavez	CONSIGNEE (RECEIVER/DESTINATION) NAME Bertha Ruiz Pacheco	
STREET ADDRESS 24 Dalies Rd	STREET ADDRESS Carnicos de Lerez	
CITY, STATE, ZIP CODE Loo Lunas, nm 87031	CITY, STATE, ZIP CODE Santa Teresa, nm 88008	
AREA CODE & TELEPHONE NO. 505-865-4600	AREA CODE & TELEPHONE NO. 915-252-16614	

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

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
USFA	5401	/								/						/	985170000368820	microchip
	02									/					/		985170000338429	
	03									/					/		985170000374648	
	04									/					/		985170000366973	
	05	/								/					/		98517000033959	
	06				/					/					/		985170000332688	
	07	/								/					/		985170000358130	
	08									/					/		985170000331040	
	09									/					/		985170000333665	
	10									/					/		985170000352891	
	11									/					/		985170000345659	
	12									/					/		985170000329529	
	13									/					/		985170000368382	
	14									/					/		985170000370382	
	15				/					/					/		985170000346567	

HORSES HAVE HOURS IMMEDIATELY AVAILABLE (b)(6)	NUMBER OF 6 CONSECUTIVE	CANADIAN FOOD INSPECTION AGENCY (CFIA) EST. _____ DATE _____ TIME _____
SIGNATURE		
I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).		DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF) EST. _____ DATE _____ TIME _____
SIGNATURE OF OWNER the best of my knowledge	(b)(6) in this form is true and correct to	

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

(Please type or print in Ink)

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				
USFA	5416						OR					/						microwip #	985170000 367078
	17						bskin					/							985170000 330049
	18			/								/							985170000 371989
	19						orange					/							985170000 366944
	20			/			orange					/							985170000 36970
	21						orange					/							985170000 0330227
	22	/										/							985170000 367573
	23						orange					/							985170000 367850
	24	/										/							985170000 367730
	25						orange					/							985170000 307869
	26						blue					/							985170000 0306730
	27						orange					/							985170000 365805
	28	/										/							985170000 338323
	29						orange					/							985170000 366957
	30	/										/							985170000 333593
	31						orange					/							985170000 367873
	32	/										/							985170000 366751
	33	/										/							985170000 367708
	34						orange					/							985170000 368005
	35		/									/							985170000 345619
	36	/										/							985170000 308163
	37						bskin					/							985170000 367576
	38						orange					/							985170000 368936
	39						orange					/							985170000 367112
	40						opp					/							985170000 306736
	41						orange					/							985170000 366642
	42						orange	/				/							985170000 308228
	43			/								/							985170000 368465
	44						orange					/							985170000 346126
	45			/								/							985170000 368437

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 (

(b)(6)

and correct to the best of my knowledge.)

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

FORM APPROVED
OMB NO.
0579-0160

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

04-NM-044

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				
USFH	51146																	985170000335754	
	47																	985170000344968	
	48																	985170000372006	
	49																	985170000366993	
	50				/													985170000357813	
	51																	985170000344930	
	52	/																985170000345585	
	53				/													985170000368748	
	54																	985170000335208	
	55																	985170000366858	
	56				/													985170000368449	
	57	/																985170000367822	
	58																	985170000368898	
	59	/																985170000307357	
	60																	985170000338827	
	61																	985170000368632	
	62																	985170000367103	
	63																	985170000340825	
	64				/													985170000368273	
	65	/																985170000341257	
	66	/																985170000369419	
	67																	985170000369734	
	68	/																985170000338884	
	69				/													985170000345360	
	70																	985170000329115	
	71																	985170000368351	
	72																	985170000364959	
	73																	985170000324737	
	74				/													985170000306626	
	75	/																985170000334586	

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

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

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FORM APPROVED
OMB NO. 0579-0160

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

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	Stai	Geld					
USFA	54716						donkey	/									1	985170000333628	chip	
	77						donkey	/										1	985170000344915	
	78	/						/										1	985170000370772	
	79						bevin	/										1	9851700003842302026	
	80	/	/					/										1	985170000348198	
	81	/						/										1	985170000345074	
	82	/						/										1	985170000368975	
	83						bevin	/										1	985170000353251	
	84						bevin	/										1	985170000367906	
	85	/						/										1	985170000332032	
	86	/						/										1	985170000333124	
	87						donkey	/										1	985170000336560	
	88			/				/										1	985170000369073	
	89						app	/										1	985170000346475	
	90						donkey	/										1	985170000332210	
	91						donkey	/										1	985170000367653	
	92						donkey	/										1	985170000346855	
	93			/				/										1	985170000306921	
	94						donkey	/										1	985170000366158	
	95						donkey	/										1	985170000338673	
	96						pony	/										1	985170000366864	
	97	/						/										1	985170000307175	
	98	/						/										1	985170000331854	
	99						donkey	/										1	985170000345855	
	5500			/				/										1	985170000353116	
	01						bevin	/										1	985170000352660	
	02						donkey	/										1	985170000344552	
	03						donkey	/										1	985170000367682	
	04			/				/										1	985170000348055	
	05	/						/										1	985170000362454	

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

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

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FORM
APPROVED
OMB NO.
0579-0160

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

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	USFH 5506	/																microchip#	
17	07																		985170000331681
18	08				/									/					985170000343744
19	09													/					985170000331635
20	10																		985170000335468
21	11	/												/					985170000353171
22	12	/																	985170000346774
23	13																		985170000345087
24	14																		985170000352843
25	15	/												/					98517000033352
26	16	/																	985170000330286
27	17				/														985170000333181
28	18				/														985170000367211
29	19				/									/					985170000340430
30	20																		985170000352316
31	21	/																	985170000367788
32	22	/																	985170000330225
33	23													/					985170000346926
34	24													/					985170000373628
35	25													/					985170000353370
36	26	/												/					985170000329857
37	27				/									/					985170000306287
38	28																		985170000346051
39	29	/																	985170000308289
40	30																		985170000367100
41	31	/																	985170000349115
42	32													/					985170000368718
43	33													/					985170000346307
44	34																		985170000368565
45	35				/									/					985170000367966

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SIGNATURE OF OWNER/SHIPPER (I certify (b)(6) correct to the best of my knowledge.)

04-NM-047

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FORM APPROVED
OMB NO.
0579-0160

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

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			
USFH	553	/												/			985170000	349223
	37			/										/			985170000	305434
	38	/												/			985170000	368102
	39													/			985170000	367116
	5099													/			985170000	339124
	5700													/			985170000	368441
	01			/										/			985170000	347979
	02													/			985170000	311247
	03				/									/			985170000	371227
	04													/			985170000	348767
	05													/			985170000	342986
	06	/												-			985170000	310660
	07	/												/			985170000	311144
	08													/			985170000	348492
	09			/										/			985170000	313583
	10	/												/			985170000	348425
	11	/												/			985170000	332788
33																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained hereon is true and correct to the best of my knowledge and belief.)

(b)(6)

wledge.)

UNITED STATES DEPARTMENT OF AGRICULTURE
 ANIMAL AND PLANT HEALTH INSPECTION SERVICES
 STATEMENT OF SERVICES

Originating Office Phone

505-761-3160

Bertha Ruiz Pacheco
 24 Dalies Road
 Los Lunas NM 87031

Control Number: 3501A0157

Office Id: 973501

Service Date(s)
 Begin: 20-JAN-10
 End: 20-JAN-10

Reference NR: NM-10094

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	0759735177 0250	51.00	1.00	51.00

Total Due \$ 51.00

Remarks: re Dennis Chavez 250 horses to Mexico for slaughter

Payment Information

Nfc Id
 9999999999V

Date	Amount	Payment Type	Account/Check #
20-JAN-10	\$ 51.00	Money Order	14038385711

Attention: Customers with government credit accounts - A consolidated monthly bill will be issued by the USDA, APHIS (signature accepting payment terms is on file). Upon receipt of the monthly bill, mail your payment to: USDA/APHIS, P.O. Box 979039 St. Louis, MO 63197-9000.

Notice to Payer: If payment of this Statement of Service is something other than cash or a US postal Money Order, the Statement of Service will not be considered paid in full until such tender has been cleared. If you have any questions, please contact the originating office listed above.

THIS DOCUMENT CONTAINS A TRIPLE WATERMARK. HOLD UP TO LIGHT TO VIEW.

WESTERN MONEY UNION ORDER

WESTERN UNION FINANCIAL SERVICES INC. - ISSUED
© 1999 Western Union International Inc. Denver, CO 80202
 P.O. Box 1000, Colorado

4-038385711

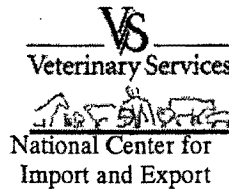
\$ 51.00

PAY EXACTLY FIFTY ONE AND 00/100 DOLLARS

PAY TO THE ORDER OF *Patricia R. ...*

WESTERN MONEY UNION ORDER

⑆ 102100400⑆ 40140383857110⑈



Health Certificate No. NM-10094 REISSUE
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
 FROM THE UNITED STATES OF AMERICA TO MEXICO
 CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

Note: Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

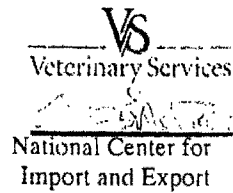
Nota: México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.

1. Name and Address of Exporter: Dennis Chavez
 Nombre y Dirección del Exportador: 24 Dalies Rd
 Los Lunas, NM 87031
2. Name and Address of Importer: Bertha Ruiz Pacheco
 Nombre y Dirección del Importador: Rastro Municipal TIF 366
 Periterico Lombardo Toledano
 13401 Chihuahua, Chihuahua
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
985170000	361240 Gelding	6	351261	Gelding	5
382238	Mare	5	358355	Mare	8
376284	Mare	4	377278	Gelding	4
379033	Mare	7	361551	Gelding	5
379340	Mare	4	354706	Gelding	7
383581	Gelding	5	337823	Mare	7
382691	Mare	8	334499	Mare	3
361588	Gelding	5	346466	Mare	6
375181	Mare	6	354095	Gelding	5
360990	Gelding	5	350527	Mare	4
383919	Gelding	8	363535	Gelding	8
364315	Mare	7	359737	Gelding	6
363319	Mare	4	357197	Mare	5
357612	Gelding	6	362372	Mare	7
358396	Mare	9	364574	Gelding	6
344164	Mare	7	383394	Mare	5
361630	Mare	5	362477	Mare	7
333890	Gelding	8	356215	Gelding	8
354292	Gelding	9	358157	Gelding	5
351208	Gelding	4	361780	Mare	7

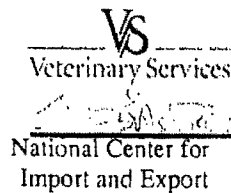
Mexico, Slaughter horse HC

3501A0157



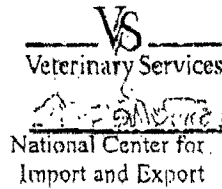
Health Certificate No. NM-10094 REISSUE
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
357728	Gelding	6	380066	Mare	6
354846	Gelding	4	357360	Mare	8
354333	Mare	7	362535	Mare	7
357769	Mare	6	350025	Mare	6
356752	Gelding	5	381195	Gelding	9
380511	Gelding	5	343227	Mare	7
375533	Mare	7	337866	Mare	5
380855	Mare	6	363573	Gelding	4
353797	Mare	5	375876	Mare	7
346214	Gelding	7	359052	Mare	6
344304	Mare	6	333912	Mare	5
334595	Mare	8	355210	Gelding	7
346981	Gelding	5	382120	Gelding	5
354488	Mare	7	350799	Gelding	5
358207	Mare	8	376420	Mare	7
355783	Mare	7	353080	Mare	6
361651	Mare	5	360250	Mare	8
334825	Gelding	7	334875	Gelding	5
360225	Gelding	6	354476	Mare	8
346028	Mare	5	360208	Mare	7
356788	Mare	8	354047	Mare	7
383608	Gelding	6	359067	Mare	8
336172	Gelding	4	337486	Mare	5
362518	Mare	7	333665	Mare	7
379092	Gelding	8	384185	Mare	8
351417	Gelding	4	356944	Gelding	9
387401	Gelding	7	363414	Gelding	4
362620	Gelding	3	335189	Mare	7
374961	Mare	7	343984	Gelding	8
385126	Mare	6	362775	Mare	4
374565	Mare	8	375051	Gelding	8
350539	Mare	7	354978	Mare	7
382697	Mare	6	363126	Mare	5
354261	Gelding	8	354792	Mare	6
349609	Mare	6	358993	Mare	9
383535	Gelding	4	336812	Mare	7
379404	Mare	7	358270	Mare	6
344355	Gelding	6	335981	Mare	8
343946	Gelding	8	344545	Mare	7
343818	Gelding	5	363906	Gelding	5
363669	Gelding	7	385053	Mare	8
369801	Mare	6	362513	Mare	5
334682	Gelding	6	355701	Gelding	4
353759	Mare	8	334337	Gelding	6
346241	Mare	6	355641	Gelding	5
355235	Mare	7	361533	Mare	8
380525	Gelding	4	376664	Gelding	7
355149	Mare	9	344567	Mare	8



Health Certificate No. NM-10094 REISSUE
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Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
337660	Gelding	4	355627	Gelding	7
355176	Mare	6	355592	Mare	8
351227	Gelding	7	337561	Mare	6
337044	Gelding	6	362578	Mare	4
363002	Mare	5	362687	Gelding	8
343904	Mare	7	357156	Mare	7
350621	Mare	6	359125	Mare	9
359797	Mare	8	356658	Gelding	6
343068	Mare	5	373856	Mare	7
351725	Gelding	7	354301	Gelding	6
354132	Mare	8	375930	Gelding	7
356614	Gelding	5	352142	Gelding	8
357477	Mare	7	360814	Mare	6
363521	Gelding	4	377410	Mare	7
363101	Gelding	8	334043	Gelding	5
384418	Mare	7	362887	Mare	8
363101	Mare	5	351308	Mare	6
357709	Mare	7	334576	Gelding	7
333918	Gelding	8	378320	Gelding	9
356785	Mare	9	363597	Gelding	6
362836	Mare	7	360477	Gelding	7
364266	Gelding	5	335070	Mare	6
359774	Gelding	5	383509	Gelding	7
361548	Mare	7	360337	Gelding	8
355058	Gelding	6	363229	Mare	6
361781	Gelding	5	345608	Mare	6
363720	Mare	7	356616	Mare	7
353802	Mare	6	358310	Mare	9
364378	Gelding	5	352183	Gelding	4
359373	Mare	7	354239	Mare	7
344616	Gelding	6	363517	Mare	6
334996	Mare	7	345075	Mare	5
350645	Mare	8	354975	Mare	7
343539	Gelding	3	356170	Gelding	8
351972	Gelding	7	354105	Mare	6
375223	Gelding	6	350018	Gelding	7
360843	Gelding	5	354180	Gelding	6
353806	Mare	7	351584	Mare	5
377461	Gelding	8	357511	Gelding	6
374342	Gelding	7	359391	Mare	7
379496	Mare	5	360296	Mare	6
336356	Gelding	4	351105	Gelding	8
346250	Gelding	7	354052	Mare	7
350199	Gelding	6	376119	Mare	6
354782	Gelding	6	353786	Gelding	8
378051	Gelding	7	359751	Mare	8
358551	Mare	8	360191	Mare	7



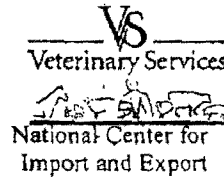
Health Certificate No. NM-10094 REISSUE
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
363534	Mare	7	348956	Gelding	6
361619	Gelding	6	378768	Gelding	7
354854	Mare	8	/	(b)(6)	
362255	Gelding	6			
360639	Gelding	4			
338245	Gelding	8			
360422	Gelding	6			
343559	Gelding	7			
358460	Mare	5			
354165	Gelding	4			
376466	Mare	6			
358734	Mare	8			
359849	Mare	6			
342429	Mare	9			
360611	Gelding	7			
375304	Mare	5			

CERTIFICATION STATEMENTS / CERTIFICACIONES

- Horses originate from the United States.
Los animales son originarios de Estados Unidos.
- Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.
A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.
 Inspection date / Fecha de inspección January 20th 2010
- Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.
Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.
- During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.
Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.

Mexico, Slaughter horse HC



Health Certificate No. **NM-10094 REISSUE**
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(Delete as appropriate / *Remueva lo que no aplique*)

5. [The animals are free of ectoparasite and originated from areas not under quarantine for *Boophilus pp* ticks.][

[*Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.*][

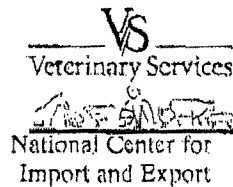
C.Y Brasmer
 Name of Accredited Veterinarian
 Nombre del Médico Veterinario
 Acreditado

M.G. McDole, D.V.M.
 Name of Endorsing Federal Veterinarian
 Nombre del Médico Veterinario
 Federal que endosa.

 (b)(6) 1/20/2010
 Signature of Accredited Veterinarian and Date
 Firma del Médico Veterinario Acreditado
 y Fecha

(b)(6) 1-26-2010
 Signature of Endorsing Federal Veterinarian and Date
 Firma del Médico Veterinario que endosa
 y Fecha

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) (*Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal*).



Health Certificate No. NM-10094 REISSUE
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

**AFFIDAVIT
DECLARACIÓN JURADA**

I, Dennis Chavez declare that, to my best knowledge horses included in this shipment and accompanied by the health certificate # _____ have not been fed or treated within the last one hundred and eighty days (180) prior to shipment with the following compounds, plants or drugs.

Por este medio declaro que a mi saber y entender los caballos en este embarque, acompañados por el certificado sanitario número _____ no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta (180) días antes del embarque.

1. Aristolochia spp and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (included furazolidone), ronidazol.

Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (including furazolidona) y rodinazole.

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol and raptopamine.

Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol y raptopamina.

3. The following thyrostatics substances were not used: thiouracil, methylthiouracil phenylthiouracil and propylthiouracil.

Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.

Date and signature of the exporter
Fecha y firma del exportador

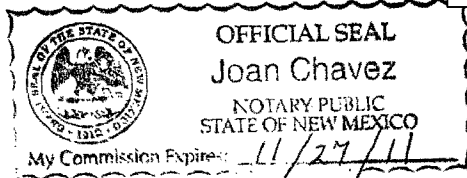
(b)(6)

1-20-2010

Date and signature of the Notary Public
Fecha y firma del Notario Publico

(b)(6)

1-20-2010



Mexico, Slaughter horse HC

**C.Y. BRASMER DVM
5900 Jones Place NW
Albuquerque, NM 87120
505-610-4711**

I hereby certify to the best of my knowledge that the 250 head of horses;

tagged 9001 thru 9250 and -----

inspected today to accompany Health Certificate No. ----- are in good health and not of

Kentucky origin.

(b)(6)

C.Y. Brasmer DVM

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

(Please type or print in ink)

	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	USFG	9016																344164	
17		17	/															316163D	
18		18		/														33389D	
19		19						SR										354292	
20		20						SR										3512D8	
21		21						SR										351261	
22		22						SR						/				358355	
23		23			/													377278	
24		24						SR										3161551	
25		25		/														3547D6	
26		26			/									/				337823	
27		27	/											/				334499	
28		28		/										/				34164166	
29		29		/														354D95	
30		30		/										/				35D527	
31		31		/														3163535	
32		32				/												359737	
33		33			/									/				357197	
34		34						SR						/				3162372	
35		35				/												3164574	
36		36		/										/				383394	
37		37	/											/				3162477	
38		38				/												356215	
39		39						bron										358157	
40		40	/											/				316178D	
41		41						SR										357728	
42		42						SR										354846	
43		43		/										/				354333	
44		44						SR						/				357769	
45	↓	45				/								/				3516752	

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SIGNATURE OF OWNER/SHIPPER (I certify that

and correct to the best of my knowledge.)

(b)(6)

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

(Please type or print in ink)

	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	USEFG90416				/				/						/		380511	
17		47						SR	/					/			375533	
18		48			/				/					/			380855	
19		49						SR	/					/			353797	
20		50			/				/							/	346214	
21		51		/					/					/			344304	
22		52						SR	/					/			334595	
23		53						SR	/							/	346981	
24		54	/						/					/			354488	
25		55			/				/					/			358207	
26		56				/			/					/			355783	
27		57						SR	/					/			361651	
28		58			/				/							/	334825	
29		59	/						/							/	360225	
30		60	/						/					/			346028	
31		61	/						/					/			356788	
32		62		/					/							/	383608	
33		63	/						/							/	336172	
34		64						SR	/					/			362518	
35		65	/						/							/	379092	
36		66	/						/							/	351417	
37		67	/						/							/	387401	
38		68				/			/							/	362620	
39		69						SR	/					/			374961	
40		70	/						/					/			385126	
41		71		/					/					/			374565	
42		72	/						/					/			350539	
43		73			/				/					/			382697	
44		74						blu	/							/	354261	
45		75		/					/					/			349609	

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SIGNATURE OF OWNER/SHIPPER (I certify that

(b)(6)

to the best of my knowledge.)

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

(Please type or print in Ink)

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chesin	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	UBFG	90716							SR	/						/	383535	
17		77	/							/				/			379404	
18		78		/						/						/	344355	
19		79				/				/						/	343946	
20		80			/					/						/	343818	
21		81							SR	/						/	3631669	
22		82		/						/				/			369801	
23		83			/					/						/	334682	
24		84	/							/				/			353759	
25		85							SR	/				/			346241	
26		86							SR	/				/			355235	
27		87	/							/						/	380525	
28		88							b.skin	/				/			355149	
29		89			/					/				/			3800666	
30		90				/				/				/			357360	
31		91							SR	/				/			362535	
32		92			/					/				/			350025	
33		93				/				/						/	381195	
34		94							SR	/				/			343227	
35		95							roan	/				/			3378666	
36		96	/							/						/	363573	
37		97	/							/				/			375876	
38		98	/							/				/			359052	
39		99							b.skin	/				/			333912	
40		9100					/			/						/	355210	
41		01		/						/						/	382120	
42		02	/							/						/	350799	
43		03	/							/				/			376420	
44		04	/							/				/			353080	
45		05	/							/				/			360250	

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SIGNATURE OF OWNER/SHIPPER (I certify that th

(b)(6)

...e best of my knowledge.)

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

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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		
16	USEG9106					/			/						/	334875	
17		07					SR		/					/		354476	
18		08	/						/				/			360208	
19		09					SR		/				/			354047	
20		10					b skin		/				/			359067	
21		11	/						/				/			337486	
22		12					SR		/				/			333665	
23		13					SR		/				/			384185	
24		14		/					/					/		356944	
25		15		/					/					/		363414	
26		16					SR		/				/			335189	
27		17				/			/					/		343984	
28		18			/				/				/			362775	
29		19					SR		/					/		375051	
30		20			/				/				/			354978	
31		21					SR		/				/			363126	
32		22					b skin		/				/			354792	
33		23			/				/				/			358993	
34		24		/					/				/			336812	
35		25					SR		/				/			358270	
36		26		/					/				/			335981	
37		27					b skin		/				/			344545	
38		28					SR		/				/		/	363906	
39		29			/				/				/			385053	
40		30					SR		/				/			362513	
41		31	/						/				/			355701	
42		32	/						/				/			334337	
43		33					SR		/				/			355641	
44		34					dun		/				/			361533	
45		35			/				/				/			376664	

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SIGNATURE OF OWNER/SHIPPER (I cert

(b)(6)

and correct to the best of my knowledge.)

**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	UBEG	9136						SR	/				/				3445107	
17		37						SR	/								3371010	
18		38				/			/				/				3551716	
19		39	/						/								351227	
20		40				/			/								337044	
21		41				/			/				/				3103003	
22		42						SR	/				/				343904	
23		43						SR	/				/				350621	
24		44						SR	/				/				359797	
25		45	/						/				/				343068	
26		46	/						/								351725	
27		47	/						/				/				354132	
28		48		/					/								356614	
29		49		/					/				/				357477	
30		50				/			/								3103521	
31		51	/						/								3103101	
32		52		/					/				/				384418	
33		53	/						/				/				3103101	
34		54	/						/				/				357709	
35		55						SR	/								333918	
36		56		/					/				/				356785	
37		57	/						/				/				3102836	
38		58	/						/								3104266	
39		59		/					/								359774	
40		60					/		/				/				3101548	
41		61	/						/								355058	
42		62		/					/								3101781	
43		63		/					/				/				3103720	
44		64						SR	/				/				353802	
45		65	/						/								3104378	

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 (b)(6) correct to the best of my knowledge.)

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

(Please type or print in ink)

	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	USFG	91166			/					/				/			359373		
17		67				/				/							/	344616	
18		68	/							/				/				334996	
19		69	/							/				/				350645	
20		70	/						/								/	343539	
21		71				/				/							/	351972	
22		72		/							/						/	379213	
23		73						SR			/						/	375223	
24		74			/						/						/	360843	
25		75			/						/			/				353806	
26		76						SR			/						/	377461	
27		77			/						/						/	374342	
28		78		/							/			/				379496	
29		79						SR			/						/	336356	
30		80			/						/						/	346250	
31		81	/								/						/	350199	
32		82						QDP			/						/	354782	
33		83			/						/						/	378051	
34		84						b skin			/			/				358551	
35		85						SR			/						/	355627	
36		86	/								/			/				355592	
37		87						SR		/				/				337561	
38		88						SR			/			/				362578	
39		89	/								/						/	362687	
40		90						SR			/			/				357156	
41		91	/								/			/				359125	
42		92						b skin			/						/	356658	
43		93		/							/			/				373856	
44		94	/								/						/	354301	
45		95	/								/						/	375930	

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SIGNATURE OF OWNER/SHIPPER (I certify that th

(b)(6)

rect to the best of my knowledge.)

**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	U13EG	9196	/							/						/	352142	
17		97						SR		/					/		3160814	
18		98		/						/					/		377410	
19		99	/							/						/	334043	
20		9200	/							/					/		3162887	
21		01		/						/					/		351308	
22		02	/							/						/	334576	
23		03	/							/						/	378329	
24		04		/						/						/	363597	
25		05		/						/						/	3160477	
26		06						SR					mule	/			335070	
27		07						SR		/						/	383509	
28		08	/							/						/	3160337	
29		09	/							/					/		3163229	
30		10	/							/					/		3451008	
31		11	/							/					/		3516116	
32		12						SR		/					/		358310	
33		13	/							/						/	352183	
34		14		/						/					/		354239	
35		15		/						/					/		3163517	
36		16	/							/					/		345075	
37		17						SR		/					/		354975	
38		18	/							/						/	3516170	
39		19	/							/					/		354105	
40		20						SR		/					/		354912	
41		21		/						/						/	350018	
42		22						SR		/						/	354180	
43		23						SR		/					/		351584	
44		24						SR		/						/	357511	
45		25				/				/					/		359391	

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SIGNATURE OF OWNER/SHIPPER

[Redacted Signature]

(form is true and correct to the best of my knowledge.)

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FORM APPROVED
OMB NO.
0579-0160

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Bik.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEG92216	/								/				/			3602916	
17		27		/						/							351105	
18		28	/							/				/			354052	
19		29		/						/				/			3710119	
20		30	/							/							3537816	
21		31						SR		/				/			359751	
22		32		/						/				/			360191	
23		33		/						/				/			363534	
24		34						SR		/							3611019	
25		35						SR		/				/			354854	
26		36	/							/							362255	
27		37						SR		/							3601039	
28		38						skin		/							338245	
29		39						SR		/							360422	
30		40						SR		/							343559	
31		41			/					/				/			3584100	
32		42						SR		/							3541105	
33		43						SR		/				/			3764106	
34		44						skin		/				/			358734	
35		45						SR		/				/			359849	
36		46						SR		/				/			342429	
37		47		/						/							3601011	
38		48		/						/				/			375304	
39		49				/				/							348956	
40	↓	50		/						/							3787108	
41																		
42																		
43																		
44																		
45																		

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SIGNATURE OF OWNER/SHIPPER

(b)(6)

form is true and correct to the best of my knowledge.)

**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 <u>8:00am</u>	DATE <u>1-20-2010</u>	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <u>Los Lunas, New Mexico</u>
VEHICLE LICENSE NO. AND DRIVER'S NAME <u>333 Trucking-#333</u>	NAME OF AUCTION/MARKET <u>Southwest Livestock</u>	
CONSIGNOR (OWNER/SHIPPER) NAME <u>Dennis Chavez</u>	CONSIGNEE (RECEIVER/DESTINATION) NAME <u>Bertha Ruiz Pacheco</u>	
STREET ADDRESS <u>24 Daules Rd</u>	STREET ADDRESS <u>Rastro Municipal TIF 3166</u>	
CITY, STATE, ZIP CODE <u>Los Lunas, nm 87031</u>	CITY, STATE, ZIP CODE <u>Periterico Lombardo Toledano Santa Teresa, nm 88008, 13401 Chi</u>	
AREA CODE & TELEPHONE NO. <u>505-865-4100</u>	AREA CODE & TELEPHONE NO. <u>915-252-16614</u>	

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

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
<u>USRA</u>	<u>9001</u>				/				/									<u>9851700003161240</u>	
	<u>02</u>						<u>SR</u>		/					/				<u>382238</u>	
	<u>03</u>						<u>SR</u>		/					/				<u>376284</u>	
	<u>04</u>			/					/			<u>MULE</u>		/				<u>379033</u>	
	<u>05</u>						<u>SR</u>		/					/				<u>379340</u>	
	<u>06</u>						<u>SR</u>		/								/	<u>383581</u>	
	<u>07</u>		/						/					/				<u>382691</u>	
	<u>08</u>	/							/								/	<u>361588</u>	
	<u>09</u>						<u>SR</u>		/					/				<u>375181</u>	
	<u>10</u>	/							/								/	<u>360990</u>	
	<u>11</u>						<u>BR</u>		/									<u>383919</u>	
	<u>12</u>			/					/					/				<u>364315</u>	
	<u>13</u>			/					/					/				<u>363319</u>	
	<u>14</u>						<u>SR</u>		/								/	<u>357612</u>	
	<u>15</u>			/					/					/				<u>3583916</u>	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY PRIOR TO LOADING. (b)(6)

SIGNATURE _____

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SIGNATURE the best of my knowledge and belief that the information contained in this form is true and correct to _____

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____

DATE _____

TIME _____



United States
Department of
Agriculture

January 20, 2010

Animal and Plant Health
Inspection Service

Veterinary Services

SUBJECT: Explanatory Letter - Health Certificate No. NM-10094

6200 Jefferson St NE
Suite 117
Albuquerque, NM
87109

Consignor: Dennis Chavez
24 Dalies Road
Los Lunas, NM 87031

Phone: 505-761-3160
Fax: 505-761-3176

Consignee: Bertha Ruiz Pacheco
Rastro Municipal TIF 366
Periterico Lombardo Toledano 13401
Chih., Chih, Mexico

The following typographical error was corrected to the above health certificate:

Page 2: Microchip Number 382691 should read: 382697.

The above was approved and endorsed by our office on January 20, 2010.

(b)(6)

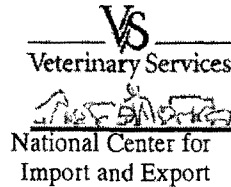
M.G. McDole, D.V.M.



Safeguarding American Agriculture
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Federal Relay Service
(Voice/TTY/ASCII/Spanish)
1-800-877-8339



Health Certificate No. NM-10094
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
 FROM THE UNITED STATES OF AMERICA TO MEXICO
 CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

Note: Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

Nota: México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.

1. Name and Address of Exporter: Dennis Chavez
 Nombre y Dirección del Exportador: 24 Dalies Rd
 Los Lunas, NM 87031
2. Name and Address of Importer: Bertha Ruiz Pacheco
 Nombre y Dirección del Importador: Rastro Municipal TIF 366
 Periterico Lombardo Toledano 13401 Chih..Chih
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
985170000361	240 Gelding	6	351261	Gelding	5
382238	Mare	5	358355	Mare	8
376284	Mare	4	377278	Gelding	4
379033	Mare	7	361551	Gelding	5
379340	Mare	4	354706	Gelding	7
383581	Gelding	5	337823	Mare	7
382691	Mare	8	334499	Mare	3
361588	Gelding	5	346466	Mare	6
375181	Mare	6	354095	Gelding	5
360990	Gelding	5	350527	Mare	4
383919	Gelding	8	363535	Gelding	8
364315	Mare	7	359737	Gelding	6
363319	Mare	4	357197	Mare	5
357612	Gelding	6	362372	Mare	7
358396	Mare	9	364574	Gelding	6
344164	Mare	7	383394	Mare	5
361630	Mare	5	362477	Mare	7
333890	Gelding	8	356215	Gelding	8
354292	Gelding	9	358157	Gelding	5
351208	Gelding	4	361780	Mare	7

Mexico, Slaughter horse HC

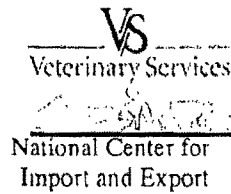


Health Certificate No. NM-10094
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

National Center for
 Import and Export

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
357728	Gelding	6	380066	Mare	6
354846	Gelding	4	357360	Mare	8
354333	Mare	7	362535	Mare	7
357769	Mare	6	350025	Mare	6
356752	Gelding	5	381195	Gelding	9
380511	Gelding	5	343227	Mare	7
375533	Mare	7	337866	Mare	5
380855	Mare	6	363573	Gelding	4
353797	Mare	5	375876	Mare	7
346214	Gelding	7	359052	Mare	6
344304	Mare	6	333912	Mare	5
334595	Mare	8	355210	Gelding	7
346981	Gelding	5	382120	Gelding	5
354488	Mare	7	350799	Gelding	5
358207	Mare	8	376420	Mare	7
355783	Mare	7	353080	Mare	6
361651	Mare	5	360250	Mare	8
334825	Gelding	7	334875	Gelding	5
360225	Gelding	6	354476	Mare	8
346028	Mare	5	360208	Mare	7
356788	Mare	8	354047	Mare	7
383608	Gelding	6	359067	Mare	8
336172	Gelding	4	337486	Mare	5
362518	Mare	7	333665	Mare	7
379092	Gelding	8	384185	Mare	8
351417	Gelding	4	356944	Gelding	9
387401	Gelding	7	363414	Gelding	4
362620	Gelding	3	335189	Mare	7
374961	Mare	7	343984	Gelding	8
385126	Mare	6	364775	Mare	4
374565	Mare	8	375051	Gelding	8
350539	Mare	7	354978	Mare	7
382691	Mare	6	363126	Mare	5
354261	Gelding	8	354792	Mare	6
349609	Mare	6	358993	Mare	9
383535	Gelding	4	336812	Mare	7
379404	Mare	7	358270	Mare	6
344355	Gelding	6	335981	Mare	8
343946	Gelding	8	344545	Mare	7
343818	Gelding	5	363906	Gelding	5
363669	Gelding	7	385053	Mare	8
369801	Mare	6	362513	Mare	5
334682	Gelding	6	355701	Gelding	4
353759	Mare	8	334337	Gelding	6
346241	Mare	6	355641	Gelding	5
355235	Mare	7	361533	Mare	8
380525	Gelding	4	376664	Gelding	7
355149	Mare	9	344567	Mare	8

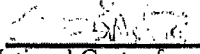
382697



Health Certificate No. NM-10094
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
337660	Gelding	4	355627	Gelding	7
355176	Mare	6	355592	Mare	8
351227	Gelding	7	337561	Mare	6
337044	Gelding	6	362578	Mare	4
363002	Mare	5	362687	Gelding	8
343904	Mare	7	357156	Mare	7
350621	Mare	6	359125	Mare	9
359797	Mare	8	356658	Gelding	6
343068	Mare	5	373856	Mare	7
351725	Gelding	7	354301	Gelding	6
354803	Mare	8	375930	Gelding	7
356614	Gelding	5	352142	Gelding	8
357477	Mare	7	360814	Mare	6
363521	Gelding	4	377410	Mare	7
363101	Gelding	6	334043	Gelding	5
384418	Mare	7	362887	Mare	8
363101	Mare	5	351308	Mare	6
357709	Mare	7	334576	Gelding	7
333918	Gelding	8	378320	Gelding	9
356785	Mare	9	363597	Gelding	6
362836	Mare	7	360477	Gelding	7
364266	Gelding	5	335070	Mare	6
359774	Gelding	5	383509	Gelding	7
361548	Mare	7	360337	Gelding	8
355058	Gelding	6	363229	Mare	6
361781	Gelding	5	345608	Mare	6
363720	Mare	7	356616	Mare	7
353802	Mare	6	358310	Mare	9
364378	Gelding	5	352183	Gelding	4
359373	Mare	7	354239	Mare	7
344616	Gelding	6	363517	Mare	6
334996	Mare	7	345075	Mare	5
350645	Mare	8	354975	Mare	7
343539	Gelding	3	356170	Gelding	8
351972	Gelding	7	354105	Mare	6
379213	Gelding	8	354912	Mare	5
375223	Gelding	6	350018	Gelding	7
360843	Gelding	5	354180	Gelding	6
353806	Mare	7	351584	Mare	5
377461	Gelding	8	357511	Gelding	6
374342	Gelding	7	359391	Mare	7
379496	Mare	5	360296	Mare	6
336356	Gelding	4	351105	Gelding	8
346250	Gelding	7	354052	Mare	7
350199	Gelding	6	376119	Mare	6
354782	Gelding	6	353786	Gelding	8
378051	Gelding	7	359751	Mare	8
358551	Mare	8	360191	Mare	7

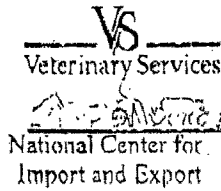


V
S
Veterinary Services

National Center for
Import and Export

Health Certificate No. **NM-10094**
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/ <i>Sexo</i>	Approximate age/ <i>Edad</i> aproximada	Microchip Number / Número de microchip	Sex / <i>Sexo</i>	Approximate age/ <i>Edad</i> aproximada
363534	Mare	7			
361619	Gelding	6			
354854	Mare	8			
362255	Gelding	6			
360639	Gelding	4			
338245	Gelding	8			
360422	Gelding	6			
343559	Gelding	7			
358460	Mare	5			
354165	Gelding	4			
376466	Mare	6			
358734	Mare	8			
359849	Mare	6			
342429	Mare	9			
360611	Gelding	7			
375304	Mare	5			
348956	Gelding	6			
378768	Gelding	7			

(b)(6)



Health Certificate No. NM-10094
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
(b)(6)					

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

Los animales son originarios de Estados Unidos.

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.

A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.

Inspection date / Fecha de inspección January 20th 2010

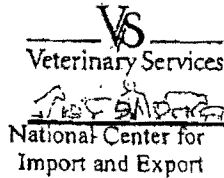
3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.

Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.

Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.

Mexico, Slaughter horse HC



Health Certificate No. NM-10094
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

(Delete as appropriate / *Remueva lo que no aplique*)

5. [The animals are free of ectoparasite and originated from areas not under quarantine for *Boophilus* pp ticks.].

[*Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.*].

C.Y. Brasmer
Name of Accredited Veterinarian
*Nombre del Médico Veterinario
Acreditado*

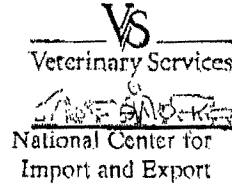
M.G. McDole, D.V.M.
Name of Endorsing Federal Veterinarian
*Nombre del Médico Veterinario
Federal que endosa.*
USDA, APHIS, VS
6200 Jefferson St., NE, Suite 117
Albuquerque, NM 87109

Signature of Accredited Veterinarian and Date
Firma del Médico Veterinario Acreditado y Fecha
[Redacted Signature] 1/20/2010

Signature of Endorsing Federal Veterinarian and Date
Firma del Médico Veterinario que endosa y Fecha
[Redacted Signature] 1-20-2010

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) (*Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal.*)

Mexico, Slaughter horse HC



Health Certificate No. NM-10094
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

**AFFIDAVIT
DECLARACIÓN JURADA**

I, Dennis Chavez declare that, to my best knowledge horses included in this shipment and accompanied by the health certificate # _____ have not been fed or treated within the last one hundred and eighty days (180) prior to shipment with the following compounds, plants or drugs.

Por este medio declaro que a mi saber y entender los caballos en este embarque, acompañados por el certificado sanitario número _____ no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta (180) días antes del embarque.

1. Aristolochia spp and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (included furazolidone), ronidazol.

Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (including furazolidona) y rodinazole.

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol and raptopamine.

Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol y raptopamina.

3. The following thyrostatics substances were not used: thiouracil, methylthiouracil phenylthiouracil and propylthiouracil.

Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.

(b)(6)
[Redacted signature box]

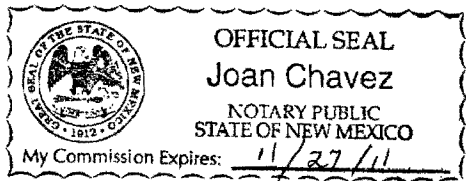
Date and signature of the exporter
Fecha y firma del exportador

1-20-2010

(b)(6)
[Redacted signature box]

Date and signature of the Notary Public
Fecha y firma del Notario Publico

20-2010



Mexico, Slaughter horse HC

C.Y. BRASMER DVM
5900 Jones Place NW
Albuquerque, NM 87120
505-610-4711

I hereby certify to the best of my knowledge that the 250 head of horses;

tagged 9001 thru 9250 and -----

inspected today to accompany Health Certificate No. ----- are in good health and not of

Kentucky origin.

(b)(6)

C.Y. Brasmer DVM

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**

(Please type or print in ink)

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

FORM APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE 8:00am	DATE 1-20-2010	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE Las Lunas, New Mexico
(b)(6)		NAME OF AUCTION/MARKET Southwest Livestock
CONSIGNOR (OWNER/SHIPPER) NAME Dennis Chavez	CONSIGNEE (RECEIVER/DESTINATION) NAME Bertha Ruiz Pacheco	
STREET ADDRESS 24 Dalies Rd	STREET ADDRESS Bastio municipal TIF 3lele	
CITY, STATE, ZIP CODE Las Lunas, nm 87031	CITY, STATE, ZIP CODE Santa Teresa, nm 88008, 13401 Chih.	
AREA CODE & TELEPHONE NO. 505-865-4600	AREA CODE & TELEPHONE NO. 915-252-6614	

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

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
USEG	9001				/				/						/			985170000361240	
	02						SR		/						/			382238	
	03						SR		/						/			376284	
	04			/							mule			/			379033		
	05						SR		/					/			379340		
	06						SR		/						/		383581		
	07		/						/					/			382691		
	08	/							/						/		361588		
	09						SR		/					/			375181		
	10	/								/					/		360990		
	11						SR		/						/		383919		
	12				/				/					/			364315		
	13				/				/					/			363319		
	14						SR		/						/		357612		
	15				/				/					/			358396		

HORSES HAVE HAD NO ACCESS TO FOOD WITHIN 6 HOURS IMMEDIATELY PREVIOUS TO DEPARTURE FROM THE POINT OF ORIGIN FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY PREVIOUS TO DEPARTURE FROM THE POINT OF ORIGIN.

SIGNATURE _____ (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____

DATE _____

TIME _____

SIGNATURE OF OWNER/SHIPPER _____ (b)(6)

I hereby certify that the information furnished in this form is true and correct to the best of my knowledge.

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FORM APPROVED
OMB NO.
0579-0160

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

(Please type or print in ink)

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			
USEG	9016						black		/				/				344164	
	17	/							/				/				361630	
	18		/						/								333890	
	19						SR		/								354292	
	20						SR		/								351208	
	21						SR		/								351201	
	22						SR		/				/				358355	
	23			/					/								377278	
	24						SR		/								361551	
	25		/						/								354706	
	26			/					/				/				337823	
	27	/							/				/				334499	
	28		/						/				/				346466	
	29		/						/								354095	
	30		/						/				/				350527	
	31		/						/								363535	
	32				/				/								359737	
	33			/					/				/				357197	
	34						SR		/				/				362372	
	35				/				/								364574	
	36		/						/				/				383394	
	37	/							/				/				362477	
	38				/				/								356215	
	39						brn		/								358157	
	40	/							/				/				361780	
	41						SR		/								357728	
	42						SR		/								354846	
	43		/						/				/				354333	
	44						SR		/				/				357769	
	45				/				/								356752	

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

SIGNATURE OF OWNER/SHIPPER (I certify

best of my knowledge.)

(b)(6)

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

(Please type or print in ink)

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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	USEFG	90416			/					/						/	380511	
17		47							SR	/					/		375533	
18		48			/					/					/		380855	
19		49							SR	/					/		353797	
20		50			/					/						/	346214	
21		51		/						/					/		344304	
22		52							SR	/					/		334595	
23		53							SR	/						/	346981	
24		54	/							/					/		354488	
25		55			/					/					/		358207	
26		56				/				/					/		355783	
27		57							SR	/					/		361651	
28		58			/					/						/	334825	
29		59	/							/						/	360225	
30		60	/							/					/		346028	
31		61	/							/					/		356788	
32		62	/	/						/						/	383608	
33		63	/							/						/	336172	
34		64							SR	/					/		362518	
35		65	/							/						/	379092	
36		66	/							/						/	351417	
37		67	/							/						/	387401	
38		68				/				/						/	362620	
39		69							SR	/					/		374961	
40		70	/							/					/		385126	
41		71		/						/					/		374565	
42		72	/							/					/		350539	
43		73			/					/					/		382697	
44		74							0.5 in	/						/	354261	
45		75		/						/					/		349609	

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SIGNATURE OF OWNER

(correct to the best of my knowledge.)

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**
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	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	USFG	90716							SR		/					/	383535		
17		77	/								/				/		379404		
18		78		/							/					/	344355		
19		79				/					/					/	343916		
20		80			/						/					/	343818		
21		81							SR		/					/	363669		
22		82		/							/				/		369801		
23		83			/						/					/	334682		
24		84	/								/				/		353759		
25		85							SR		/				/		346241		
26		86							SR		/				/		355235		
27		87	/								/					/	380525		
28		88							b skin		/				/		355149		
29		89			/						/				/		380066		
30		90				/					/				/		357360		
31		91							SR		/				/		362535		
32		92			/						/				/		350025		
33		93				/					/					/	381195		
34		94							SR		/				/		343227		
35		95							man		/				/		337866		
36		96	/								/					/	363573		
37		97	/								/				/		375876		
38		98	/								/				/		359052		
39		99							b skin		/				/		333912		
40		9100						/			/					/	355210		
41		01		/							/					/	382120		
42		02	/								/					/	350799		
43		03	/								/			/			376420		
44		04	/								/			/			353080		
45		05	/								/			/			360250		

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SIGNATURE OF OWNER

(b)(6)

correct to the best of my knowledge.)

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

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	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	USEG	9106				/				/						/	334875	
17		07						SR		/					/		354476	
18		08	/							/					/		360208	
19		09						SR		/					/		354047	
20		10						b.skin		/					/		359067	
21		11	/							/					/		337486	
22		12						SR		/					/		333665	
23		13						SR		/					/		384185	
24		14		/						/					/		356944	
25		15		/						/					/		363414	
26		16						SR		/					/		335189	
27		17					/			/					/		343984	
28		18			/					/					/		364775	
29		19						SR		/					/		375051	
30		20			/					/				/			354978	
31		21						SR		/					/		363126	
32		22						b.skin		/					/		354792	
33		23			/					/					/		358993	
34		24		/						/					/		336812	
35		25						SR		/					/		358270	
36		26		/						/					/		335981	
37		27						b.skin		/					/		344545	
38		28						SR		/					/		363906	
39		29			/					/					/		385053	
40		30						SR		/					/		362513	
41		31	/							/					/		355701	
42		32	/							/					/		334337	
43		33						SR		/					/		355641	
44		34						cltn		/					/		361533	
45	↓	35			/					/					/		376664	

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SIGNATURE OF OWNER/SHIPPER(

(b)(6)

to the best of my knowledge.)

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

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	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	USFG	9136						SR		/				/			344567	
17		37						SR		/							3371660	
18		38				/				/				/			355176	
19		39	/							/							351227	
20		40				/				/							337044	
21		41				/				/				/			363002	
22		42						SR		/				/			343904	
23		43						SR		/				/			350621	
24		44						SR		/				/			359797	
25		45	/							/				/			343068	
26		46	/							/						/	351725	
27		47	/							/				/			354803	
28		48		/						/						/	356614	
29		49		/						/				/			357477	
30		50				/				/						/	363521	
31		51	/							/						/	363101	
32		52		/						/				/			384418	
33		53	/							/				/			363101	
34		54	/							/				/			357709	
35		55						SR		/						/	333918	
36		56		/						/				/			356785	
37		57	/							/				/			362836	
38		58	/							/						/	364266	
39		59		/						/						/	359774	
40		60					/			/				/			361548	
41		61	/							/						/	355058	
42		62		/						/						/	361781	
43		63		/						/				/			363720	
44		64						SR		/				/			353802	
45		65	/							/						/	364378	

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SIGNATURE OF OWNER/SHIPPER (I certify that

(b)(6)

is best of my knowledge.)

**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	USEFG	9166			/					/				/				359373		
17		67				/				/								/	344616	
18		68	/							/				/					334996	
19		69	/							/				/					350645	
20		70	/							/								/	343539	
21		71				/				/								/	351972	
22		72		/							/							/	379213	
23		73						SR			/							/	375223	
24		74			/						/							/	360843	
25		75			/						/			/					353806	
26		76						SR			/							/	377461	
27		77			/						/							/	374342	
28		78		/							/			/					379496	
29		79						SR			/							/	336356	
30		80			/						/							/	346250	
31		81	/								/							/	350199	
32		82						APP			/							/	354782	
33		83			/						/							/	378051	
34		84						b. sin			/			/					358551	
35		85						SR			/							/	355627	
36		86	/								/			/					355592	
37		87						SR			/			/					337561	
38		88						SR			/			/					362578	
39		89	/								/							/	362687	
40		90						SR			/			/					357156	
41		91	/								/			/					359125	
42		92						b. sin			/							/	356658	
43		93		/							/			/					373856	
44		94	/								/							/	354301	
45		95	/								/							/	375930	

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

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FORM
APPROVED
OMB NO.
0579-0160

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

(Please type or print in ink)

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Bik.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEFG	9196	/							/						/	352142	
17		97						SR		/					/		360814	
18		98	/							/					/		377410	
19		99	/							/						/	3341043	
20		9200	/							/					/		362387	
21		01	/							/					/		351308	
22		02	/							/						/	334576	
23		03	/							/						/	378329	
24		04	/					SR		/						/	363597	
25		05	/							/						/	360477	
26		06						SR			muld		/				335070	
27		07						SR		/						/	383509	
28		08	/							/						/	360337	
29		09	/							/				/			363229	
30		10	/							/				/			345608	
31		11	/							/				/			356616	
32		12						SR		/					/		358310	
33		13	/							/						/	352183	
34		14	/							/				/			354239	
35		15	/							/				/			363517	
36		16	/							/				/			345075	
37		17						SR		/				/			354975	
38		18	/							/						/	356170	
39		19	/							/				/			384105	
40		20						SR		/				/			354912	
41		21	/							/						/	350018	
42		22						SR		/						/	354180	
43		23						SR		/				/			351584	
44		24						SR		/						/	357511	
45		25	/							/				/			359391	

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SIGNATURE OF OWNER/SHIPPER (certified true and correct to the best of my knowledge.)

(b)(6)

correct to the best of my knowledge.)

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FORM APPROVED
OMB NO.
0579-0160

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

	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	USEFG	22	/							/				/			360296	
17		27	/							/							351105	
18		28	/							/				/			354052	
19		29	/							/				/			376119	
20		30	/							/							353786	
21		31							SR	/				/			359751	
22		32	/							/				/			360191	
23		33	/							/				/			363534	
24		34							SR	/							361619	
25		35							SR	/				/			354854	
26		36	/							/							362255	
27		37							SR	/							360039	
28		38							b skin	/							338245	
29		39							SR	/							360422	
30		40							SR	/							343559	
31		41		/						/				/			358460	
32		42							SR	/							354165	
33		43							SR	/				/			376466	
34		44							b skin	/				/			338734	
35		45							SR	/				/			359849	
36		46							SR	/				/			342429	
37		47	/							/							360611	
38		48	/							/				/			375304	
39		49				/				/							348956	
40		50	/							/							378768	
41																		
42																		
43																		
44																		
45																		

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SIGNATURE OF OWNER/SHIPPER

(b)(6)

(Signature) correct to the best of my knowledge.)

Void No


**New Mexico Livestock Board
Official Certificate Of Livestock Inspection (Form1)**

Form #: 055-8-01192

Inspection Type: Export
Animal Type: Equine
Owner/Shipper: CHAVEZ, DENNIS

Addr: PO BOX 700
City: LOS LUNAS ST: NM Zip: 87031
Inspected at: SWLA Premise ID:

Permit #:
Date: 16-Jan-2010 1:51 pm
County: Valencia

Sold By	Brand Owner	Addr/City/State:	Master #	Brand	Loc	Ear	Gender	Qty	H Cert #	ID #
CHAVEZ, DENNIS	CHAVEZ, DENNIS	PO BOX 700, LOS LUNAS, NM	59697	NOB	LHC LHH		mixed	300		
Total:								300		

Remarks:		Total in Shipment 300 at 0.50 \$/head \$150.00	
		Service Charge \$0.00	
Quarantine #:		Must Comply With Requirements Of State Of Destination	
		Other Charges \$0.00	
Owner Signature: <input type="text" value="(b)(6)"/>		Beef/Sheep Council - at \$/head \$0.00	
Inspector Signature: <input type="text" value="(b)(6)"/> Aaron Romero		Total \$150.00	
		Change of Ownership <input type="checkbox"/> Yes	
City: Albuquerque District: 8 Phone 362-6036		Buyer/Rep: Santa Teresa	
No Diversion without permission		Consigned To: feedlot	
		At: Santa Teresa, NM	
		County: To Premise	
		Purpose Feedlot Void After: January 23, 2010	
		Void At Destination	

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICES
STATEMENT OF SERVICES

Originating Office Phone

505-589-6150

Control Number: 3503A0466

Office Id: 973503

Bertha Ruiz Pacheco
Elisa Griensen #7741
Col. Independencia #2
Juarez CH 32679

Service Date(s)
Begin: 15-APR-10
End: 15-APR-10

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	0759735177 0250	51.00	1.00	51.00

Total Due \$ 51.00

Remarks: HEALTH CERT#10-NM-014
DENNIS CHAVEZ, 24 DALIES RD, LOS LUNAS, NM87031

Payment Information

Nfc Id
9999999999V

Date	Amount	Payment Type	Account/Check #
15-APR-10	\$ 51.00	Check	1120

BERTHA RUIZ-PACHECO
DBA BERTHA RUIZ
Elisa Griensen 7741
COL Independencia 2
Ciudad Juarez Chih, 32670, Mexico

1120

88-6/1120 2936
2704163266

Pay To The
Order of U.S.D.A.

Date 4-9-2010

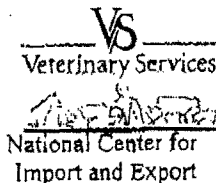
(FIFTY ONE 00/100) \$ 51⁰⁰
Dollars

WELLS FARGO Wells Fargo Bank, N.A.
El Paso, Texas
wellsfargo.com

Security Features Details on Back

For # 20070-1111 (b)(4)

(b)(6)



Health Certificate No. 10-NM-014
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
 FROM THE UNITED STATES OF AMERICA TO MEXICO
 CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

Note: Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

Nota: México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.

1. Name and Address of Exporter: Dennis Chavez
 Nombre y Dirección del Exportador: 24 Dalies Rd
 Los Lunas, NM 87031
2. Name and Address of Importer: Bertha Ruiz Pacheco
 Nombre y Dirección del Importador: Elisa Grlesen 7741. Col. Independencia 2
 Juarez, Chihuahua MX
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
643869	Gelding	7	600410	Mare	7
559381	Mare	4	586130	Mare	4
583838	Gelding	6	560857	Mare	5
619773	Gelding	6	657166	Gelding	4
550526	Mare	8	585675	Mare	8
646799	Mare	4	610974	Mare	4
637696	Gelding	5	566139	Mare	7
578522	Gelding	8	584180	Mare	4
587260	Gelding	3	551283	Mare	6
610548	Mare	8	549446	Gelding	7
550475	Gelding	4	560804	Mare	4
610597	Gelding	7	598499	Mare	6
559731	Mare	5	610363	Mare	9
635371	Mare	4	588178	Mare	6
600490	Mare	5	583517	Mare	6
557809	Gelding	3	614419	Mare	4

Mexico, Slaughter horse HC

#3503A0466



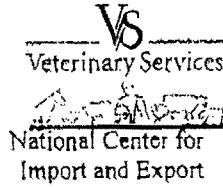
Health Certificate No. 10-NM-014
 (Valid only if the USDA Veterinary Seal
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Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
651037	Mare	7			
585507	Mare	6	613665	Gelding	7
647192	Mare	8	594630	Mare	5
583903	Gelding	4	599569	Mare	8
610398	Mare	7	339488	Mare	7
615973	Mare	6	516756	Gelding	6
637160	Mare	8	655827	Mare	8
611218	Mare	7	645948	Gelding	7
655859	Mare	6	565210	Mare	6
4b13355315	Mare	7	600115	Gelding	7
646103	Mare	5	549188	Mare	6
600791	Gelding	8	368943	Gelding	7
644572	Gelding	7	635068	Mare	5
588741	Gelding	8	608498	Gelding	7
646603	Gelding	6	329454	Mare	7
554518	Mare	6	551927	Gelding	6
587362	Mare	7	646194	Gelding	8
593745	Gelding	7	610607	Mare	7
599993	Mare	4	561081	Mare	9
611916	Mare	8	471519	Mare	7
664407	Mare	6	598493	Gelding	6
586085	Mare	5	642828	Mare	7
645343	Mare	7	588201	Mare	6
656614	Mare	5	610313	Gelding	7
612919	Mare	8	666015	Mare	5
651514	Mare	4	585535	Gelding	6
647216	Mare	4	666581	Gelding	6
566448	Gelding	7	635594	Mare	6
592840	Gelding	8	611872	Mare	5
612414	Mare	5	558323	Gelding	4
588515	Mare	7	587692	Gelding	8
566611	Mare	5	549670	Mare	5
558314	Mare	8	565264	Mare	5
637727	Mare	7	650012	Gelding	7
649470	Gelding	4	661324	Gelding	5
560061	Mare	6	611096	Mare	7
592264	Mare	8	560540	Gelding	9
611093	Mare	7	614213	Mare	7
566367	Mare	5	579790	Mare	5
561213	Mare	7	594394	Gelding	6



Health Certificate No. 10-NM-014
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Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
560582	Mare	6	645763	Mare	7
588575	Gelding	8	592389	Gelding	6
646795	Mare	5	560448	Mare	8
550733	Mare	4	561319	Mare	5
649081	Gelding	7	613065	Gelding	4
646734	Mare	6	611575	Mare	7
561779	Mare	9	655850	Gelding	4
647838	Gelding	4	592150	Mare	6
592859	Mare	4	649781	Gelding	9
649345	Mare	8	647220	Mare	7
592487	Mare	7	643066	Gelding	6
547728	Mare	5	647082	Mare	9
648972	Gelding	4	644440	Mare	5
594328	Gelding	5	611518	Mare	4
650680	Mare	6	593172	Mare	7
592449	Mare	7	561588	Gelding	8
593781	Mare	8	593587	Gelding	5
611780	Mare	5	594819	Mare	7
560847	Gelding	5	650575	Gelding	4
593607	Mare	5	649590	Mare	7
593495	Gelding	5	647858	Mare	6
560279	Mare	7	646394	Gelding	3
586854	Mare	5	656258	Gelding	4
666296	Mare	9	550278	Gelding	7



Health Certificate No. 10-NN-014
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

Los animales son originarios de Estados Unidos.

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.

A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.

Inspection date / Fecha de inspección April 8th 2010

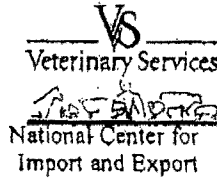
3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.

Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.

Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.

Mexico, Slaughter horse HC



Health Certificate No. 10-NM-014
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(Delete as appropriate / *Remueva lo que no aplique*)

5. [The animals are free of ectoparasite and originated from areas not under quarantine for *Boophilus* pp ticks.][

[*Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.*][

C.Y. Brasmer
Name of Accredited Veterinarian
*Nombre del Médico Veterinario
Acreditado*

(b)(6)

Name of Endorsing Federal Veterinarian
*Nombre del Médico Veterinario
Federal que endosa.*

(b)(6) 4/8/2010
Signature of Accredited Veterinarian and Date
*Firma del Médico Veterinario Acreditado
y Fecha*

(b)(6) 4/9/2010
Signature of Endorsing Federal Veterinarian and Date
*Firma del Médico Veterinario que endosa
y Fecha*

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) (*Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal.*)

Mexico, Slaughter horse HC



Health Certificate No. 10-NM-014
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

**AFFIDAVIT
DECLARACIÓN JURADA**

I, Dennis Chavez declare that, to my best knowledge horses included in this shipment and accompanied by the health certificate # _____ have not been fed or treated within the last one hundred and eighty days (180) prior to shipment with the follow compounds, plants or drugs.

Por este medio declaro que a mi saber y entender los caballos en este embarque, acompañados por el certificado sanitario número _____ no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta (180) días antes del embarque.

1. Aristolochia spp and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (included furazolidone), ronidazol.

Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (including furazolidona) y rodinazole.

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol and raptopamine. All Animals are free of steroids. *G*

Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol y raptopamina. As I como esteroids anabolicos. G

3. The following thyrostatics substances were not used: thiouracil, methylthiouracil phenylthiouracil and propylthiouracil.

Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiltiuracilo, feniltiuracilo y propiltiuracilo.

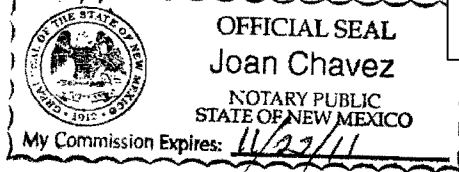
(b)(6)
[Redacted signature area]

Date and signature of the exporter
Fecha y firma del exportador

4/8/2010

(b)(6)
[Redacted signature area]

Date and signature of the Notary Public
Fecha y firma del Notario Publico



Mexico, Slaughter horse HC

**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

10-NM-014

TIME HORSES LOADED ON CONVEYANCE 3:00pm	DATE 4-8-2010	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE LAD LUNGO, New Mexico
VEHICLE LICENSE NO. AND DRIVER'S NAME (b)(6)		NAME OF AUCTION/MARKET Southwest Livestock
CONSIGNOR (OWNER/SHIPPER) NAME Dennis Chavez		CONSIGNEE (RECEIVER/DESTINATION) NAME Bertha Ruiz Pacheco
STREET ADDRESS 24 Dalias Rd		STREET ADDRESS Elisa Gredon 7741
CITY, STATE, ZIP CODE LAD LUNGO, nm 87031		CITY, STATE, ZIP CODE Juarez, Chihuahua mx
AREA CODE & TELEPHONE NO. 505-865-4600		AREA CODE & TELEPHONE NO. 01152 656 130 11056

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

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
USEH	1501						SR		/						/		643869	
	02		/						/					/			559381	
	03		/						/					/			583838	
	04						SR		/					/			610773	
	05						dun		/				/				550526	
	06				/				/				/				6416799	
	07						dun		/				/				637696	
	08				/				/				/				573522	
	09				/				/				/				587260	
	10	/							/				/				610548	
	11				/				/				/				550475	
	12						SR		/				/				610597	
	13		/						/				/				559731	
	14	/							/				/				635371	
	15						dun		/				/				600490	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE ARRIVAL. (b)(6)

SIGNATURE _____

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

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

SIGNATURE OF O (b)(6) _____ contained in this form is true and correct to the best of my know

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____

DATE _____

TIME _____

**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

10-NM-014

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Othe.	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEH	15116							COON	/						/	557809	
17		17		/						/					/		600410	
18		18	/							/					/		586130	
19		19							SR	/					/		560357	
20		20				/				/						/	657166	
21		21		/						/					/		585675	
22		22				/				/					/		610974	
23		23			/					/					/		566139	
24		24							SR	/					/		534180	
25		25				/				/					/		551283	
26		26	/							/						/	549446	
27		27							COON	/					/		560804	
28		28			/					/					/		593499	
29		29	/							/					/		610363	
30		30		/						/					/		538178	
31		31							dwn	/					/		533517	
32		32	/							/					/		614419	
33		33		/						/					/		651037	
34		34							dwn	/					/		583507	
35		35							SR				mule		/		613665	
36		36		/						/					/		647192	
37		37				/				/					/		594630	
38		38	/							/					/		583903	
39		39		/						/					/		599569	
40		40				/				/					/		610398	
41		41	/							/					/		339488	
42		42							SR	/					/		615973	
43		43							APP	/					/		516756	
44		44				/				/					/		637160	
45		45							b-shin	/					/		655827	

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

**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

10-NA-014

	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	USEH	546							own	/				/			611218	
17		47							SR	/						/	645948	
18		48	/							/				/			655859	
19		49	/							/				/			565210	
20		50							own	/				/			4B13355315	
21		51		/						/						/	600115	
22		52							own	/				/			646103	
23		53				/				/				/			549188	
24		54			/					/						/	600791	
25		55				/				/						/	368943	
26		56				/				/						/	644572	
27		57	/							/				/			635068	
28		58		/						/						/	588741	
29		59				/				/						/	608498	
30		60	/							/						/	646603	
31		61				/				/				/			329454	
32		62							SR	/				/			654518	
33		63							SR	/						/	551927	
34		64	/							/				/			587362	
35		65		/						/						/	646194	
36		66							SR	/						/	593745	
37		67			/					/				/			610607	
38		68							SR	/				/			599993	
39		69			/					/				/			561081	
40		70		/						/				/			611916	
41		71				/				/				/			471519	
42		72				/				/				/			6664407	
43		73							SR	/						/	598493	
44		74	/							/				/			586085	
45		75							own	/				/			642828	

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

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FORM APPROVED
OMB NO.
0579-0160

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**
(Please type or print in Ink)

10-NN-014

	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	USEH	1576							SR	/				/			645343	
17		77	/							/				/			588201	
18		78							dun	/				/			656614	
19		79	/							/						/	610313	
20		80	/							/				/			612919	
21		81							SR	/				/			666015	
22		82	/							/				/			651514	
23		83							SR				mule			/	585535	
24		84							SR	/				/			647216	
25		85				/				/						/	666581	
26		86		/		/				/						/	5166448	
27		87			/					/				/			635594	
28		88							app	/						/	592840	
29		89		/						/				/			611872	
30		90	/							/				/			612414	
31		91							SR	/						/	558323	
32		92		/						/				/			588515	
33		93							SR				mule			/	587692	
34		94							SR	/				/			516611	
35		95				/				/				/			549670	
36		96	/							/				/			558314	
37		97				/				/				/			5165264	
38		98		/						/				/			637727	
39		99		/						/						/	650012	
40		1600	/							/						/	649470	
41		01			/					/						/	661324	
42		02							dun	/				/			560061	
43		03		/						/				/			611096	
44		04			/					/				/			592264	
45		05							SR	/						/	560540	

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SIGNATURE OF OWNER/SHIPPER (I certify (b)(6) and correct to the best of my knowledge.)

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

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FORM APPROVED
OMB NO.
0579-0160

10-NH-014

	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	ISEH	1006						SR		/				/			6011093	
17		07						SR		/				/			6014213	
18		08	/							/				/			5060367	
19		09				/				/				/			579790	
20		10				/				/				/			5061213	
21		11	/							/						/	594394	
22		12						SR		/				/			500582	
23		13		/						/				/			6045763	
24		14				/				/						/	588575	
25		15						SR		/						/	592389	
26		16						SR		/				/			6046795	
27		17						Other		/				/			5060448	
28		18						SR		/				/			550733	
29		19						SR		/				/			5061319	
30		20						Other		/						/	6049081	
31		21	/							/						/	6013065	
32		22						SR		/				/			6046734	
33		23		/						/				/			6011575	
34		24		/						/				/			5061779	
35		25						Other		/						/	6055850	
36		26	/							/						/	6047838	
37		27						Other		/				/			592150	
38		28	/							/				/			592859	
39		29		/						/						/	6049781	
40		30		/						/				/			6049345	
41		31						Other		/				/			6047220	
42		32						SR		/				/			592487	
43		33		/						/						/	6043066	
44		34						SR		/				/			5017728	
45		35						Other		/				/			6047082	

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SIGNATURE OF OWNER/SHIPPER (I certify

(b)(6)

correct to the best of my knowledge.)

**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

10-NN-014

	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		1636						SR	/						/	648972		
17		37						SR	/				/			644440		
18		38	/						/						/	594328		
19		39		/					/				/			611518		
20		40	/						/				/			650680		
21		41	/						/				/			593172		
22		42	/						/				/			592449		
23		43				/			/						/	561588		
24		44						SR	/				/			593781		
25		45					/		/						/	593587		
26		46						SR	/				/			611780		
27		47						ROAN	/				/			594819		
28		48						SR	/						/	560847		
29		49						SR				mule			/	650575		
30		50				/			/				/			593607		
31		51		/					/				/			649590		
32		52	/						/						/	593495		
33		53	/						/				/			647858		
34		54	/						/				/			560279		
35		55	/						/						/	646394		
36		56	/						/				/			586854		
37		57						SR	/						/	656258		
38		58			/				/				/			666296		
39		59	/						/						/	650278		
40		60																
41																		
42																		
43																		
44																		
45																		

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SIGNATURE OF OWNER/SHIPPER(

(b)(6)

and correct to the best of my knowledge.)

UNITED STATES DEPARTMENT OF AGRICULTURE
 ANIMAL AND PLANT HEALTH INSPECTION SERVICES
 STATEMENT OF SERVICES

Originating Office Phone
 505-589-6150

Control Number: 3503A0473 ✓
 Office Id: 973503

Bertha Ruiz Pacheco
 Elisa Griensen #7741
 Col. Independencia #2
 Juarez CH 32679

Service Date(s)
 Begin: 16-APR-10
 End: 16-APR-10

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	0759735177 0250	51.00	1.00	51.00

Total Due \$ 51.00


Remarks: HEALTH CERT#10-NM-016
 DENNIS CHAVEZ, 24 DALIES RD. LOS LUNAS, NM 87031

Nfc Id
 9999999999V

Payment Information

Date	Amount	Payment Type	Account/Check #
16-APR-10	\$ 51.00	Money Order	09-919716827

THIS DOCUMENT CONTAINS A TRUE WATERMARK - HOLD UP TO LIGHT TO VIEW

WESTERN UNION MONEY ORDER	INTEGRATED PAYMENT SYSTEMS, INC. - ISSUER <small>Englewood, Colorado</small>
 <small>(ISSUER'S AGENT)</small>	09-919716827 51.00 82-40/1021
A 605307 B 040810 I 1403 02 099197168274 L 001238	
<i>3503A0473</i>	
PAY EXACTLY FIFTY-ONE DOLLARS AND NO CENTS	
PAY TO THE ORDER OF <i>[Signature]</i>	
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
<small>Western Union Money Order and Design is a service mark of Western Union Holdings, Inc./Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado</small>	

⑆102100400⑆ 40099197168274⑆

Will be issued by the USDA, APHIS
 Will your payment to: USDA/APHIS,
 or a US postal Money Order, the
 learned. If you have any



Health Certificate No. 10-NM-016
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

WFF

**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
 FROM THE UNITED STATES OF AMERICA TO MEXICO
 CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

Note: Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

Nota: México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.

1. Name and Address of Exporter: Dennis Chavez
 Nombre y Dirección del Exportador: 24 Dalies Rd
 Los Lunas, NM 87031
2. Name and Address of Importer: Bertha Ruiz Pacheco
 Nombre y Dirección del Importador: Elisa Grlesen 7741, Col. Independencia 2
 Juarez, Chihuahua MX
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
643869	Gelding	7	559381	Mare	6
583838	Gelding	5	610773	Gelding	5
550526	Mare	4	646799	Mare	4
637696	Gelding	8	578522	Gelding	8
587260	Gelding	4	610548	Mare	6
610597	Gelding	7	559731	Mare	9
635371	Mare	9	600490	Mare	7
557809	Gelding	4	600410	Mare	6
586130	Mare	9	560857	Mare	8
657166	Gelding	5	585675	Mare	5
610974	Mare	8	566139	Mare	6
584180	Mare	5	551283	Mare	5
549446	Gelding	9	560804	Mare	7
598449	Mare	7	588178	Mare	9
583517	Mare	5	614419	Mare	6
651037	Mare	5	585507	Mare	9

Mexico, Slaughter horse HC

#2503A0423



VS
 Veterinary Services
 National Center for
 Import and Export

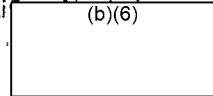
Health Certificate No. 10-NW-016
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

WFA

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
613665	Gelding	7	647192	Mare	7
594630	Mare	5	583903	Gelding	8
599569	Mare	4	610398	Mare	6
339488	Mare	7	615973	Mare	8
516756	Gelding	6	637160	Mare	6
655827	Mare	5	645948	Gelding	6
565210	Mare	9	4B13355315	Mare	7
600115	Gelding	5	646103	Mare	5
549188	Mare	7	600791	Gelding	6
368943	Gelding	5	635068	Mare	7
588741	Gelding	4	608498	Gelding	9
646603	Gelding	8	329454	Mare	5
554518	Mare	7	551927	Gelding	7
587362	Mare	6	646194	Gelding	6
593745	Gelding	6	610607	Mare	8
599993	Mare	8	611916	Mare	5
471519	Mare	7	598493	Gelding	7
586085	Mare	6	642828	Mare	9
645343	Mare	4	588201	Mare	5
656614	Mare	9	610313	Gelding	6
612919	Mare	4	666015	Mare	7
651514	Mare	7	585535	Gelding	5
647216	Mare	5	566448	Gelding	9
635594	Mare	8	592840	Gelding	6
611872	Mare	3	612414	Mare	5
558323	Gelding	4	588515	Mare	7
566611	Mare	5	549670	Mare	5
565264	Mare	8	637727	Mare	9
650012	Gelding	6	649470	Gelding	7
661324	Gelding	7	560061	Mare	9
611096	Mare	8	592264	Mare	6
560540	Gelding	5	611093	Mare	6
614213	Mare	5	566367	Mare	7
579790	Mare	5	561213	Mare	6
594394	Gelding	4	560582	Mare	8
645763	Mare	7	588575	Gelding	7
592389	Gelding	5	646795	Mare	5
560448	Mare	9	550733	Mare	9
561319	Mare	5	649081	Gelding	6
613065	Gelding	6	611575	Mare	5



Health Certificate No. **10-NM-016**
 (Valid only if the USDA Veterinary Seal
 Appears over the Certi (b)(6)



Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.
Los animales son originarios de Estados Unidos.

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.
A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.
 Inspection date / Fecha de inspección April 15th 2010

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.
Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.
Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.

Mexico, Slaughter horse HC



Health Certificate No. 10-NN-016
(Valid only if the USDA Veterinary Seal
Appears over the Seal (b)(6))



(Delete as appropriate / Remueva lo que no aplique)

5.

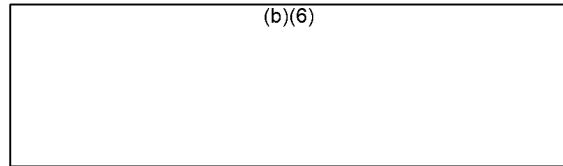
[Within 5 days prior to export, the animals were dipped in coumaphos at 400 ppm. Spraying of the product is only authorized using a motor pump with coumaphos at 400 ppm.]

(NOM-019-ZOO-1994)] 4/10/2010. *Cf*

[Los animales fueron tratados dentro de los 5 días previos al embarque con un baño de inmersión con coumaphos a concentración de 400 ppm. Solamente se autoriza el baño de aspersión cuando se utilice bomba de motor y se aplique una dosis de 400 ppm de coumaphos.]

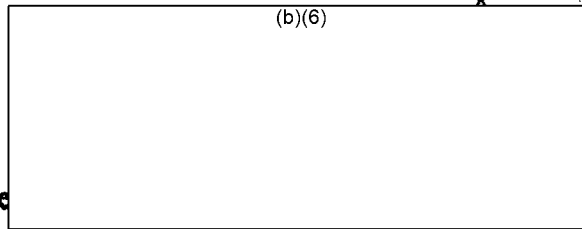
(NOM-019-ZOO-1994)] 4/10/2010 *Cf*

C. Y. Brasmer
Name of Accredited Veterinarian
Nombre del Médico Veterinario
Acreditado



Nombre del Médico Veterinario
Federal que endosa.

(b)(6) 4/15/2010
Signature of Accredited Veterinarian and Date
Firma del Médico Veterinario Acreditado y Fecha



and Date
Firma del Médico Veterinario que endosa

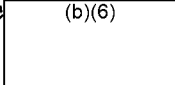
4/16/2010

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) (Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal).

Mexico, Slaughter horse HC



Health Certificate No. 10-NN-016
(Valid only if the USDA Veterinary Seal
Appears over the Seal (b)(6))



**AFFIDAVIT
DECLARACIÓN JURADA**

I, Dennis Chavez declare that, to my best knowledge horses included in this shipment and accompanied by the health certificate # 10-NN-016 have not been fed or treated within the last one hundred and eighty days (180) prior to shipment with the following compounds, plants or drugs.

Por este medio declaro que a mi saber y entender los caballos en este embarque, acompañados por el certificado sanitario número 10-NN-016 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta (180) días antes del embarque.

1. Aristolochia spp and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (included furazolidone), ronidazol.

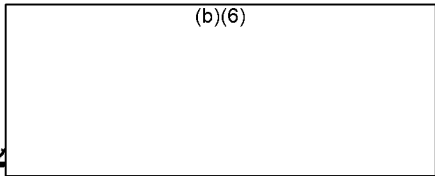
Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicina, dapsona, demetridazole, metronidazol, nitrofurans (including furazolidona) y rodinazole.

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol and raptopamine. All animals are free of steroids.

Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol y raptopamina. Asi como esteroids anabólicos.

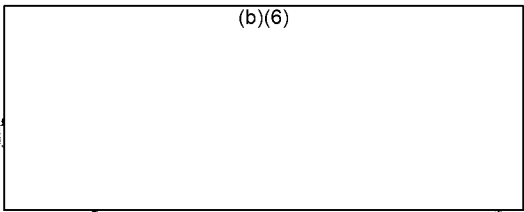
3. The following thyrostatics substances were not used: thiouracil, methylthiouracil phenylthiouracil and propylthiouracil.

Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiltiuracilo, feniltiuracilo y propiltiuracilo.



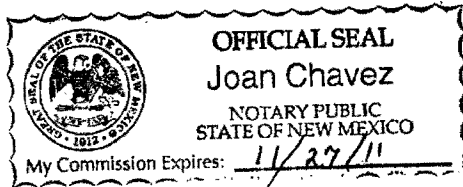
Date and signature of the exporter
Fecha y firma del exportador

15/2010



Date and signature of the Notary Public
Fecha y firma del Notario Publico

010



Mexico, Slaughter horse HC

**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

10-NM-016

TIME HORSES LOADED ON CONVEYANCE <u>3:00pm</u>	DATE <u>4-15-10</u>	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <u>Los Lunas, New Mexico</u>
VEHICLE LICENSE NO. AND DRIVER'S NAME (b)(6)	NAME OF AUCTION/MARKET <u>Southwest Livestock</u>	CONSIGNEE (RECEIVER/DESTINATION) NAME <u>Bertha Ruiz Pacheco</u>
CONSIGNOR (OWNER/SHIPPER) NAME <u>Dennis Chavez</u>	STREET ADDRESS <u>Elisa Erlesen 7741</u>	CITY, STATE, ZIP CODE <u>Juarez, Chihuahua mx</u>
STREET ADDRESS <u>24 Dalies Rd</u>	CITY, STATE, ZIP CODE <u>Juarez, Chihuahua mx</u>	AREA CODE & TELEPHONE NO. <u>656-301-1056</u>
CITY, STATE, ZIP CODE <u>Los Lunas, nm 87031</u>	AREA CODE & TELEPHONE NO. <u>505-865-4600</u>	

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

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	USEFH1501						SR		/							/	60438609	
2	02		/						/					/			559381	
3	03		/						/							/	583838	
4	04						SR		/							/	610773	
5	05						man		/					/			550526	
6	06			/					/					/			6046799	
7	07						man		/							/	6037696	
8	08			/					/							/	578522	
9	09			/					/							/	587260	
10	10	/							/					/			610548	
11	12						SR		/							/	610597	
12	13		/						/					/			559731	
13	14	/							/					/			635371	
14	15						dlun		/					/			600490	
15	16						man		/							/	557809	

HORSES H HOURS IMI SIGNATUR	(b)(6)	MINIMUM OF 6 CONSECUTIVE	CANADIAN FOOD INSPECTION AGENCY (CFIA) EST. _____ DATE _____ TIME _____ DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF) EST. _____ DATE _____ TIME _____
	I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).	SIGNATURE the best of my	

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

FORM APPROVED
OMB NO.
0579-0160

10-NM-016

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

	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	USEH	1517		/									/					600410	
17		18	/										/					586130	
18		19							SR				/					560857	
19		20				/							/				/	657166	
20		21		/									/					585675	
21		22				/							/					610974	
22		23			/								/					560139	
23		24							SR				/					584180	
24		25				/							/					551283	
25		26	/										/				/	549446	
26		27							awn				/					560804	
27		28			/								/					598449	
28		29		/									/					588178	
29		31							awn				/					583517	
30		32	/										/					614419	
31		33		/									/					651037	
32		34							awn				/					585507	
33		35							SR				/				/	613665	
34		36		/									/					647192	
35		37				/							/					594630	
36		38	/										/				/	583903	
37		39		/									/					599569	
38		40				/							/					610398	
39		41	/										/					339488	
40		42							SR				/					615973	
41		43							app				/				/	516756	
42		44				/							/					637160	
43		45							b skin				/					655827	
44		47							SR				/				/	645948	
45		49	/										/					565210	

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SIGNATURE OF OWNER/SHIPPER (I certify that

(b)(6)

to the best of my knowledge.)

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

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FORM
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OMB NO.
0579-0160

10-NM-016

	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	USFH	1550																	4B1335315	
17		51		/															600115	
18		52																	6046103	
19		53				/													549188	
20		54			/														600791	
21		55				/													368943	
22		57	/											/					635068	
23		58		/															588741	
24		59				/													608498	
25		60	/																646603	
26		61				/								/					329454	
27		62							SR					/					554518	
28		63							SR										551927	
29		64	/											/					587362	
30		65		/															646194	
31		66							SR										593745	
32		67			/									/					610607	
33		68							SR					/					599993	
34		70		/										/					611916	
35		71				/								/					471519	
36		73							SR										598493	
37		74	/											/					586085	
38		75							SR					/					642828	
39		76							SR					/					645343	
40		77	/											/					588201	
41		78							SR					/					656614	
42		79	/																610313	
43		80	/											/					612919	
44		81							SR					/					6666015	
45		82	/											/					651514	

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SIGNATURE OF OWNER/SHIPPER (I certify that I am the owner/shipper of the animal(s) listed on this form and that the information provided is true and correct to the best of my knowledge.)

(b)(6)

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OMB NO.
0579-0160

10-N4-016

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

	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	USFH	1583							SR								/	585535	
17		84							SR								/	6047216	
18		86		/													/	5666448	
19		87			/												/	635594	
20		88							APP								/	592840	
21		89		/													/	611872	
22		90	/														/	612414	
23		91							SR								/	588323	
24		92		/													/	588515	
25		94							SR								/	5666611	
26		95				/											/	549670	
27		97				/											/	565264	
28		98		/													/	637727	
29		99		/													/	650012	
30		1600	/														/	649470	
31		01			/												/	661324	
32		02							ALLN								/	560061	
33		03		/													/	611096	
34		04			/												/	592264	
35		05							SR								/	560540	
36		06							SR								/	611093	
37		07							SR								/	614213	
38		08	/														/	566367	
39		09				/											/	579790	
40		10				/											/	561213	
41		11	/														/	594394	
42		12							SR								/	560582	
43		13		/													/	645763	
44		14				/											/	588575	
45		15							SR								/	592389	

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

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
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FORM
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10-NM-016

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			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFH	16						SR	/					/			6446795	
17		17						dun	/					/			560448	
18		18						SR	/					/			550733	
19		19						SR	/					/			561319	
20		20						app	/							/	649081	
21		21	/						/							/	613065	
22		23		/					/					/			611575	
23		24		/					/					/			561779	
24		25						app	/							/	655850	
25		26	/						/							/	647838	
26		27						dun	/					/			592150	
27		28	/						/					/			592859	
28		29		/					/							/	649781	
29		30		/					/					/			649345	
30		31						palo	/					/			647220	
31		32						SR	/					/			592487	
32		33		/					/							/	643066	
33		34						SR	/					/			547728	
34		35						palo	/					/			647082	
35		36						SR	/							/	648972	
36		37						SR	/					/			644440	
37		38	/						/							/	594328	
38		39		/					/					/			611518	
39		40	/						/					/			650680	
40		41	/						/					/			593172	
41		42	/						/					/			592409	
42		43			/				/							/	561588	
43		45					/		/							/	593587	
44		46						SR	/					/			611780	
45		47						SR DOR	/					/			594819	

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(b)(6)

SIGNATURE OF OWNER/SHIPPER(I certify that the in

to the best of my knowledge.)

**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

10-NM-016

	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		1648						SR	/						/	500847		
17		49						SR	/			MULLA			/	1650575		
18		50				/			/				/			593607		
19		51		/					/				/			649590		
20		52	/						/						/	593495		
21		53	/						/				/			647858		
22		55	/						/						/	6416394		
23		56	/						/				/			5816854		
24		57						SR	/						/	6516258		
25		58			/				/				/			6416296		
26		59	/						/						/	550278		
27		9720	/						/						/	478764		
28																		
29																		
30																		
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SIGNATURE OF OWNER/SHIPPER (I certify)

(b)(6)

Is true and correct to the best of my knowledge.)

✓

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICES
STATEMENT OF SERVICES

Originating Office Phone
505-589-6150

Control Number: 3503A0474
Office Id: 973503

Bertha Ruiz Pacheco
Elisa Griensen #7741
Col. Independencia #2
Juarez CH 32679

Service Date(s)
Begin: 16-APR-10
End: 16-APR-10

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	0759735177 0250	51.00	1.00	51.00

Total Due \$ 51.00

Remarks: HEALTH CERT#10-NM-015
DENNIS CHAVEZ, 24 DALIES RD. LOS LUNAS, NM 87031

Payment Information

Nfc Id
9999999999v

Date	Amount	Payment Type	Account/Check #
16-APR-10	51.00		

BERTHA RUIZ-PACHECO
DBA BERTHA RUIZ
Elisa Griensen 7741
COL Independencia 2
Ciudad Juarez Chih, 32670, Mexico

1121

88-6/1120 2936
2704163266

Date 4-15-2010

Pay To The Order of U.S.D.A. \$ 51⁰⁰

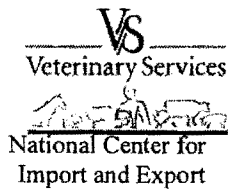
FIFTY ONE 00/100 Dollars

WELLS FARGO Wells Fargo Bank, NA.
El Paso, Texas
wellsfargo.com

For 3503A0474

(b)(4)

(b)(6)



Health Certificate No. 10-NM-015
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

(b)(6)
 [Redacted box]

**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
 FROM THE UNITED STATES OF AMERICA TO MEXICO
 CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

Note: Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

Nota: México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.

- Name and Address of Exporter: Dennis Chavez
 Nombre y Dirección del Exportador: 24 Dalies Rd
 Los Lunas, NM 87031
- Name and Address of Importer: Bertha Ruiz Pacheco
 Nombre y Dirección del Importador: Calle Elisa Griensen 7741
 Col. Independencia 2, Cd. Juarez, Chih
- Identification of the animals to be exported / Identificación de los animales a ser exportados.

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
643869	Gelding	7	600410	Mare	7
559381	Mare	4	586130	Mare	4
583838	Gelding	4	560857	Mare	5
619773	Gelding	6	657166	Gelding	4
550526	Mare	8	585675	Mare	8
646799	Mare	4	610974	Mare	4
637696	Gelding	5	566139	Mare	7
578522	Gelding	8	584180	Mare	4
587260	Gelding	3	551283	Mare	6
610548	Mare	8	549446	Gelding	7
550475	Gelding	4	560804	Mare	4
610597	Gelding	7	598499	Mare	6
559731	Mare	5	610363	Mare	9
635371	Mare	4	588178	Mare	6
600490	Mare	1	583517	Mare	6
557809	Gelding	3	614419	Mare	7

Mexico, Slaughter horse HC

#350340474

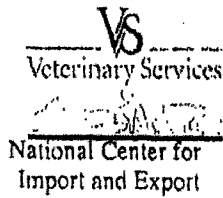



 Veterinary Services

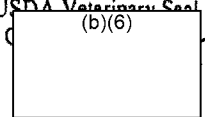
 National Center for
 Import and Export

Health Certificate No. 10-NM-015
 (Valid only if the USDA Veterinary Seal
 Appears over the C (b)(6))

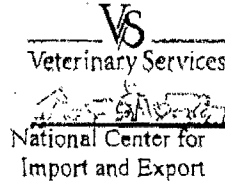
Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
651037	Mare	7			
585507	Mare	6	613665	Gelding	7
647192	Mare	8	594630	Mare	5
583903	Gelding	4	599569	Mare	8
610398	Mare	7	339488	Mare	7
615973	Mare	6	516756	Gelding	6
637160	Mare	8	655827	Mare	8
611218	Mare	7	645948	Gelding	7
655859	Mare	6	565210	Mare	6
4b13355315	Mare	7	600115	Gelding	7
646103	Mare	5	549188	Mare	6
600791	Gelding	8	368943	Gelding	7
644572	Gelding	7	635068	Mare	5
588741	Gelding	8	608498	Gelding	7
646603	Gelding	6	329454	Mare	7
554518	Mare	6	551927	Gelding	6
587362	Mare	7	646194	Gelding	8
593745	Gelding	7	610607	Mare	7
599993	Mare	4	561081	Mare	9
611916	Mare	8	471519	Mare	7
664407	Mare	6	598493	Gelding	6
586085	Mare	5	642828	Mare	7
645343	Mare	7	588201	Mare	6
656614	Mare	5	610313	Gelding	7
612919	Mare	8	666015	Mare	5
651514	Mare	4	585535	Gelding	6
647216	Mare	4	666581	Gelding	6
566448	Gelding	7	635594	Mare	6
592840	Gelding	8	611872	Mare	5
612414	Mare	5	558323	Gelding	4
588515	Mare	7	587692	Gelding	8
566611	Mare	5	549670	Mare	5
558314	Mare	8	565264	Mare	5
637727	Mare	7	650012	Gelding	7
649470	Gelding	4	661324	Gelding	5
560061	Mare	6	611096	Mare	7
592264	Mare	8	560540	Gelding	9
611093	Mare	7	614213	Mare	7
566367	Mare	5	579790	Mare	5
561213	Mare	7	594394	Gelding	6



Health Certificate No. 10-NM-015
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Appears over the (b)(6))



Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
560582	Mare	6	645763	Mare	7
588575	Gelding	8	592389	Gelding	6
646795	Mare	5	560448	Mare	8
550733	Mare	4	561319	Mare	5
649081	Gelding	7	613065	Gelding	4
646734	Mare	6	611575	Mare	7
561779	Mare	9	655850	Gelding	4
647838	Gelding	4	592150	Mare	6
592859	Mare	4	649781	Gelding	9
649345	Mare	8	647220	Mare	7
592487	Mare	7	643066	Gelding	6
547728	Mare	5	647082	Mare	9
648972	Gelding	4	644440	Mare	5
594328	Gelding	5	611518	Mare	4
650680	Mare	6	593172	Mare	7
592449	Mare	7	561588	Gelding	8
593781	Mare	8	593587	Gelding	5
611780	Mare	5	594819	Mare	7
560847	Gelding	5	650575	Gelding	4
593607	Mare	5	649590	Mare	7
593495	Gelding	5	647858	Mare	6
560279	Mare	7	646394	Gelding	3
586854	Mare	5	656258	Gelding	4
666296	Mare	9	550278	Gelding	7
478764	Gelding	6			



Health Certificate No. 10-NN-015
 (Valid only if the USA
 Appears over the Seal (b)(6))

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

Los animales son originarios de Estados Unidos.

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.

A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.

Inspection date / Fecha de inspección April 14th 2010

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.

Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.

Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.

Mexico, Slaughter horse HC



Health Certificate No. 10-111-015
(Valid only if the USDA Veterinary Seal
Appears over the Certificate)

(b)(6)

(Delete as appropriate / Remueva lo que no aplique)

5.

[Within 5 days prior to export, the animals were dipped in coumaphos at 400 ppm. Spraying of the product is only authorized using a motor pump with coumaphos at 400 ppm.]

(NOM-019-ZOO-1994)] (b)(6) 4/10/2010

[Los animales fueron tratados dentro de los 5 días previos al embarque con un baño de inmersión con coumaphos a concentración de 400 ppm. Solamente se autoriza el baño de aspersión cuando se utilice bomba de motor y se aplique una dosis de 400 ppm de coumaphos.]

(NOM-019-ZOO-1994)] (b)(6) 4/10/2010

(b)(6)

C. Y. Brasmer
Name of Accredited Veterinarian
Nombre del Médico Veterinario
Acreditado

Name of Endorsing Federal Veterinarian
Nombre del Médico Veterinario
Federal que endosa.

(b)(6) 4/14/2010
Signature of Accredited Veterinarian and Date
Firma del Médico Veterinario Acreditado
y Fecha

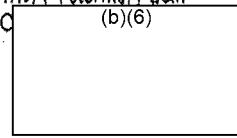
(b)(6) 5/2010
Signature of Endorsing Federal Veterinarian
and Date
Firma del Médico Veterinario que endosa

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) (Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal).

Mexico, Slaughter horse HC



Health Certificate No. 10-NN-015
(Valid only if the USDA Veterinary Seal
Appears over the C (b)(6))



**AFFIDAVIT
DECLARACIÓN JURADA**

I, Dennis Chavez declare that, to my best knowledge horses included in this shipment and accompanied by the health certificate # 10-NN-015 have not been fed or treated within the last one hundred and eighty days (180) prior to shipment with the follow compounds, plants or drugs.

Por este medio declaro que a mi saber y entender los caballos en este embarque, acompañados por el certificado sanitario número 10-NN-015 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta (180) días antes del embarque.

1. Aristolochia spp and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (included furazolidone), ronidazol.

Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (including furazolidona) y rodinazole.

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol and raptopamine.

Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol y raptopamina.

3. The following thyrostatics substances were not used: thiouracil, methylthiouracil phenylthiouracil and propylthiouracil.

Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiltiuracilo, feniltiuracilo y propiltiuracilo.

(b)(6)

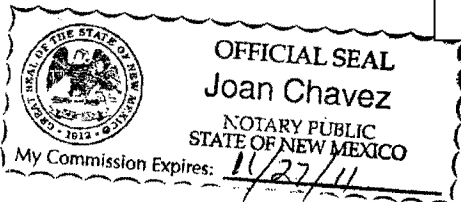
Date and signature of the exporter
Fecha y firma del exportador

4/14/2010

(b)(6)

Date and signature of the Notary
Fecha y firma del Notario Public

4/14/2010



Mexico, Slaughter horse HC

**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

10-NN-015

TIME HORSES LOADED ON CONVEYANCE <u>3:00pm</u>	DATE <u>4-14-10</u>	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <u>Los Lunas, New Mexico</u>
VEHICLE LICENSE NO. (b)(6)	NAME <u>Dennis Chavez</u>	NAME OF AUCTION/MARKET <u>Southwest Livestock</u>
STREET ADDRESS <u>24 Dalies Rd</u>	CITY, STATE, ZIP CODE <u>Los Lunas, nm 87031</u>	CONSIGNEE (RECEIVER/DESTINATION) NAME <u>Bertha Ruiz Pacheco</u>
AREA CODE & TELEPHONE NO. <u>505-865-4600</u>	STREET ADDRESS <u>Elida Arlesen 7741</u>	STREET ADDRESS <u>Col Independencia 2</u>
	CITY, STATE, ZIP CODE <u>Juarez, Chihuahua mx</u>	CITY, STATE, ZIP CODE <u>Juarez, Chihuahua mx</u>
	AREA CODE & TELEPHONE NO. <u>915-252-6614</u>	AREA CODE & TELEPHONE NO. <u>915-252-6614</u>

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION					BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions		
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal			Geld	
1	USFH	501																	643869
2		02		/															559381
3		03		/															583838
4		04																	610773
5		05																	550526
6		06				/													646799
7		07																	637696
8		08				/													578522
9		09				/													587260
10		10	/																610548
11		12																	610597
12		13		/															559731
13		14																	635371
14	✓	15	/																600490
15		16																	557809

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY

SIGNATURE _____ (b)(6)

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

SIGNATURE OF the best of my kn _____ (b)(6)

_____ contained in this form is true and correct to

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____

DATE _____

TIME _____

**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

10-NN-015

	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	WSSH	17		/						/								557869	
17		18	/							/					/			600410	
18		19							SR	/					/			586130	
19		20								/					/			560857	
20		21				/				/						/		657164	
21		22				/				/					/			585675	
22		23			/					/					/			610974	
23		24							SR	/					/			566139	
24		25			/					/					/			584180	
25		26	/							/						/		551283	
26		27							dun	/					/			549446	
27		28			/					/					/			560804	
28		30		/						/					/			598499	
29		31							dun	/					/			588178	
30		32	/							/					/			583517	
31		33		/						/					/			614419	
32		34							dun	/					/			651037	
33		35							SR	/			mdc		/			585307	
34		36		/						/					/			613665	
35		37			/					/					/			647192	
36		38	/							/					/			594630	
37		39		/						/					/			583903	
38		40				/				/					/			599569	
39		41	/							/					/			610398	
40		42	/						SR	/					/			339488	
41		43							APP	/					/			615973	
42		44				/				/					/			576754	
43		45				/			BSE	/					/			637160	
44		47							SIR	/					/			655827	
45	✓	49	/							/					/				

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 _____ and correct to the best of my knowledge.)

**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

10-NM-015

	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	USEH	1550													/			4813355315	
17		51		/											/			600115	
18		52													/			646103	
19		53				/									/			549188	
20		54			/										/			600791	
21		55				/									/			368943	
22		57	/												/			635068	
23		58		/											/			588741	
24		59				/									/			608498	
25		60	/												/			646603	
26		61				/									/			329454	
27		62													/			554518	
28		63													/			551927	
29		64	/												/			587362	
30		65		/											/			646194	
31		66													/			593745	
32		67			/										/			610607	
33		68													/			599993	
34		70		/											/			611916	
35		71				/									/			471519	
36		73													/			598493	
37		74	/												/			586085	
38		75													/			642828	
39		76													/			645343	
40		77	/												/			588201	
41		78													/			656614	
42		79	/												/			610313	
43		80	/												/			612919	
44		81													/			666015	
45		82	/												/			651514	

*This horse had
about 200
lbs of
weight of his
owner
Linda St Co.*

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 is true and correct to the best of my knowledge.)

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

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0579-0160

10-NN-015

	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	USEFH	1583							SR	/								585535	
17		84							SR	/								647216	
18		86		/						/								566448	
19		87			/					/								635594	
20		88							APP	/								592840	
21		89		/						/								611872	
22		90	/							/								612414	
23		91							SR	/								558323	
24		92		/						/								588515	
25		94							SR	/								566611	
26		95				/				/								549670	
27		97				/				/								565264	
28		98		/						/								650012	
29		99		/						/								649470	
30		1000	/							/								661324	
31		01			/					/								649700	
32		02							ALT	/								560061	
33		03		/						/								611096	
34		04			/					/								592264	
35		05							SR	/								560540	
36		06							SR	/								611093	
37		07							SR	/								614213	
38		08	/							/								566367	
39		09				/				/								579790	
40		10				/				/								561213	
41		11	/							/								594394	
42		12							SR	/								560582	
43		13		/						/								645763	
44		14				/				/								588575	
45		15							SR	/								592389	

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 (49 U.S.C. SECTION 3904)

SIGNATURE OF OWNER/SHIPPER (I certify that I am the owner/shipper of the animal(s) listed on this form and that I am providing this information in good faith and to the best of my knowledge.)

**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

10-N4-015

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	USEFH 1616						SR		/				/				646795	
17	17						dun		/				/				560448	
18	18						SR		/				/				550733	
19	19						SR		/				/				501319	
20	20						app		/							/	649081	
21	21	/							/							/	613065	
22	23		/						/				/				611575	
23	24		/						/				/				561779	
24	25						app		/							/	655850	
25	26	/							/							/	647838	
26	27						dun		/				/				592150	
27	28	/							/				/				592859	
28	29		/						/							/	649781	
29	30		/						/				/				649345	
30	31						ROJO		/				/				647220	
31	32						SR		/				/				592487	
32	33		/						/							/	643066	
33	34						SR		/				/				51728	
34	35						ROJO		/				/				647082	
35	36						SR		/							/	648972	
36	37						SR		/				/				644440	
37	38	/							/							/	594328	
38	39		/						/				/				611518	
39	40	/							/				/				650680	
40	41	/							/				/				593172	
41	42	/							/				/				592449	
42	43				/				/							/	561588	
43	45					/			/							/	593587	
44	46						SR		/				/				611780	
45	47						ROJO		/				/				594819	

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this for

(b)(6)

ledge.)

**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

10-NM-015

	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	USEFH	11648							SR	/						/	560847	
17		49							SR	/						/	650575	
18		50				/				/				/			593207	
19		51		/						/				/			649590	
20		52	/							/						/	593495	
21		53	/							/				/			647858	
22		55	/							/						/	646394	
23		56	/							/				/			586854	
24		57							SR	/						/	6516258	
25		58			/					/				/			666296	
26		59	/							/						/	550278	
27		9700	/							/						/	478764	
28																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contains

no false or misleading information to my knowledge.)

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICES
STATEMENT OF SERVICES



Originating Office Phone

505-589-6150

Control Number: 3503A0487

Office Id: 973503

Bertha Ruiz Pacheco
Elisa Griensen #7741
Col. Independencia #2
Juarez CH 32679

Service Date(s)
Begin: 23-APR-10
End: 23-APR-10

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	0759735177 0250	51.00	1.00	51.00

Total Due \$ 51.00

Remarks: HEALTH CERT# 10-NM-017
DENNIS CHAVEZ, 24 DALIES RD. LOS LUNAS, NM 87031

Payment Information

Nfc Id 9999999999V

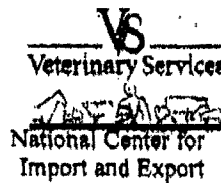
Date	Amount	Payment Type	Account/Check #
23-APR-10	\$ 51.00	Money Order	14-062595357

THIS DOCUMENT CONTAINS A TRUE WATERMARK - HOLD UP TO LIGHT TO VIEW

WESTERN UNION MONEY ORDER	WESTERN UNION FINANCIAL SERVICES INC. - ISSUER	
	<small>Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado Englewood, Colorado</small>	
14-062595357		
\$ 51.00		
<small>A 614463 D 042010 T 1742 44 14062595357/3 L 000435</small>	PAYMENT FOR/ACCT. #	
PAY EXACTLY FIFTY-ONE DOLLARS AND NO CENTS PAY TO THE ORDER OF <u>U.S.D.A.</u> (b)(6)		

Must be issued by the USDA, APHIS
 and your payment to: USDA/APHIS,
 or a US postal Money Order, the
 required. If you have any

⑆102100400⑆ 40140625953573⑈



Health Certificate No. 10-NM-017
 (Valid only if the USDA
 Appears over the Certifi

(b)(6)

**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
 FROM THE UNITED STATES OF AMERICA TO MEXICO
 CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

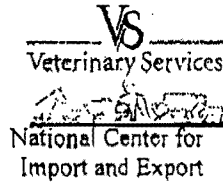
Note: Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

Nota: México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchideos.

- Name and Address of Exporter: Dennis Chavez
 Nombre y Dirección del Exportador: 24 Dalies Rd
 Los Lunas, NM 87031
- Name and Address of Importer: Bertha Ruiz Pacheco
 Nombre y Dirección del Importador: Elisa Glesen 7741 Col. Independencia 2
 Juarez, Chihuahua MX
- Identification of the animals to be exported / Identificación de los animales a ser exportados.

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
646758	Gelding	7	560022	Gelding	7
586833	Gelding	5	656982	Gelding	6
593232	Gelding	8	610703	Gelding	9
650933	Gelding	5	637438	Gelding	7
561239	Gelding	5	646494	Gelding	5
588031	Gelding	5	577516	Mare	6
645927	Gelding	7	649448	Gelding	9
656483	Mare	9	596499	Mare	5
561697	Mare	8	667312	Gelding	7
646647	Gelding	6	612370	Gelding	6
612634	Gelding	5	667097	Mare	8
614935	Mare	7	647793	Gelding	9
637502	Gelding	5	667610	Mare	7
656622	Mare	5	664700	Gelding	6
643287	Gelding	7	648986	Gelding	6
610591	Mare	5	651041	Mare	9

Mexico, Slaughter horse HC



Health Certificate No. **10-NN-017**
 (Valid only if the USDA Veterinary Seal
 Appears over the Cert (b)(6)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
610504	Gelding	5	548883	Gelding	6
551135	Gelding	8	584301	Mare	8
586257	Mare	6	664491	Gelding	9
647077	Gelding	5	594734	Gelding	7
611509	Gelding	5	561786	Gelding	6
664655	Gelding	4	587699	Gelding	9
637143	Gelding	4	647453	Gelding	5
561129	Gelding	7	666196	Gelding	9
654789	Gelding	6	665043	Gelding	7
561419	Gelding	7	593144	Gelding	6
647411	Gelding	5	664960	Gelding	9
611222	Gelding	4	646964	Gelding	8
635592	Gelding	4	592271	Gelding	6
664562	Gelding	6	649239	Gelding	8
666886	Gelding	7	547072	Gelding	7
647895	Gelding	5	648437	Gelding	6
560889	Gelding	8	657792	Gelding	5
451907	Gelding	4	637291	Gelding	8
654776	Gelding	5	664943	Mare	6
666919	Gelding	8	636012	Gelding	9
667462	Gelding	7	636368	Gelding	7
664721	Gelding	4	654915	Gelding	6
657563	Gelding	4	560506	Gelding	7
635475	Gelding	8	653991	Gelding	9
649117	Gelding	5	610481	Gelding	5
645179	Gelding	5	650624	Gelding	5
666932	Gelding	7	549860	Gelding	8
648468	Gelding	6	613167	Mare	5
665064	Mare	5	612110	Mare	7
651502	Gelding	5	612872	Mare	4
593125	Mare	9	594641	Mare	8
646478	Mare	6	611541	Mare	6
560815	Mare	7	561787	Mare	7
550921	Gelding	4	584987	Mare	5
650891	Gelding	5	611251	Gelding	8
611013	Gelding	4	647626	Mare	6
587007	Mare	6	600361	Mare	8
551316	Mare	5	566232	Gelding	9
600725	Gelding	8	613160	Mare	7
646026	Gelding	4	649674	Gelding	6
647039	Mare	5	592004	Gelding	9
613824	Gelding	4	560182	Mare	6



VS
 Veterinary Services
 National Center for
 Import and Export

Health Certificate No. **10-NN-017**
 (Valid only if the USDA
 Appears over the Certifi

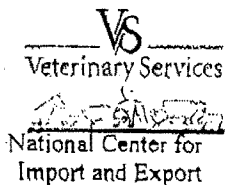
(b)(6)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
610499	Gelding	6	649962	Gelding	7
661369	Mare	7	646138	Gelding	9
646615	Gelding	5	594476	Gelding	8
649279	Gelding	8	592726	Gelding	5
650362	Mare	6	646338	Gelding	8
644769	Mare	7	593905	Mare	5
560303	Gelding	5	648400	Gelding	6
651372	Gelding	5	646996	Mare	5
560198	Mare	6	646581	Mare	6
560001	Mare	4	612280	Gelding	8
560428	Mare	7	611051	Gelding	5
647800	Gelding	4	592962	Mare	5
612474	Gelding	4	593126	Mare	7
648106	Gelding	6	611740	Gelding	4
600406	Gelding	8	612169	Gelding	8
650586	Mare	4	666195	Gelding	5
656714	Gelding	4	666673	Gelding	9
560327	Gelding	7	649234	Mare	7
609576	Mare	5	657355	Mare	5
560218	Mare	4	646832	Gelding	8
561641	Mare	8	560728	Gelding	6
555090	Mare	5	611153	Mare	9
656408	Mare	7	667053	Mare	7
666023	Mare	9	648206	Mare	8
647732	Mare	8	643385	Mare	6
644282	Gelding	6	592559	Gelding	8
666894	Gelding	7	651009	Gelding	7
612571	Gelding	9	636634	Gelding	9
649166	Gelding	5	611160	Mare	7
560016	Mare	7	586314	Mare	9
636693	Gelding	5	560414	Mare	7
555511	Mare	7	612700	Gelding	8
612198	Mare	8	593615	Gelding	6
610772	Mare	7	651660	Mare	4
664914	Mare	5	611434	Gelding	6

** on 4/22/10 I saw a paint mare with a
 new foal standing beside her. An
 apparent violation of the restrictions
 0/13 She had no*

(b)(6)

(b)(6)



Health Certificate No. 10-NM-017
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

(b)(6)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada

CERTIFICATION STATEMENTS / CERTIFICACIONES

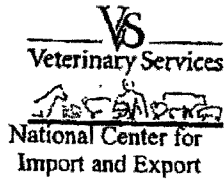
1. Horses originate from the United States.
Los animales son originarios de Estados Unidos.

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.
A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.
 Inspection date / Fecha de inspección April 21st 2010

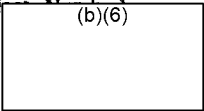
3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.
Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.
Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.

Mexico, Slaughter horse HC



Health Certificate No. 10-NM-017
(Valid only if the USDA Veterinary Seal
Appears over the Certificate)



(Delete as appropriate / *Remueva lo que no aplique*)

5. [The animals are free of ectoparasite and originated from areas not under quarantine for *Boophilus* spp ticks.]

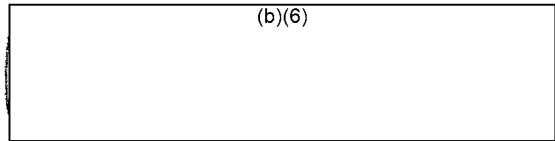
[*Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.*]

C.Y Brasmer
Name of Accredited Veterinarian
*Nombre del Médico Veterinario
Acreditado*



*Nombre del Médico Veterinario
Federal que endosa.*

(b)(6) 4/21/2010
Signature of Veterinarian and Date
*Firma del Médico Veterinario Acreditado
y Fecha*



4/22/10
Signature of Endorsing Federal Veterinarian
and Date
*Firma del Médico Veterinario que endosa
y Fecha*

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) (*Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal.*)

Mexico, Slaughter horse HC

**AFFIDAVIT
DECLARACIÓN JURADA**

I (print) Dennis Chavez declare that the horses included in this shipment have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

Por este medio declaro que los caballos en este embarque no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

1. *Aristolochia spp* and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.

Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.

Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.

3. The following thirosthatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.

Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.

Date and signature of the exporter
Fecha y firma del exportador

(b)(6)

4/21/2010

Date and signature of the Notary Public
Fecha y firma del Notario Público

(b)(6)

21/2010



OFFICIAL SEAL
LAURA L. CLEM
NOTARY PUBLIC-STATE OF NEW MEXICO
My commission expires: 12/20/2010

**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

10-NM-017

TIME HORSES LOADED ON CONVEYANCE <u>4:00pm</u>	DATE <u>4-21-10</u>	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <u>Los Lunas, New Mexico</u>
VEHICLE LICENSE NO. (b)(6)		NAME OF AUCTION/MARKET <u>Southwest Livestock</u>
CONSIGNOR (OWNER/SHIPPER) NAME <u>Dennis Chavez</u>		CONSIGNEE (RECEIVER/DESTINATION) NAME <u>Bertha Ruiz Pacheco</u>
STREET ADDRESS <u>24 Dalies Rd</u>		STREET ADDRESS <u>Elisa Grleden 7741</u>
CITY, STATE, ZIP CODE <u>Los Lunas, nm 87031</u>		CITY, STATE, ZIP CODE <u>Juarez, Chihuahua mx</u>
AREA CODE & TELEPHONE NO. <u>505-865-4600</u>		AREA CODE & TELEPHONE NO. <u>656-301-1056</u>

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION					BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal			Geld
1	USEH	101	/							/						/	646758	
2		02		/						/						/	560022	
3		03	/							/						/	586833	
4		04	/							/						/	656982	
5		05	/							/						/	593232	
6		06								/						/	610703	
7		07								SR	/					/	650933	
8		08								SR	/					/	637438	
9		09		/						/						/	5161239	
10		10	/							/						/	646494	
11		11		/						/						/	588031	
12		12								SR	/			/			517516	
13		13			/					/						/	645927	
14		14	/							/						/	649448	
15		15								SR	/			/			656483	

HORSES HAVE HAD _____ HOURS IMMEDIATE _____	(b)(6)	MINIMUM OF 6 CONSECUTIVE _____	CANADIAN FOOD INSPECTION AGENCY (CFIA) EST. _____ DATE _____ TIME _____
SIGNATURE _____	(b)(6)	contained in this form is true and correct to _____	DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF) EST. _____ DATE _____ TIME _____

**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

10-N4-017

	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	USEH	1716	/							/					/			5916499	
17		17	/							/					/			5101697	
18		18						dun		/							/	1067312	
19		19						SR		/							/	10416647	
20		20				/				/							/	1012370	
21		21		/						/							/	1012634	
22		22	/							/				/			/	1067097	
23		23		/						/				/			/	1014935	
24		24	/							/							/	1047793	
25		25	/							/							/	1037502	
26		26	/							/				/			/	1007610	
27		27	/							/				/			/	1051022	
28		28						SR		/							/	1064700	
29		29						SR		/							/	1043287	
30		30	/							/							/	1048986	
31		31	/							/				/			/	1010591	
32		32						SR		/				/			/	1051041	
33		33						SR		/							/	1010504	
34		34						dun		/							/	10548883	
35		35						SR		/							/	1051135	
36		36						SR		/				/			/	10584301	
37		37	/									mule		/			/	105810257	
38		38	/							/							/	1064491	
39		39	/							/							/	1047077	
40		40	/							/							/	10594734	
41		41		/						/							/	1011509	
42		42	/							/							/	105101786	
43		43						SR		/							/	101041055	
44		44						SR		/							/	105871099	
45		45						SR		/							/	1037143	

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

(b)(6)

is true and correct to the best of my knowledge.)

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**
(Please type or print in Ink)

10-NM-017

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			
USFH	17416						APP		/							/	6047453	
	47						b. skin		/							/	501129	
	48						POLO		/							/	606196	
	49	/							/							/	654789	
	50				/				/							/	665043	
	51						SR		/							/	561419	
	52		/						/							/	593144	
	53						SR		/							/	6047411	
	54					/			/							/	604960	
	55						SR		/							/	611222	
	56						APP		/							/	6046964	
	57		/						/							/	635592	
	58						APP		/							/	592271	
	59				/				/							/	604562	
	60						SR		/							/	649239	
	61						MOON		/							/	606886	
	62						DOWN		/							/	547072	
	63						SR		/							/	647895	
	64				/				/							/	648437	
	65						SR		/							/	560889	
	66						SR		/							/	657792	
	67	/							/							/	151907	
	68						SR		/							/	637291	
	69	/							/							/	654776	
	70				/				/				/			/	604943	
	71	/							/							/	606919	
	72						SR		/							/	636012	
	73	/							/							/	607462	
	74						SR		/							/	636368	
	75						SR		/							/	604721	

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SIGNATURE OF OWNER/SHIPPER (I or agent) _____ and correct to the best of my knowledge.)

**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

10-N4-07

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	USFH	1776							b-SKIP	/						/	654915	
17		77			/					/						/	657563	
18		78			/					/						/	560506	
19		79							ADD	/						/	635475	
20		80	/							/						/	653991	
21		81							b-SKIP	/						/	649117	
22		82	/							/						/	610481	
23		83	/							/						/	645179	
24		84				/				/						/	650624	
25		85							SR	/						/	6666932	
26		86			/					/						/	549860	
27		87			/					/						/	648468	
28		88							SR	/				/			613167	
29		89			/					/				/			665064	
30		90			/					/				/			612110	
31		91	/							/						/	651502	
32		92							SR	/				/			612872	
33		93							SR	/				/			593125	
34		94							SR	/				/			594641	
35		95							ADD	/				/			646478	
36		96			/					/				/			611541	
37		97	/							/				/			560815	
38		98			/					/				/			561787	
39		99	/							/						/	550921	
40		1800	/							/				/			584987	
41		01							SR	/						/	650891	
42		02							SR	/						/	611251	
43		03			/					/						/	611013	
44		04		/						/				/			647626	
45		05	/							/				/			587007	

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

(b)(6)

**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

10-NM-017

	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	USEH	1806						SR	/					/			6000361	
17		07	/						/					/			551316	
18		08				/			/							/	5166232	
19		09						b skin	/							/	6000725	
20		10				/			/					/			613160	
21		11	/						/							/	646026	
22		12	/						/							/	649674	
23		13	/						/					/			647039	
24		14	/						/							/	592004	
25		15						b skin	/							/	613824	
26		16		/					/					/			560182	
27		17						roub	/							/	610499	
28		18			/				/							/	649962	
29		19						roub	/					/			661369	
30		20		/					/							/	646138	
31		21	/						/							/	646615	
32		22			/				/							/	594476	
33		23		/					/							/	649279	
34		24	/						/							/	592726	
35		25	/						/					/			650362	
36		26						SR	/							/	646338	
37		27	/						/					/			644769	
38		28						SR	/					/			593905	
39		29	/						/							/	560303	
40		30		/					/							/	648400	
41		31						SR	/							/	651372	
42		32		/					/					/			646996	
43		33						roub	/					/			560198	
44		34		/					/					/			646581	
45		35	/						/					/			560001	

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SIGNATURE OF OWNER/SHIPPER (I certify that _____ (b)(6) _____ to the best of my knowledge.)

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

FORM APPROVED
OMB NO. 0579-0160

10-NN-017

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

(Please type or print in Ink)

	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	USFH	1836						SR	/							/	612280	
17		37						SR	/					/			560428	
18		38				/			/							/	611051	
19		39		/					/							/	647800	
20		40				/			/				/				592962	
21		41						SR	/							/	612474	
22		42				/			/				/				593126	
23		43		/					/							/	648106	
24		44						SR	/							/	611740	
25		45	/						/							/	600406	
26		46	/						/							/	612169	
27		47						SR	/				/				650586	
28		48			/				/							/	666195	
29		49		/					/							/	656714	
30		50	/						/							/	666673	
31		52	/						/							/	560327	
32		53				/			/				/				649234	
33		54	/						/				/				609576	
34		55				/			/				/				657355	
35		56						SR	/				/				560218	
36		57				/			/							/	646832	
37		58						SR	/				/				561641	
38		59	/						/							/	560728	
39		60						SR	/				/				555090	
40		61						app	/				/				611153	
41		62				/			/				/				656408	
42		63		/					/				/				667063	
43		64		/					/				/				6666023	
44		65						SR	/				/				648206	
45		66	/						/				/				647732	

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SIGNATURE OF OWNER/SHIPPER (I certify that

(b)(6)

to the best of my knowledge.)

**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

10-NN-017

	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	USFH18	67	/											/			643385	
17		68															644282	
18		69															592559	
19		70				/											666894	
20		71															651009	
21		72															612571	
22		73															636634	
23		74			/												649166	
24		75	/											/			611160	
25		76		/										/			560016	
26		77												/			586314	
27		78				/											636693	
28		79												/			560414	
29		80		/										/			555511	
30		81	/														612700	
31		82	/											/			612198	
32		84			/												593615	
33		85		/										/			610772	
34		86	/											/			651660	
35		87	/											/			664914	
36	↓	88			/												611434	
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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SIGNATURE OF OWNER/SHIPPER (I declare that the information provided is true and correct to the best of my knowledge.)

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICES
STATEMENT OF SERVICES

Originating Office Phone

505-589-6150

Control Number: 3503A0505

Office Id: 973503

Bertha Ruiz Pacheco

Elisa Griensen #7741

Col. Independencia #2

Juarez

CH 32679

Service Date(s)

Begin: 27-APR-10

End: 27-APR-10

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	0759735177 0250	51.00	1.00	51.00

Total Due \$ 51.00

Remarks: VS HEALTH CERT#10-NM-018
DENNIS CHAVEZ, 243 DALIES RD. LOS LUNAS, NM 87031

Payment Information

Nfc Id
9999999999v

Date	Amount	Payment Type	Account/Check #
28-APR-10	\$ 51.00	Money Order	R202355691043

THE FRONT OF THE DOCUMENT HAS A MICRO-PRINT AMOUNT BOX AND THERMOCHROMIC. ABSENCE OF THESE FEATURES WILL INDICATE A COPY.

MoneyGram INTERNATIONAL MONEY ORDER
Money Orders

75-53
919

04/21/2010

20235569104
MONEY ORDER - MM

▼ PAY ONLY THIS AMOUNT ▼

***51.00**

FIFTY-ONE *****
DOLLARS 00 CENTS

60528359633596
1848300111078104

TO AUTHENTICATE RUB CIRCLE
PARA AUTENTICAR RESTREGAR EL CIRCULO

PAY TO THE ORDER OF: / PAGAR A LA ORDEN DE: U.S.A.

IMPORTANT - SEE BACK BEFORE CASHING

Bertha Ruiz Pacheco

PURCHASER, SIGNER FOR DRAWER / COMPRADOR, FIRMA DEL LIBRADOR
PURCHASER, BY SIGNATURE (b)(6)

ADDRESS: / DIRECCIÓN:
Payable Through: Wells Fargo Bank South Central, N.A. Anchorage, Alaska

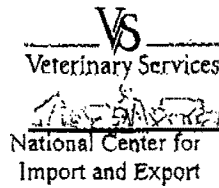
ISSUER/DRAWER: MONEYGRAM PAYMENT SYSTEMS, INC.

R202355691043

#3503A0505

09190053312023 55691043 90

be issued by the USDA, APHIS
your payment to: USDA/APHIS,
or a US postal Money Order, the
varied. If you have any



Health Certificate No. 10-NM-018
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate) (b)(6)

**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
 FROM THE UNITED STATES OF AMERICA TO MEXICO
 CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

Note: Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

Nota: México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.

1. Name and Address of Exporter: Dennis Chavez
 Nombre y Dirección del Exportador: 24 Dalies Rd
 Los Lunas, NM 87031
2. Name and Address of Importer: Bertha Ruiz Pacheco
 Nombre y Dirección del Importador: Elisa Grlesen 7741 Col. Independencia 2
 Juarez, Chihuahua MX
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
608938	Gelding	6	550597	Mare	8
645149	Gelding	7	580588	Gelding	7
563208	Gelding	4	599945	Mare	5
609567	Mare	8	644973	Gelding	4
580015	Gelding	6	612649	Gelding	6
579295	Gelding	4	647408	Gelding	5
558944	Mare	7	457819	Mare	7
607505	Mare	4	588689	Gelding	6
608842	Mare	4	550474	Mare	6
609769	Mare	8	550260	Mare	7
610233	Mare	6	609832	Gelding	4
645288	Mare	7	567673	Mare	8
612887	Gelding	4	584741	Gelding	9
607487	Gelding	5	312782	Gelding	6
559048	Gelding	5	649665	Gelding	9
549439	Gelding	8	609631	Gelding	8

Mexico, Slaughter horse HC

3563A0505

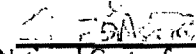


VS
 Veterinary Services
 National Center for
 Import and Export

Health Certificate No. 10-NM-018
 (Valid only if the USDA Veterinarian
 Appears over the Certificate No. (b)(6))

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
586960	Gelding	6	348356	Gelding	7
588256	Gelding	4	551030	Mare	5
585301	Mare	8	571082	Gelding	8
565192	Gelding	5	613558	Gelding	4
609907	Gelding	7	645988	Gelding	8
614146	Gelding	5	612014	Mare	6
549127	Mare	6	608221	Gelding	5
578295	Gelding	5	559602	Mare	7
578467	Mare	7	609857	Gelding	5
607596	Mare	4	580092	Mare	7
644928	Mare	6	650450	Mare	8
557893	Mare	9	607751	Mare	7
612357	Gelding	7	609250	Gelding	7
599690	Mare	8	599306	Mare	9
588093	Mare	5	578980	Gelding	7
599541	Mare	7	579631	Gelding	5
609893	Gelding	4	599285	Mare	6
566428	Mare	8	588450	Gelding	7
578101	Gelding	7	584065	Mare	5
650744	Gelding	4	599037	Gelding	8
578938	Gelding	5	551120	Gelding	6
645068	Mare	5	598370	Gelding	7
645033	Gelding	8	585573	Mare	6
566177	Mare	5	579891	Mare	5
591916	Gelding	7	585212	Gelding	9
648298	Gelding	5	577536	Mare	4
608071	Mare	4	649458	Mare	7
646315	Gelding	8	561043	Mare	5
643413	Mare	4	614556	Gelding	6
598447	Gelding	4	612692	Gelding	9
615224	Mare	7	611298	Mare	7
637714	Gelding	6	655199	Mare	6
650517	Mare	8	651678	Gelding	9
646182	Gelding	5	565529	Mare	5
644142	Mare	7	599475	Gelding	5
645101	Gelding	5	559375	Mare	8
607710	Mare	6	551141	Mare	6
647868	Gelding	4	549063	Mare	6
588454	Gelding	7	643722	Gelding	6
551319	Gelding	4	607844	Mare	5

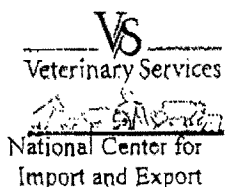


V/S
Veterinary Services

National Center for
Import and Export

Health Certificate No. 10-NN-018
(Valid only if the USDA Veterinary Seal
Appears over the Certificate)

(b)(6)

Microchip number / <i>Número de microchip</i>	Sex/ <i>Sexo</i>	Approximate age/ <i>Edad</i> <i>aproximada</i>	Microchip Number / <i>Número de microchip</i>	Sex / <i>Sexo</i>	Approximate age / <i>Edad</i> <i>aproximada</i>
559123	Gelding	5	578589	Mare	6
651511	Mare	7	549467	Mare	5
558258	Gelding	4	608217	Mare	7
650875	Mare	9	549804	Gelding	9
551019	Mare	6	557828	Mare	6
646035	Gelding	4	574575	Gelding	9
611978	Mare	7	615144	Gelding	8
453751	Mare	4	586166	Mare	7
610062	Gelding	8	600930	Gelding	8
549017	Mare	5	586890	Mare	5
599129	Gelding	5	579828	Mare	6
608354	Mare	8	583595	Mare	8
549076	Mare	7	612780	Gelding	7
459617	Gelding	4	551457	Mare	5
567380	Mare	8	607580	Gelding	7
331819	Mare	6	586850	Gelding	8
650853	Mare	5	551891	Gelding	5
608956	Gelding	7	580044	Mare	7
651476	Mare	6	584540	Gelding	6



Health Certificate No. 10-NM-018
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate) (b)(6)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

Los animales son originarios de Estados Unidos.

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.

A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.

Inspection date / Fecha de inspección April 27th 2010

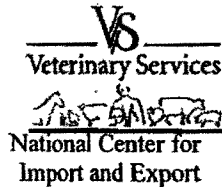
3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.

Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.

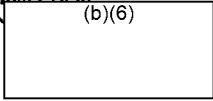
4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.

Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.

Mexico, Slaughter horse HC



Health Certificate No. 10-NM-018
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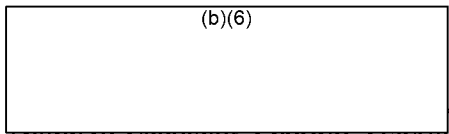
(Delete as appropriate / Remueva lo que no aplique)

5. [The animals are free of ectoparasite and originated from areas not under quarantine for Boophilus pp ticks.]]

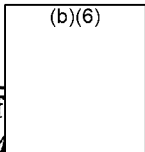
[Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.]]

C.Y Brasmer

Name of Accredited Veterinarian
Nombre del Médico Veterinario
Acreditado

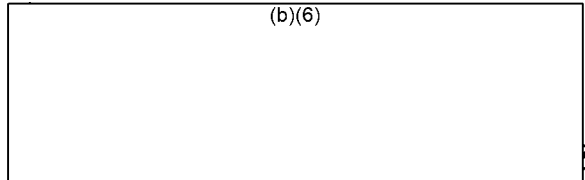


Name of Endorsing Federal Veterinarian
Nombre del Médico Veterinario
Federal que endosa.



4/27/2010

Signature of Veterinarian and Date
Firma del Médico Veterinario Acreditado
y Fecha



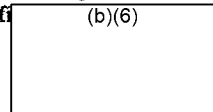
4/27/2010

and Date
Firma del Médico Veterinario que endosa
y Fecha

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) (Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal).



Health Certificate No. 10-NM-018
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**AFFIDAVIT
DECLARACIÓN JURADA**

I (print) Dennis Chavez declare that the horses included in this shipment have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

Por este medio declaro que los caballos en este embarque no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

1. *Aristolochia spp* and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.

Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.

Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.

3. The following thirosthatics were not used: thiouracil, methyuracil phenylthiouracil and propylthiouracil.

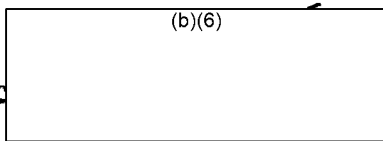
Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.

Date and signature of the exporter
Fecha y firma del exportador

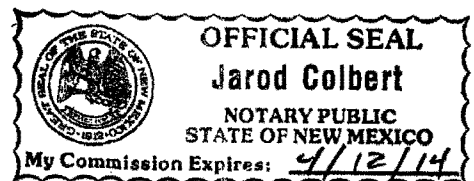


4/27/2010

Date and signature of the Notary Public
Fecha y firma del Notario Público



4/27/2010



**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

10-NH-018

TIME HORSES LOADED ON CONVEYANCE 8:00am	DATE 4-27-10	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE Los Lunas, New Mexico
VEHICLE IDENTIFICATION NUMBER (b)(6)	NAME OF AUCTION/MARKET Southwest Livestock	CONSIGNEE (RECEIVER/DESTINATION) NAME Bertha Ruiz Pacheco
CONSIGNOR (OWNER/SHIPPER) NAME Dennis Chavez	STREET ADDRESS 24 Calles Rd	STREET ADDRESS Elisa Arizsen 7741
CITY, STATE, ZIP CODE Los Lunas, nm 87031	CITY, STATE, ZIP CODE Juarez, Chihuahua, mx	AREA CODE & TELEPHONE NO. 915-252-6614
AREA CODE & TELEPHONE NO. 505-865-4600		

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

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
		Bay	Grey	Bik.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
1	USER1401				/				/						/			608938	
2	02			/					/						/			550597	
3	03						se		/						/			6045149	
4	04	/							/						/			580588	
5	05		/						/						/			5163208	
6	06						don		/					/				599945	
7	07	/							/					/				609567	
8	08						blind		/					/				644973	
9	09						se		/					/				530015	
10	10				/				/					/				612649	
11	11	/							/					/				579295	
12	12	/							/					/				647408	
13	13			/					/					/				558944	
14	14						don		/					/				457819	
15	15	/							/					/				607505	

HORSES HAVE HOURS IMMEDIATELY SIGNATURE	(b)(6)	FOR A MINIMUM OF 6 CONSECUTIVE E.	CANADIAN FOOD INSPECTION AGENCY (CFIA) EST. _____ DATE _____ TIME _____
I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).		DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)	EST. _____ DATE _____ TIME _____
SIGNATURE OF OWNER the best of my knowledge	(b)(6)	maintained in this form is true and correct to	

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FORM
APPROVED
OMB NO.
0579-0160

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

10-NM-018

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	USER 1910		/						/						/	588689	
17	17							SR	/					/		608842	
18	18	/							/					/		550474	
19	19		/						/					/		609769	
20	20							SR	/					/		550260	
21	21	/							/					/		610233	
22	22							roan	/					/		609832	
23	23	/							/					/		645288	
24	24			/					/					/		567673	
25	25	/							/					/		612887	
26	26							roan	/					/		584741	
27	27			/					/					/		607487	
28	28				/				/					/		312782	
29	29							roan	/					/		559048	
30	30							roan	/					/		649665	
31	31							SR	/					/		549439	
32	32		/						/					/		609631	
33	33							SR	/					/		5810960	
34	34				/				/					/		348356	
35	35				/				/					/		588256	
36	36							roan	/					/		551030	
37	37							dw	/					/		585301	
38	38							SR	/					/		571082	
39	39							SR	/					/		565192	
40	40							SR	/					/		613558	
41	41	/							/					/		609907	
42	42							SR	/					/		645988	
43	43	/							/					/		614146	
44	44			/					/					/		612014	
45	45							SR	/					/		549127	

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.

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

(b)(6)

(the best of my knowledge.)

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FORM APPROVED
OMB NO.
0579-0160

10-NN-018

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**
(Please type or print in Ink)

	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	USER	1946	/													/	608221	
17		47	/													/	578295	
18		48	/											/			559602	
19		49						SR						/			578467	
20		50				/										/	609857	
21		51	/									mule		/			607596	
22		52	/											/			580092	
23		53				/								/			644928	
24		54	/											/			650450	
25		55	/											/			557893	
26		56				/								/			607751	
27		57						SR								/	612357	
28		58	/													/	609250	
29		59				/								/			599690	
30		60	/											/			599306	
31		61						SR						/			588093	
32		62	/													/	578980	
33		63		/										/			599541	
34		64				/										/	579631	
35		65						SR								/	609893	
36		66	/											/			599285	
37		67	/											/			560428	
38		68		/												/	588450	
39		69	/													/	578101	
40		70						POOD						/			584065	
41		71		/												/	650744	
42		72			/											/	599037	
43		73						SR								/	578938	
44		74			/											/	551120	
45		75						SR						/			645068	

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

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	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	USER	1976		/									/			/	598370	
17		77							bskin				/			/	645033	
18		78	/										/		/		585573	
19		79							sr				/		/		566177	
20		80	/										/		/		579891	
21		81							sr				/			/	591916	
22		82							sr				/			/	585212	
23		83				/							/			/	648298	
24		84	/										/		/		577536	
25		85							sr				/		/		608071	
26		86		/									/		/		649458	
27		87	/										/			/	646315	
28		88	/										/		/		561043	
29		89				/							/		/		643413	
30		90	/										/			/	614556	
31		91							roan				/			/	598447	
32		92							palo				/			/	612692	
33		93	/										/		/		615224	
34		94							sr				/		/		611298	
35		95			/								/			/	637714	
36		96		/									/		/		655199	
37		97	/										/		/		650517	
38		98							sr				/			/	651678	
39		99				/							/			/	646182	
40		2000							sr				/		/		565529	
41	USFG	7951	/										/		/		644142	
42		52							sr				/			/	599475	
43		53							sr				/			/	645101	
44		54			/								/		/		559375	
45		55		/									/		/		607710	

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

(b)(6)

**OWNER/SHIPPER CERTIFICATE
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0579-0160

10-NM-018

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		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
USFG7956		/							/				/				551141	
	57								/							/	647868	
	58								/				/				549063	
	59			/					/							/	588454	
	60								/							/	643722	
	61								/							/	551319	
	62								/				/				607844	
	63			/					/							/	559123	
	64								/				/				578589	
	65								/				/				651511	
	66			/					/				/				549467	
	67	/							/							/	558258	
	68								/				/				608217	
	69								/				/				650875	
	70				/				/							/	549804	
	71	/							/				/				551019	
	72	/							/				/				557828	
	73				/				/							/	646035	
	74			/					/				/				574575	
	75			/					/				/				611978	
	76								/							/	615144	
	77		/						/				/				453751	
	78								/				/				586166	
	79								/							/	610062	
	80								/							/	600930	
	81								/				/				549017	
	82		/						/				/				586890	
	83			/					/							/	599129	
	84		/						/				/				579828	
	85		/						/				/				608354	

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

(b)(6)

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**
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FORM APPROVED
OMB NO.
0579-0160

10-NM-018

	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	USFG	7986							SR	/				/				583595	
17		87		/						/				/				549076	
18		88			/					/						/		612780	
19		89	/							/						/		459617	
20		90							OPP	/				/				551457	
21		91				/				/				/				567380	
22		92	/							/						/		607580	
23		93							SR	/				/				331819	
24		94							OPP	/						/		586850	
25		95							SR	/				/				650853	
26		96							OPP	/						/		551891	
27		97				/				/						/		608956	
28		98				/				/				/				580044	
29		99	/							/				/				651476	
30	Y	8000							DOB	/						/		584540	
31																			
32																			
33																			
34																			
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SIGNATURE OF OWNER/SHIPPER (b)(6) true and correct to the best of my knowledge.)

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICES
STATEMENT OF SERVICES

Originating Office Phone

505-761-3160

Control Number: 3501A0289

Office Id: 973501

C.Y. Brasmer D.V.M.

5900 Jones Place, Nw

Albuquerque NM 87120-2006

Service Date(s)

Begin: 11-MAY-10

End: 11-MAY-10

Reference NR: NM-10211

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
105	1-2 Tests Basic - 1st Animal	0759735177 0250	111.00	1.00	111.00
106	1-2 Tests - Additional Animal	0759735177 0250	6.25	27.00	168.75

Total Due \$ 279.75

Remarks: 15 horses to Mexico and 13 horses to Mexico.
Addtnl. Certificate No. NM-10212. 28 horses total.

Payment Information

Nfc Id

9999999999V

Date	Amount	Payment Type	Account/Check #
11-MAY-10	\$ 279.75	Check	2325

Attention: Customers with government credit accounts - A consolidated monthly bill will be issued by the USDA, APHIS (signature accepting payment terms is on file). Upon receipt of the monthly bill, mail your payment to: USDA/APHIS, P.O. Box 979039 St. Louis, MO 63197-9000.

Notice to Payer: If payment of this Statement of Service is something other than cash or a US postal Money Order, the Statement of Service will not be considered paid in full until such tender has been cleared. If you have any questions, please contact the originating office listed above.

CHRISTOPHER Y BRASMER, DBA
C.Y. BRASMER D.V.M.
5900 JONES PL. NW
ALBUQUERQUE, NM 87120-2006

95-660/1070

2325

DATE 5/11/10

PAY TO * USDO - dphie - US \$ 279.75
THE ORDER OF Two Hundred Seventy Nine 75/100 DOLLARS

 **BANK OF ALBUQUERQUE**
Albuquerque, New Mexico
www.bankofalbuquerque.com

MEMO

(b)(4)

(b)(6)

MP

SPECIALTY BLUE

* * * COMMUNICATION RESULT REPORT (MAY. 11. 2010 12:18PM) * * *

FAX HEADER 1: USDA, APHIS, VS 505-761-3176
 FAX HEADER 2:

TRANSMITTED/STORED : MAY. 11. 2010 12:17PM
 FILE MODE OPTION

FILE MODE	OPTION	ADDRESS	RESULT	PAGE
2260 MEMORY TX		G3 : 5755891634	OK	3/3

REASON FOR ERROR
 (1) HANG UP OR LINE FAIL
 (2) NO ANSWER
 (3) MAIL SIZE OVER
 E-2) BUSY
 E-4) NO FACSIMILE CONNECTION



ANIMAL AND PLANT HEALTH INSPECTION SERVICE
 Veterinary Services
 6200 Jefferson St., NE, Suite 117
 Albuquerque, New Mexico 87109

(b)(6)		POE	City and State Santa Teresa, NM
Office Telephone No	Fax Telephone No. 575-389-1634	Date 05/11/2010	
Subject: Notification of coming shipment of horses to Mexico.			
<p>Sir,</p> <p>Included in this fax is a international health certificate from Dr C.Y. Brasmer.</p> <p>This is for 15 and 13 horses to Mexico.</p> <p>Thanks,</p> <p>Bill.</p>			
From: Bill Jackson		USDA, APHIS, VS	Albuquerque, NM
Office Telephone No. 505-761-3160	Fax Telephone No. 505-761-3176	Date 05/11/2010	
No. of Pages Transmitted: Three, including the fax coversheet.			



ANIMAL AND PLANT HEALTH INSPECTION SERVICE
Veterinary Services
6200 Jefferson St., NE, Suite 117
Albuquerque, New Mexico 87109

To: (b)(6)		POE		City and State Santa Teresa, NM	
Office Telephone No		Fax Telephone No. 575-589-1634		Date 05/11/2010	
Subject: Notification of coming shipment of horses to Mexico.					
<p>Sir,</p> <p>Included in this fax is a international health certificate from Dr C.Y. Brasmer.</p> <p>This is for 15 and 13 horses to Mexico.</p> <p>Thanks,</p> <p>Bill.</p>					
From: Bill Jackson		USDA, APHIS, VS		Albuquerque, NM	
Office Telephone No. 505-761-3160		Fax Telephone No. 505-761-3176		Date 05/11/2010	
No. of Pages Transmitted: Three, including the fax coversheet.					



Health Certificate No. NM-10212
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

(b)(6)

**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY
 (REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF
 AMERICA TO MEXICO**
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE
 ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS
 DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM
 Para caballos de estados sin casos diagnosticados de MCE**

- 1. Name and Address of Exporter:** Rigoberto Marrufo
Nombre y Dirección del Exportador: SW L/S Auction
 24 Dallies Rd.
 Los Lunas, NM 87031
- 2. Name and Address of Importer:** Orozco Importaciones de RL de CV
Nombre y Dirección del Importador: Rio Nilo #4135 Local 5, Cordova-Américas
 Cd. Juarez Chih. Mx. 32310
- 3. Identification of the animals to be exported / Identificación de los animales a ser exportados.**

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas <i>(reseña)</i>	Intended purpose Reproduction Work/ <i>Función zootécnica:</i> [Reproducción] [Trabajo]	State of origin/ <i>Estado de Origen</i>
985170000361331	M	QH	1	sorrell, star l/hr/h socks	work	nm
985170000377316	M	QH	1	grulla, star lf,rf,,rh socks	"	"
985170000449486	M	QH	1	Sorrell, baldface rh sock	"	"
985170000312175	F	QH	1	Black, star	"	"
985170000339185	M	QH	1	Palomino star	"	"
985170000375929	M	QH	1	sorrell lh sock	"	"
985170000310852	F	QH	1	gray, star	"	"

3501A0 289



Health Certificate No. NM-10212
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

(b)(6)

**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY
 (REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF
 AMERICA TO MEXICO**
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE
 ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS
 DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM
 Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter: Rigoberto Marrufo
Nombre y Dirección del Exportador: SW L/S Auction
 24 Dallies Rd.
 Los Lunas, NM 87031
2. Name and Address of Importer: Orozco Importaciones de RL de CV
Nombre y Dirección del Importador: Rio Nilo #4135 Local 5, Cordova-Américas
 Cd. Juarez Chih. Mx. 32310
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas <i>(reseña)</i>	Intended purpose Reproduction Work/ <i>Función zootécnica:</i> [Reproducción] [Trabajo]	State of origin/ <i>Estado de Origen</i>
985170000354836	F	QH	1	left blue eye Sorrell, strip lf lh rf rh socks	work	NM
985170000379548	M	QH	1	sorrell strip	"	"
985170000379048	M	QH	1	Bay, strip rh sock	"	"
985170000378254	M	Paint	1	sorrell strip lh rh socks	"	"
985170000336961	M	QH	1	gray, strip lh rh socks	"	"
985170000369049	M	Paint	1	sorrell/tob. paint	"	"



Health Certificate No. NM-10212
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

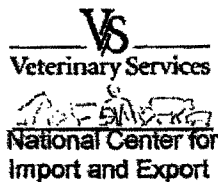
(b)(6)

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States
Los animales son originarios de los Estados Unidos.
2. The animals are individually identified indicating color, sex, breed, age, marks or tattoo or microchip.
Identificación individual de los animales, señalando color, sexo, raza, edad y marcas (reseña), o tatuaje o microchip.
3. The animals remained in the United States during the 60 days prior to export.
Los animales permanecieron en los Estados Unidos durante 60 días previos a la exportación.
4. The animals were inspected at the farm of origin and were found free of reportable diseases; the animals have not been exposed to reportable diseases during the 60 days prior to export.
Los animales fueron inspeccionados en el lugar de origen y encontrados libres de enfermedades de notificación obligatoria y no fueron expuestos a ellas durante los 60 días previos a la exportación.
5. The animals are free of ectoparasites or were treated against ectoparasites. (Indicate the date and name of the product).
Que se encuentran libres de ectoparásitos o que recibieron un tratamiento, indicando fecha y el producto utilizado.

the animals are free of ectoparasites

6. At the farm origin and in adjacent farms, there have been no cases of dourine, Venezuelan equine encephalitis, vesicular stomatitis, epizootic lymphangitis, ulcerative lymphangitis, glanders, piroplasmosis, and surra during 60 days prior to export.
Que durante los 60 días previos a la exportación, en las instalaciones de origen como en las instalaciones vecinas no se han presentado casos de: Durina, Encefalitis equina venezolana, Estomatitis vesicular, Linfangitis epizootica, Linfangitis ulcerativa, Muermo, Piroplasmosis equina y surra.
7. Within 60 days prior to export, the animals were tested with negative results, for the following diseases. The laboratory samples were taken under the supervision of a USDA accredited veterinarian.
Que los animales fueron sometidos a las siguientes pruebas, con resultados negativos, dentro de los 60 días previos a la fecha de exportación. Las muestras fueron colectadas bajo supervisión de un Médico Veterinario Acreditado por el USDA.



Health Certificate No. NM-10212
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

(b)(6)

Equine infectious anemia: ~~AGID test (Coggin's test)~~ or ELISA.
 (Indicate the name of the official laboratory and the date the samples were obtained).
Anemia infecciosa equina: agar gel inmunodifusión (AGID o prueba de Coggin) o ELISA. (Señale el nombre del laboratorio oficial y la fecha de la obtención de la muestra.)
KSU DL -4/26/10 or Equine Surgery & medicine lab-4/27/10 or
Albuquerque Coggins Lab- 5/10/10

Note: Horses in this shipment were not positive to testing for CEM in the USDA APHIS control-surveillance program.
Nota: Los caballos en este embarque no obtuvieron pruebas positivas a MCE en el control-vigilancia que mantiene Estados Unidos.

8. Horses have not been on premises infected with CEM and are not epidemiologically linked to infected premises or animals diagnosed with CEM, during the 12 months prior to export.
Que durante los 12 meses previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales afectados.
9. The animals are transported in containers and/or vehicles that were cleaned and disinfected prior to embarkation. During transportation the horses were not in contact with other animals.
Que los vehículos y/o contenedores utilizados para el transporte de los animales se sometieron a limpieza y desinfección antes del embarque y los animales a exportar no estuvieron en contacto con otros animales durante el traslado.

Inspection date / Fecha de inspección 5/10/10

USDA, APHIS, Veterinary Service
 6200 Jefferson St., NE, Suite 117
 Albuquerque, New Mexico 87109

C.Y. Brasmer, DVM
 Name of Accredited Veterinarian
 Nombre del Médico Veterinario
 Acreditado

Name of Endorsing Federal
 Veterinarian M.G. McDole D.V.M.
 Nombre del Médico Veterinario
 Federal que endosa.

(b)(6)
5/10/10
 Signature of Accredited Veterinarian (Date)
 Firma del Médico Veterinario Acreditado
 (Fecha)

(b)(6)
Date: 05-11-2010
 Signature of Endorsing Federal Veterinarian
 Fecha de endoso y firma del Médico

Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian. (Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

N 0838127

1. ACCESSION NUMBER

10-30070

2. DATE BLOOD DRAWN

4-26-10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input checked="" type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. KS 3511	6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	Zip Code
8. NAME AND ADDRESS OF OWNER (Please print or type) Dennis J. Graff 7009 Road C Hubbell NE		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Roger P. McCartney DVM P.O. Box 372 Belleuille, KS.	
Tel No. 402-321-1161		Tel No. 785-527-2428	
County Republic		County Republic	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

(b)(6) was drawn by me from the horse described below on the date indicated above.

11. TYPE OR PRINT SIGNATURE NAME DVM ROGER P. MCCARTNEY, DVM	12. SIGNATURE DATE 4-26-10
--	-------------------------------

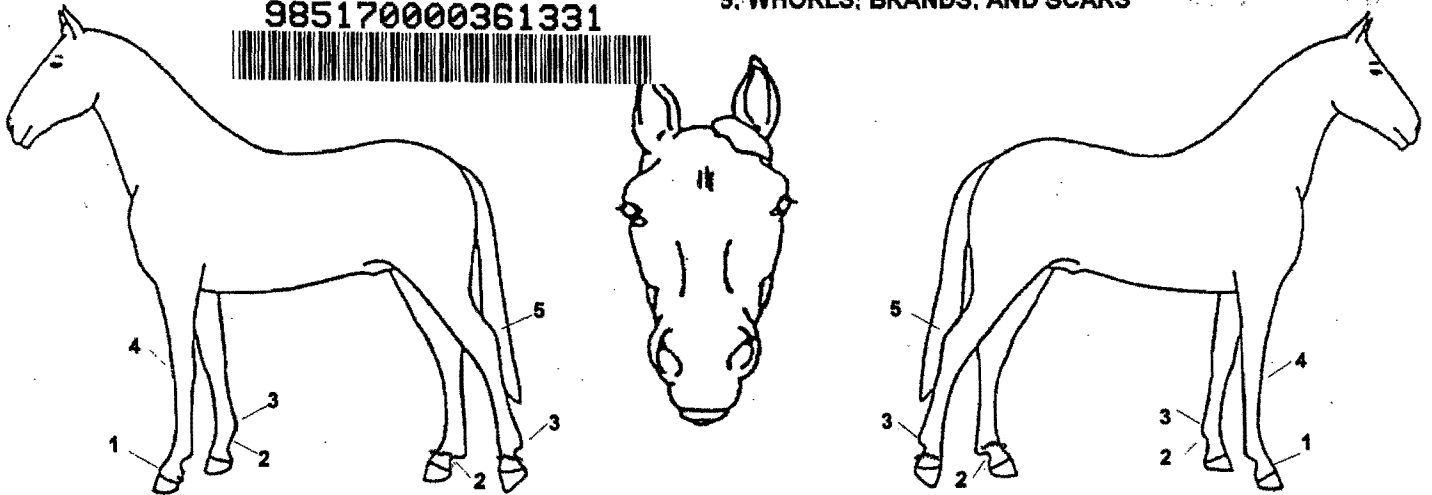
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. (b)(6)		14. TYPE OR PRINT SIGNATURE NAME Dennis J. Graff		15. SIGNATURE DATE 4-26-10	
16. Tube No.	17. Tag	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed
1			RF Extra Image 5193045	Sorrel	AQHA
					22. Electronic I.D. No.
					23. Age or DOB
					3-5-09 M
					24. Sex
					M - Male F - Female G - Gelding N - Neuter

5. WHORLS, BRANDS, AND SCARS

985170000361331



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD white hairs in forehead	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB left hind half pastern white higher inside	30. RIGHT HINDLIMB right hind coronet with partial white

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE KSU DL MANHATTAN, KS	32. DATE RECEIVED 4-28-10	33. DATE REPORTED OUT 4-29-10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input checked="" type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. REMARKS (b)(6)			

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

N 0838115

1. ACCESSION NUMBER

10-30080

2. DATE BLOOD DRAWN

4-26-10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input checked="" type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		8. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	
5. VETERINARY LICENSE OR ACCREDITATION NO. Ks 3591		Zip Code	
8. NAME AND ADDRESS OF OWNER (Please print or type) Dennis J Graff 7009 Road C Belleville, NE		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Roger P. McCortney DVM P.O. Box 372 Belleville, KS.	
Tel No. 402-334-4161 County Republic		Tel No. 785-327-2428 County Republic	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

is drawn by me from the horse described below on the date indicated above.

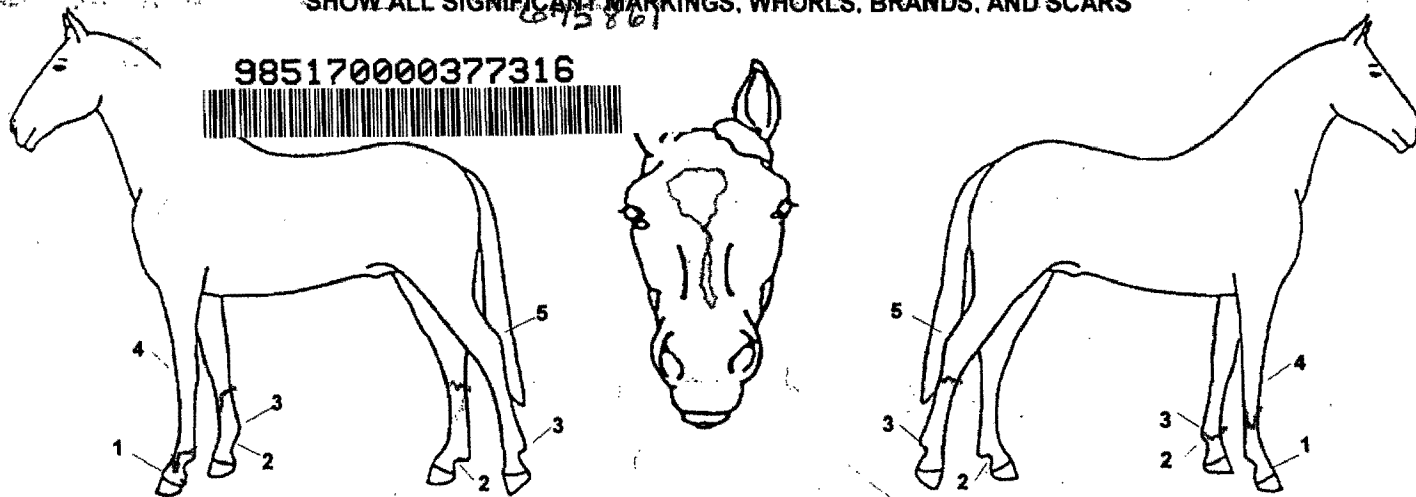
(b)(6)	11. TYPE OR PRINT SIGNATURE NAME ROGER P. III. McCortney DVM	12. SIGNATURE DATE 4-26-10
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CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. S (b)(6)		14. TYPE OR PRINT SIGNATURE NAME Dennis J Graff		15. SIGNATURE DATE 4-26-10	
16. Tube No.	Tao	Tattoo/Brand	19. Name of Horse 585,021	20. Color grullo	21. Breed APHA
11			Sire: Joaks Jack	Solid	
			Dam: Mickey's Moon		
					22. Electronic I.D. No.
					23. Age or DOB 5-18-09 M
					24. Sex M
					M - Male F - Female G - Gelding N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE KSU DL MANHATTAN, KS	32. DATE RECEIVED 4-28-10	33. DATE REPORTED OUT 4-29-10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input checked="" type="checkbox"/> AGID <input type="checkbox"/> ELISA
(b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

61

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

N 0838122

1. ACCESSION NUMBER

10-30075

2. DATE BLOOD DRAWN

4-26-10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input checked="" type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. Ks 3591	
6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID		Zip Code	
8. NAME AND ADDRESS OF OWNER (Please print or type) Dennis J. Groff 7009 ROAD C Hubbell NE Tel No. 402-324-1161		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Roger P. McCartney DVM P.O. Box 372 Belleville, KS Tel No. 785-527-2428	
County Republic		County Republic	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

(b)(6) This form was drawn by me from the horse described below on the date indicated above.

11. TYPE OR PRINT SIGNATURE NAME DVM ROGER P. MCCARTNEY, DVM	12. SIGNATURE DATE 4-26-10
--	-------------------------------

CERTIFICATION OF OWNER OR OWNER'S AGENT

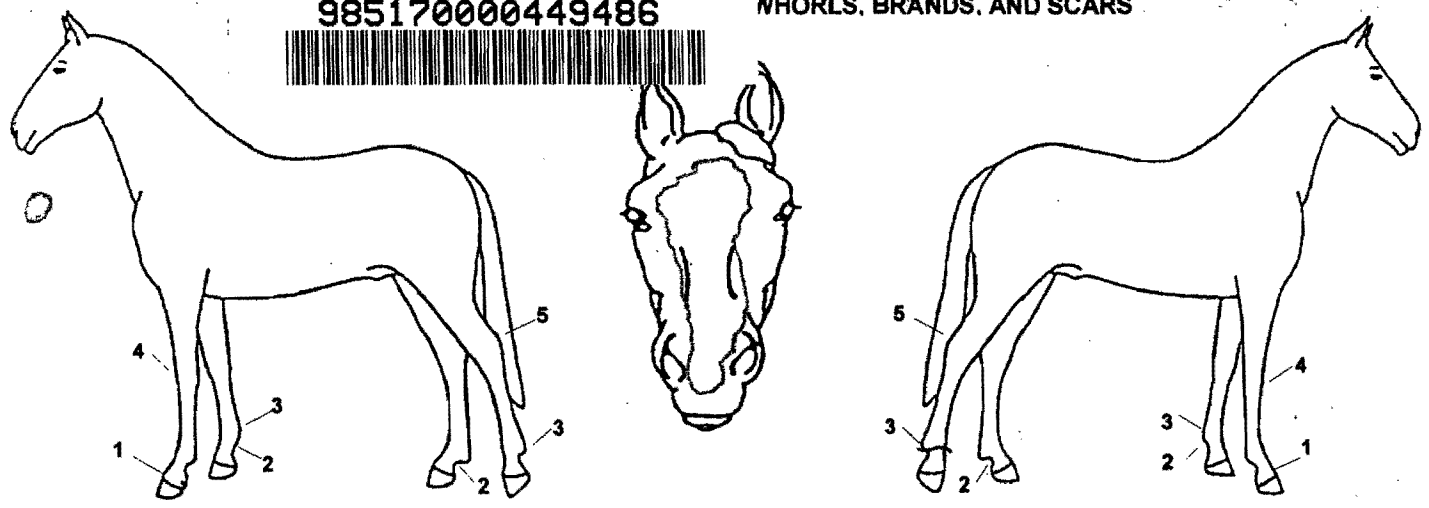
(b)(6) I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

14. TYPE OR PRINT SIGNATURE NAME Dennis J. Groff	15. SIGNATURE DATE 4-26-10
---	-------------------------------

19. Name of Horse Sire = Jocks Jock Dam = Too little Silver	20. Color Solid	21. Breed APHA	22. Electronic I.D. No.	23. Age or DOB 5-28-09 M	24. Sex M - Male F - Female G - Gelding N - Neuter
---	--------------------	-------------------	-------------------------	-----------------------------	--

985170000449486

WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE KSU DL MANHATTAN, KS	32. DATE RECEIVED 4-28-10	33. DATE REPORTED OUT 4-29-10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input checked="" type="checkbox"/> AGID <input type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS	

Falsification of this form or knowingly using false information may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. **N 0838118**
1. ACCESSION NUMBER **10-30078**
2. DATE BLOOD DRAWN **4-26-10**

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input checked="" type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: _____ LONG: _____	5. VETERINARY LICENSE OR ACCREDITATION NO. Ks 3591	6. TEST TYPE <input type="checkbox"/> ELISA <input checked="" type="checkbox"/> AGID	Zip Code _____ Tel No. 7 _____ County _____
8. NAME AND ADDRESS OF OWNER (Please print or type) Dennis J Graff 7009 Road 16 Hubbell, NE Zip Code 68375 Tel No. 402-324-4161 County Republican		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Roger P. McCartney DVM P.O. Box 372 Belleuille, Ks. Zip Code 66935 Tel No. 785-527-2428 County Republican	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

(b)(6) certifies that this form was drawn by me from the horse described below on the date indicated above.

11. TYPE OR PRINT SIGNATURE, NAME DVM	12. SIGNATURE DATE 4-26-10
---	--------------------------------------

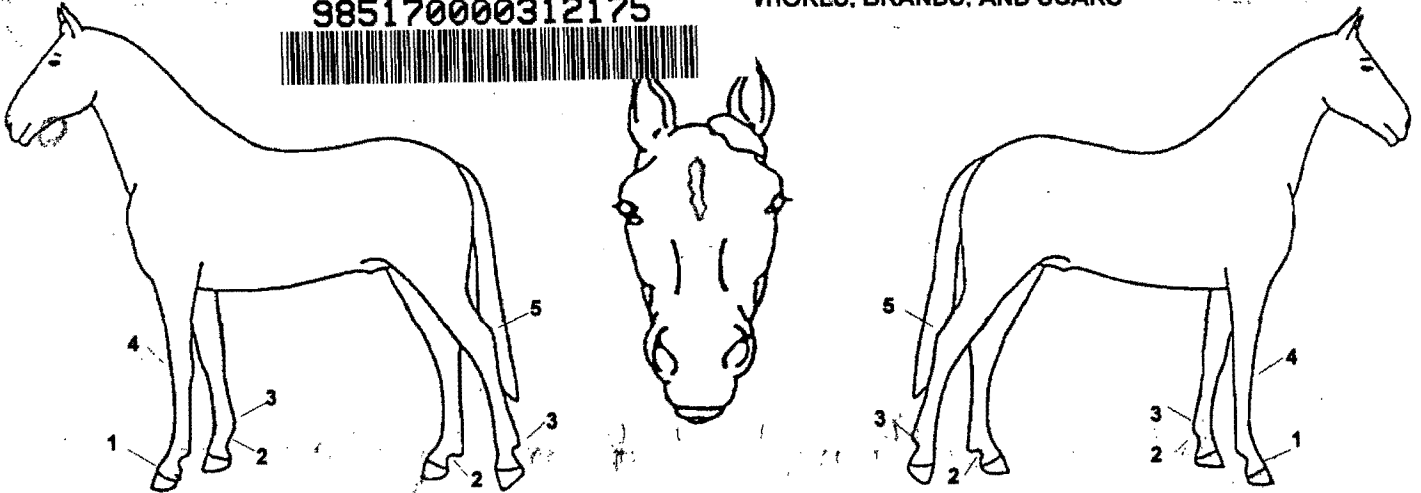
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SI (b)(6)	14. TYPE OR PRINT SIGNATURE NAME Dennis J Graff	15. SIGNATURE DATE 4-26-10
16. Tube No. 9	19. Name of Horse 585,021	20. Color Black
Tao _____	Tattoo/Brand _____	21. Breed APHA
Sire: Joaks Jack	Dam: Lucky Liza Liz	22. Electronic I.D. No. _____
		23. Age or DOB 5-17-09
		24. Sex F
		M - Male F - Female G - Gelding N - Neuter

985170000312175

VHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE KSU DL MANHATTAN, KS	32. DATE RECEIVED 4-28-10	33. DATE REPORTED OUT 4-29-10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input checked="" type="checkbox"/> AGID <input type="checkbox"/> ELISA
	35. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS

Falsification of this form or knowingly using false information may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

N 0838125

1. ACCESSION NUMBER

10-30072

2. DATE BLOOD DRAWN

4-26-10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING

- Market
- Change of Ownership
- Show
- Retest
- First Test
- Export

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

Ks 3591

6. TEST TYPE

- ELISA
- AGID

Zip Code

Tel No.

County

8. NAME AND ADDRESS OF OWNER (Please print or type)

Dennis J. Graff
7009 Road C
Hubbell, NE
Zip Code 68375
County Republic
Tel No. 402-334-4161

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

Roger P. McCartney DVM
P.O. Box 372
Belleville, KS
Zip Code 66935
County Republic
Tel No. 785-527-2428

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

(b)(6)

DVM

11. TYPE OR PRINT SIGNATURE NAME

ROGER P. MCCARTNEY, DVM

12. SIGNATURE DATE

4-26-10

CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

(b)(6)

14. TYPE OR PRINT SIGNATURE NAME

Dennis J. Graff

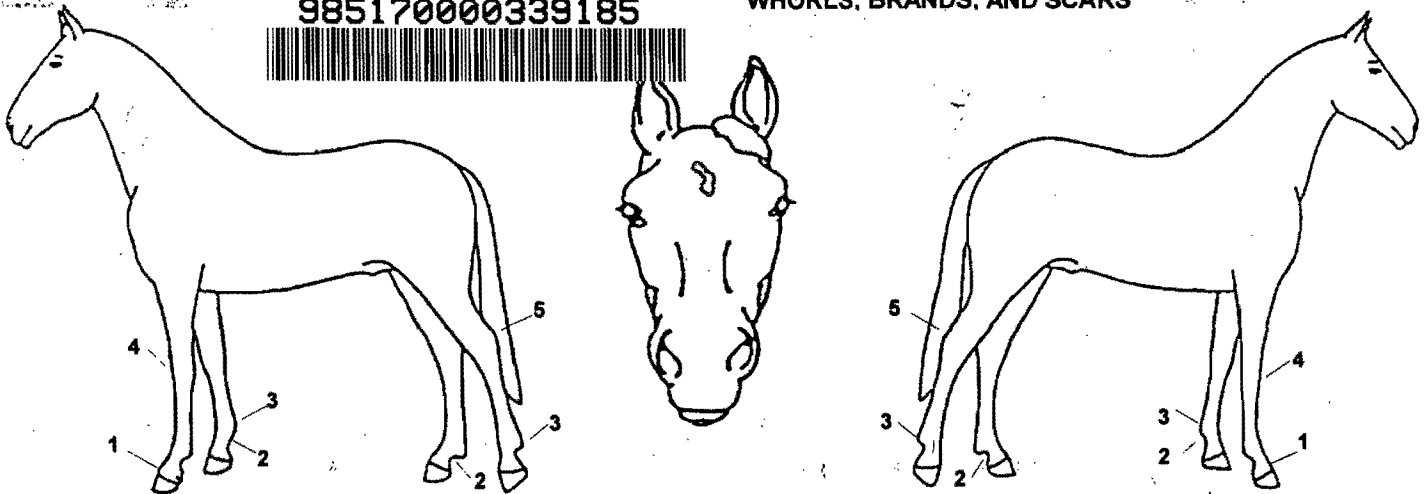
15. SIGNATURE DATE

4-26-10

16. Tube No.	Official Tag	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
3			Totally Yella	Palomino	AQA		4-15-9M		

985170000339185

WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD

Small star

26. OTHER MARKS AND BRANDS

27. LEFT FORELIMB

28. RIGHT FORELIMB

29. LEFT HINDLIMB

30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE

KSU DL
MANHATTAN, KS

32. DATE RECEIVED

4-28-10

33. DATE REPORTED OUT

4-29-10

34. TEST RESULTS

- Negative
- Positive
- AGID
- ELISA


35. SIGNATURE OF TECHNICIAN

(b)(6)

36. REMARKS

Falsification of this form or knowingly using false information may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).


54

This Equine Infectious Anemia (EIA) test was processed by an NVSL Accredited Laboratory — GlobalVetLink's eEIA test form contains all data fields as found on federal form VS 10-11					
GlobalVetLink - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-834469	
SERIAL NO. KS-834469	ACCESSION NO. ESM05051019	DATE COMMITTED 4/27/10	COUNTY		
Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.					
NAME & ADDRESS OF OWNER (b)(6)		NAME & ADDRESS OF VETERINARIAN Equine Surgery & Medicine Jason Kiser, DVM 3500 E 45 St. N Wichita, KS 67220 316-744-2007		NAME & ADDRESS OF STABLE/MARKET (b)(6)	
VETERINARY LICENSE OR ACCREDITATION NO. 6947 / KS:6947		TEST TYPE AGID (Agar gel immunodiffusion)	REASON FOR TESTING Annual		
CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN I certify the specimen submitted with this form was drawn by me from the horse described below on the day indicated above.					
SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6) Signed by: Jason Kiser, DVM Reason: Authorization Date & Time: 27 Apr 2010 02:22:54 -07:00		SIGNATURE NAME Jason Kiser, DVM		DATE BLOOD DRAWN 4/27/10	
CERTIFICATION OF OWNER OR OWNER'S AGENT I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.					
SIGNATURE OF OWNER OR OWNER'S AGENT		SIGNATURE NAME NIGHTINGALE, RUSS		SIGNATURE DATE 4/27/10	
NAME OF HORSE GEE TEE ANNIE BEE	Breed Registration 5231741	ID2 N/A	ID3 N/A		
COLOR Grey	AGE OR DOB May 13, 2009	BREED American Quarter Horse	GENDER Female		
REMARKS:					
					
NARRATIVE DESCRIPTION (See animal photograph(s) above)					
HEAD STAR		OTHER MARKS AND BRANDS			
LEFT FORELIMB		RIGHT FORELIMB			
LEFT HINDLIMB		RIGHT HINDLIMB			
FOR LABORATORY USE ONLY					
LABORATORY Equine Surgery & Medicine Lab 3500 E 45th St. N Wichita, Kansas 67220 316-744-2007		TUBE NO. 821558-0	DATE RECEIVED 5/4/10	DATE REPORTED 5/5/10	TEST RESULTS Negative
TECHNICIAN Jason Kiser, DVM		SIGNATURE OF TECHNICIAN (b)(6) Signed by: Jason Kiser, DVM Reason: Authorization Date & Time: 05 May 2010 04:21:29 -07:00			
NOTICE TO DOCUMENT INSPECTORS. This official document was authorized in agreement with the state of animal origin, issuing veterinarian, via GlobalVetLink.com Please address any questions related to this document with your state or issuing state veterinarian's office.					

985170000310852



52


This Equine Infectious Anemia (EIA) test was processed by an NVSL Accredited Laboratory — GlobalVetLink's eEIA test form contains all data fields as found on federal form VS 10-11				
GlobalVetLink - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-834446
SERIAL NO. KS-834446	ACCESSION NO. ESM05051017	DATE COMMITTED 4/27/10	COUNTY	
Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.				
NAME & ADDRESS OF OWNER (b)(6)		NAME & ADDRESS OF VETERINARIAN Equine Surgery & Medicine Jason Kiser, DVM 3500 E 45 St. N Wichita, KS 67220 316-744-2007		NAME & ADDRESS OF STABLE/MARKET (b)(6)
VETERINARY LICENSE OR ACCREDITATION NO. 6947 / KS:6947		TEST TYPE AGID (Agar gel immunodiffusion)		REASON FOR TESTING Annual
CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN I certify the specimen submitted with this form was drawn by me from the horse described below on the day indicated above.				
SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6) Signed by: Jason Kiser, DVM Reason: Authorization Date & Time: 27 Apr 2010 02:13:38 -07:00		SIGNATURE NAME Jason Kiser, DVM		DATE BLOOD DRAWN 4/27/10
CERTIFICATION OF OWNER OR OWNER'S AGENT I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.				
SIGNATURE OF OWNER OR OWNER'S AGENT		SIGNATURE NAME NIGHTINGALE, RUSS		SIGNATURE DATE 4/27/10
NAME OF HORSE GEE TEE LADY WRANGLER	Breed Registration 5261970	ID2 N/A	ID3 N/A	
COLOR Sorrel	AGE OR DOB May 7, 2009	BREED American Quarter Horse	GENDER Female	
REMARKS: LEFT BLUE EYE				
				
NARRATIVE DESCRIPTION (See animal photograph(s) above)				
HEAD STAR, STRIP, SNIP		OTHER MARKS AND BRANDS		
LEFT FORELIMB FETLOCK		RIGHT FORELIMB SOCK		
LEFT HINDLIMB SOCK		RIGHT HINDLIMB SOCK		
FOR LABORATORY USE ONLY				
LABORATORY Equine Surgery & Medicine Lab 3500 E 45th St. N Wichita, Kansas 67220 316-744-2007	TUBE NO. 821505-0	DATE RECEIVED 5/4/10	DATE REPORTED 5/5/10	TEST RESULTS Negative
TECHNICIAN Jason Kiser, DVM		SIGNATURE OF TECHNICIAN (b)(6) Signed by: Jason Kiser, DVM Reason: Authorization Date & Time: 05 May 2010 04:21:28 -07:00		
NOTICE TO DOCUMENT INSPECTORS. This official document was authorized in agreement with the state of animal origin, issuing veterinarian, via GlobalVetLink.com Please address any questions related to this document with your state or issuing state veterinarian's office.				

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39

This Equine Infectious Anemia (EIA) test was processed by an NVSL Accredited Laboratory ---GlobalVetLink's eEIA test form contains all data fields as found on federal form VS 10-11				
GlobalVetLink - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-836509
SERIAL NO. KS-836509	ACCESSION NO. ESM05051044	DATE COMMITTED 4/29/10	COUNTY	
Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.				
NAME & ADDRESS OF OWNER (b)(6)		NAME & ADDRESS OF VETERINARIAN Equine Surgery & Medicine Jason Kiser, DVM 3500 E 45 St. N Wichita, KS 67220 316-744-2007		NAME & ADDRESS OF STABLE/MARKET (b)(6)
VETERINARY LICENSE OR ACCREDITATION NO. 6947 / KS:6947		TEST TYPE AGID (Agar gel immunodiffusion)		REASON FOR TESTING Annual
CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN I certify the specimen submitted with this form was drawn by me from the horse described below on the day indicated above.				
SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6) Signed by: Jason Kiser, DVM Reason: Authorization Date & Time: 29 Apr 2010 10:08:57 -07:00		SIGNATURE NAME Jason Kiser, DVM		DATE BLOOD DRAWN 4/27/10
CERTIFICATION OF OWNER OR OWNER'S AGENT I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.				
SIGNATURE OF OWNER OR OWNER'S AGENT		SIGNATURE NAME NIGHTINGALE, RUSS		SIGNATURE DATE 4/29/10
NAME OF HORSE RED VELVET EYE	ID1 N/A	ID2 N/A	ID3 N/A	
COLOR Sorrel	AGE OR DOB 1 year(s)	BREED American Quarter Horse	GENDER Male	
REMARKS:				
				
NARRATIVE DESCRIPTION (See animal photograph(s) above)				
HEAD STAR, STRIP, SNIP		OTHER MARKS AND BRANDS		
LEFT FORELIMB		RIGHT FORELIMB		
LEFT HINDLIMB		RIGHT HINDLIMB		
FOR LABORATORY USE ONLY				
LABORATORY Equine Surgery & Medicine Lab 3500 E 45th St. N Wichita, Kansas 67220 316-744-2007		TUBE NO. 823083-0	DATE RECEIVED 5/4/10	DATE REPORTED 5/5/10
		TEST RESULTS Negative		
TECHNICIAN Jason Kiser, DVM		SIGNATURE OF TECHNICIAN (b)(6) Signed by: Jason Kiser, DVM Reason: Authorization Date & Time: 05 May 2010 04:21:40 -07:00		
NOTICE TO DOCUMENT INSPECTORS. This official document was authorized in agreement with the state of animal origin, issuing veterinarian, via GlobalVetLink.com Please address any questions related to this document with your state or issuing state veterinarian's office.				




This Equine Infectious Anemia (EIA) test was processed by an NVSL Accredited Laboratory — GlobalVetLink's eEIA test form contains all data fields as found on federal form VS 10-11				
GlobalVetLink - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-836490
SERIAL NO. KS-836490	ACCESSION NO. ESM05051042	DATE COMMITTED 4/29/10	COUNTY	
Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.				
NAME & ADDRESS OF OWNER (b)(6)		NAME & ADDRESS OF VETERINARIAN Equine Surgery & Medicine Jason Kiser, DVM 3500 E 45 St. N Wichita, KS 67220 316-744-2007		NAME & ADDRESS OF STABLE/MARKET (b)(6)
VETERINARY LICENSE OR ACCREDITATION NO. 6947 / KS:6947		TEST TYPE AGID (Agar gel immunodiffusion)		REASON FOR TESTING Annual
CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN I certify the specimen submitted with this form was drawn by me from the horse described below on the day indicated above.				
SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6) Signed by: Jason Kiser, DVM Reason: Authorization Date & Time: 29 Apr 2010 09:59:13 -07:00		SIGNATURE NAME Jason Kiser, DVM		DATE BLOOD DRAWN 4/27/10
CERTIFICATION OF OWNER OR OWNER'S AGENT I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.				
SIGNATURE OF OWNER OR OWNER'S AGENT		SIGNATURE NAME NIGHTINGALE, RUSS		SIGNATURE DATE 4/29/10
NAME OF HORSE FLAXY M	ID1 N/A	ID2 N/A	ID3 N/A	
COLOR Bay	AGE OR DOB 1 year(s)	BREED American Quarter Horse	GENDER Male	
REMARKS:				
				
NARRATIVE DESCRIPTION (See animal photograph(s) above)				
HEAD STAR, STRIP, SNIP		OTHER MARKS AND BRANDS		
LEFT FORELIMB		RIGHT FORELIMB		
LEFT HINDLIMB		RIGHT HINDLIMB PASTERNS		
FOR LABORATORY USE ONLY				
LABORATORY Equine Surgery & Medicine Lab 3500 E 45th St. N Wichita, Kansas 67220 316-744-2007		TUBE NO. 823065-0	DATE RECEIVED 5/4/10	DATE REPORTED 5/5/10
TECHNICIAN Jason Kiser, DVM		SIGNATURE OF TECHNICIAN (b)(6) Signed by: Jason Kiser, DVM Reason: Authorization Date & Time: 05 May 2010 04:21:39 -07:00		
NOTICE TO DOCUMENT INSPECTORS. This official document was authorized in agreement with the state of animal origin, issuing veterinarian, via GlobalVetLink.com Please address any questions related to this document with your state or issuing state veterinarian's office.				

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This Equine Infectious Anemia (EIA) test was processed by an NVSL Accredited Laboratory — GlobalVetLink's eEIA test form contains all data fields as found on federal form VS 10-11

GlobalVetLink - EQUINE INFECTIOUS ANEMIA LABORATORY TEST			EIA-836291		
SERIAL NO. KS-836291	ACCESSION NO. ESM05051028	DATE COMMITTED 4/29/10	COUNTY		
Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.					
NAME & ADDRESS OF OWNER (b)(6)		NAME & ADDRESS OF VETERINARIAN Equine Surgery & Medicine Jason Kiser, DVM 3500 E 45 St. N Wichita, KS 67220 316-744-2007		NAME & ADDRESS OF STABLE/MARKET (b)(6)	
VETERINARY LICENSE OR ACCREDITATION NO. 6947 / KS:6947		TEST TYPE AGID (Agar gel immunodiffusion)		REASON FOR TESTING Annual	
CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN I certify the specimen submitted with this form was drawn by me from the horse described below on the day indicated above.					
SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6) Signed by: Jason Kiser, DVM Reason: Authorization Date & Time: 29 Apr 2010 08:35:04 -07:00		SIGNATURE NAME Jason Kiser, DVM		DATE BLOOD DRAWN 4/27/10	
CERTIFICATION OF OWNER OR OWNER'S AGENT I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.					
SIGNATURE OF OWNER OR OWNER'S AGENT		SIGNATURE NAME NIGHTINGALE, RUSS		SIGNATURE DATE 4/29/10	
NAME OF HORSE RJN FLASHY LIL STAR	Breed Registration 980,236	ID2 N/A	ID3 N/A		
COLOR Sorrel	AGE OR DOB April 17, 2009	BREED American Paint Horse	GENDER Male		
REMARKS:					
					
NARRATIVE DESCRIPTION (See animal photograph(s) above)					
HEAD STAR, STRIP, SNIP		OTHER MARKS AND BRANDS			
LEFT FORELIMB		RIGHT FORELIMB			
LEFT HINDLIMB PASTERNS		RIGHT HINDLIMB SOCK			
FOR LABORATORY USE ONLY					
LABORATORY Equine Surgery & Medicine Lab 3500 E 45th St. N Wichita, Kansas 67220 316-744-2007		TUBE NO. 822927-0	DATE RECEIVED 5/4/10	DATE REPORTED 5/5/10	TEST RESULTS Negative
TECHNICIAN Jason Kiser, DVM		SIGNATURE OF TECHNICIAN (b)(6) Signed by: Jason Kiser, DVM Reason: Authorization Date & Time: 05 May 2010 04:21:33 -07:00			
NOTICE TO DOCUMENT INSPECTORS. This official document was authorized in agreement with the state of animal origin, issuing veterinarian, via GlobalVetLink.com Please address any questions related to this document with your state or issuing state veterinarian's office.					

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27

This Equine Infectious Anemia (EIA) test was processed by an NVSL Accredited Laboratory—GlobalVetLink's eEIA test form contains all data fields as found on federal form VS 10-11					
GlobalVetLink - EQUINE INFECTIOUS ANEMIA LABORATORY TEST				EIA-836330	
SERIAL NO. KS-836330	ACCESSION NO. ESM05051032	DATE COMMITTED 4/29/10	COUNTY		
Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.					
NAME & ADDRESS OF OWNER (b)(6)		NAME & ADDRESS OF VETERINARIAN Equine Surgery & Medicine Jason Kiser, DVM 3500 E 45 St. N Wichita, KS 67220 316-744-2007		NAME & ADDRESS OF STABLE/MARKET (b)(6)	
VETERINARY LICENSE OR ACCREDITATION NO. 6947 / KS:6947		TEST TYPE AGID (Agar gel immunodiffusion)	REASON FOR TESTING Annual		
CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN I certify the specimen submitted with this form was drawn by me from the horse described below on the day indicated above.					
SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6) Signed by: Jason Kiser, DVM Reason: Authorization Date & Time: 29 Apr 2010 08:58:54 -07:00		SIGNATURE NAME Jason Kiser, DVM		DATE BLOOD DRAWN 4/27/10	
CERTIFICATION OF OWNER OR OWNER'S AGENT I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.					
SIGNATURE OF OWNER OR OWNER'S AGENT		SIGNATURE NAME NIGHTINGALE, RUSS		SIGNATURE DATE 4/29/10	
NAME OF HORSE RJN FANCY FINGER	Breed Registration 5262907	ID2 N/A	ID3 N/A		
COLOR Grey	AGE OR DOB April 14, 2009	BREED American Quarter Horse	GENDER Male		
REMARKS:					
					
NARRATIVE DESCRIPTION (See animal photograph(s) above)					
HEAD STAR, STRIP, SNIP		OTHER MARKS AND BRANDS			
LEFT FORELIMB		RIGHT FORELIMB			
LEFT HINDLIMB PASTERNS		RIGHT HINDLIMB STOCKING			
FOR LABORATORY USE ONLY					
LABORATORY Equine Surgery & Medicine Lab 3500 E 45th St. N Wichita, Kansas 67220 316-744-2007		TUBE NO. 822963-0	DATE RECEIVED 5/4/10	DATE REPORTED 5/5/10	TEST RESULTS Negative
TECHNICIAN Jason Kiser, DVM		SIGNATURE OF TECHNICIAN (b)(6) Signed by: Jason Kiser, DVM Reason: Authorization Date & Time: 05 May 2010 04:21:35 -07:00			
NOTICE TO DOCUMENT INSPECTORS. This official document was authorized in agreement with the state of animal origin, issuing veterinarian, via GlobalVetLink.com Please address any questions related to this document with your state or issuing state veterinarian's office.					

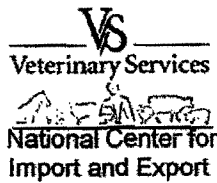


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GlobalVetLink - EQUINE INFECTIOUS ANEMIA LABORATORY TEST		EIA-836313	
SERIAL NO. KS-836313	ACCESSION NO. ESM05051030	DATE COMMITTED 4/29/10	COUNTY
Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, and Telephone Numbers Will Not Be Processed.			
NAME & ADDRESS OF OWNER (b)(6)		NAME & ADDRESS OF VETERINARIAN Equine Surgery & Medicine Jason Kiser, DVM 3500 E 45 St. N Wichita, KS 67220 316-744-2007	NAME & ADDRESS OF STABLE/MARKET (b)(6)
VETERINARY LICENSE OR ACCREDITATION NO. 6947 / KS:6947		TEST TYPE AGID (Agar gel immunodiffusion)	REASON FOR TESTING Annual
CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN I certify the specimen submitted with this form was drawn by me from the horse described below on the day indicated above.			
SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6) Signed by: Jason Kiser, DVM Reason: Authorization Date & Time: 29 Apr 2010 08:47:53 -07:00		SIGNATURE NAME Jason Kiser, DVM	DATE BLOOD DRAWN 4/27/10
CERTIFICATION OF OWNER OR OWNER'S AGENT I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.			
SIGNATURE OF OWNER OR OWNER'S AGENT		SIGNATURE NAME NIGHTINGALE, RUSS	SIGNATURE DATE 4/29/10
NAME OF HORSE RJN SPOT YA DUDE	Breed Registration 980,237	ID2 N/A	ID3 N/A
COLOR Sorrel/ Tobiano	AGE OR DOB May 20, 2009	BREED American Paint Horse	GENDER Male
REMARKS:			
			
NARRATIVE DESCRIPTION (See animal photograph(s) above)			
HEAD STAR, SNIP		OTHER MARKS AND BRANDS	
LEFT FORELIMB		RIGHT FORELIMB	
LEFT HINDLIMB		RIGHT HINDLIMB	
FOR LABORATORY USE ONLY			
LABORATORY Equine Surgery & Medicine Lab 3500 E 45th St. N Wichita, Kansas 67220 316-744-2007		TUBE NO. 822948-0	DATE RECEIVED 5/4/10
		DATE REPORTED 5/5/10	TEST RESULTS Negative
TECHNICIAN Jason Kiser, DVM		SIGNATURE OF TECHNICIAN (b)(6) Signed by: Jason Kiser, DVM Reason: Authorization Date & Time: 05 May 2010 04:21:34 -07:00	
NOTICE TO DOCUMENT INSPECTORS. This official document was authorized in agreement with the state of animal origin, issuing veterinarian, via GlobalVetLink.com Please address any questions related to this document with your state or issuing state veterinarian's office.			

985170000369049





Health Certificate No. NM-10211
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

(b)(6)

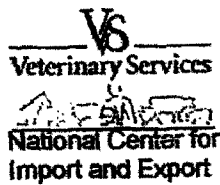
**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY
 (REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF
 AMERICA TO MEXICO**
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE
 ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS
 DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM
 Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter: Cesar Santana
 Nombre y Dirección del Exportador: 7101 Broadway
 Albuquerque, NM 87105
2. Name and Address of Importer: Orozco Importaciones de RL de CV
 Nombre y Dirección del Importador: Rio Nilo #4135 Local 5, Cordova-Américas
 CD. Juarez, Chih. Mx. 32310
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Identification number, tattoo or microchip/ Número de identificación, tatuaje o microchip	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas (reseña)	Intended purpose Reproduction Work/ Función zootécnica: [Reproducción] [Trabajo]	State of origin/ Estado de Origen
985170000352679	F	Andalusian	4	Black no marks	work	NM
985170000338769	F	Miniature	5	Bay no marks	work	"
985170000332371	M	QH	1	Sorrell star, lh sock	"	"
985170000332602	F	QH	4	Black snip, rh sock	"	"
985170000336232	F	QH x pony	4	Sorrell strip lf, rf socks	"	"
985170000312818	F	Paint	5	R/W Paint	"	"
985170000333307	M	QH x pony	3	R/W Paint	"	"

3501A0289



Health Certificate No. NM-10211
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

(b)(6)

**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY
 (REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF
 AMERICA TO MEXICO**
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE
 ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS
 DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM
 Para caballos de estados sin casos diagnosticados de MCE**

1. Name and Address of Exporter: Cesar Santana
Nombre y Dirección del Exportador: 7101 Broadway
 Albuquerque, NM 87105
2. Name and Address of Importer: Orozco Importaciones de RL de CV
Nombre y Dirección del Importador: Rio Nilo #4135 Local 5, Cordova-Américas
 CD. Juarez, Chih. Mx. 32310
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas <i>(reseña)</i>	Intended purpose Reproduction Work/ <i>Función zootécnica: [Reproducción] [Trabajo]</i>	State of origin/ <i>Estado de Origen</i>
985170000349033	M	Friesian	5	Black no marks	work	nm
985170000333015	M	QH	4	buckskin	work	"
985170000339551	F	QH	4	gray	work	"
985170000313406	M	QH	2	sorrell star	work	"
985170000352903	M	QH	4	sorrell spot r/hip	work	"
985170000372951	F	QH	5	gray, no marks	work	"
985170000336841	F	Paint	2 mo.	r/w paint blue eyes	work	nm



Health Certificate No. NM-10211
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

(b)(6)

**INTERNATIONAL HEALTH CERTIFICATE FOR HORSES FOR PERMANENT ENTRY
 (REPRODUCTION OR WORK) EXPORTED FROM THE UNITED STATES OF
 AMERICA TO MEXICO**
**CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS DE
 ENTRADA PERMANENTE (REPRODUCCIÓN O TRABAJO) DE LOS ESTADOS UNIDOS
 DE AMÉRICA A MÉXICO**

**For horses originating from the States without diagnosed CEM
 Para caballos de estados sin casos diagnosticados de MCE**

- 1. Name and Address of Exporter:** Cesar Santana
Nombre y Dirección del Exportador: 7101 Broadway
 Albuquerque, NM 87105
- 2. Name and Address of Importer:** Orozco Importaciones de RL de CV
Nombre y Dirección del Importador: Rio Nilo #4135 Local 5, Cordova-Américas
 CD. Juarez, Chih. Mx. 32310
- 3. Identification of the animals to be exported / Identificación de los animales a ser exportados.**

Identification number, tattoo or microchip/ <i>Número de identificación, tatuaje o microchip</i>	Sex/Sexo	Breed/Raza	Age /Edad	Color and marks/Color y marcas <i>(reseña)</i>	Intended purpose Reproduction Work/ <i>Función zootécnica:</i> [Reproducción] [Trabajo]	State of origin/ <i>Estado de Origen</i>
985170000331508	M	App x. pony	2	gray, strip l/h r/h socks	work	nm
(b)(6)						



Health Certificate No. NM-10211
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

(b)(6)

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. **Horses originate from the United States**
Los animales son originarios de los Estados Unidos.

2. **The animals are individually identified indicating: color, sex, breed, age, marks or tattoo or microchip.**
Identificación individual de los animales, señalando color, sexo, raza, edad y marcas (reseña), o tatuaje o microchip.

3. **The animals remained in the United States during the 60 days prior to export.**
Los animales permanecieron en los Estados Unidos durante 60 días previos a la exportación.

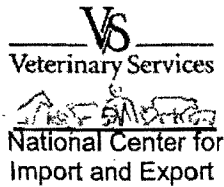
4. **The animals were inspected at the farm of origin and were found free of reportable diseases; the animals have not been exposed to reportable diseases during the 60 days prior to export.**
Los animales fueron inspeccionados en el lugar de origen y encontrados libres de enfermedades de notificación obligatoria y no fueron expuestos a ellas durante los 60 días previos a la exportación.

5. **The animals are free of ectoparasites or were treated against ectoparasites. (Indicate the date and name of the product).**
Que se encuentran libres de ectoparásitos o que recibieron un tratamiento, indicando fecha y el producto utilizado.

The animals are free of ectoparasites

6. **At the farm origin and in adjacent farms, there have been no cases of dourine, Venezuelan equine encephalitis, vesicular stomatitis, epizootic lymphangitis, ulcerative lymphangitis, glanders, piroplasmosis, and surra during 60 days prior to export.**
Que durante los 60 días previos a la exportación, en las instalaciones de origen como en las instalaciones vecinas no se han presentado casos de: Durina, Encefalitis equina venezolana, Estomatitis vesicular, Linfangitis epizootica, Linfangitis ulcerativa, Muermo, Piroplasmosis equina y surra.

7. **Within 60 days prior to export, the animals were tested with negative results, for the following diseases. The laboratory samples were taken under the supervision of a USDA accredited veterinarian.**
Que los animales fueron sometidos a las siguientes pruebas, con resultados negativos, dentro de los 60 días previos a la fecha de exportación. Las muestras fueron colectadas bajo supervisión de un Médico Veterinario Acreditado por el USDA.



Health Certificate No. NM-10211
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

(b)(6)

Equine infectious anemia: ~~AGID test (Coggin's test)~~ or ELISA.
(Indicate the name of the official laboratory and the date the samples were obtained).
Anemia infecciosa equina: agar gel inmunodifusión (AGID o prueba de Coggin) o ELISA. (Señale el nombre del laboratorio oficial y la fecha de la obtención de la muestra.)

Albuquerque Coggins lab 5/10/10

Note: Horses in this shipment were not positive to testing for CEM in the USDA APHIS control-surveillance program.

Nota: Los caballos en este embarque no obtuvieron pruebas positivas a MCE en el control-vigilancia que mantiene Estados Unidos.

8. Horses have **not** been on premises infected with CEM and are **not** epidemiologically linked to infected premises or animals diagnosed with CEM, during the 12 months prior to export.

Que durante los 12 meses previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales afectados.

9. The animals are transported in containers and/or vehicles that were cleaned and disinfected prior to embarkation. During transportation the horses were not in contact with other animals.

Que los vehiculos y/o contenedores utilizados para el transporte de los animales se sometieron a limpieza y desinfección antes del embarque y los animales a exportar no estuvieron en contacto con otros animales durante el traslado.

Inspection date / Fecha de inspección 5/10/10

USDA, APHIS, Veterinary Service
6200 Jefferson St., NE, Suite 117
Albuquerque, New Mexico 87109

C.Y. Brasmer, DVM
Name of Accredited Veterinarian
Nombre del Médico Veterinario Acreditado

Name of Endorsing Federal Veterinarian M.G. McDole D.V.M.
Nombre del Médico Veterinario Federal que endosa.

(b)(6)
Signature
Firma de
(Fecha)

5/11/10
Name of Accredited Veterinarian (Date)
Veterinario Acreditado

(b)(6)
Signature of Endorsing Federal Veterinarian
Fecha de endoso y firma del Médico

Date: 05-11-2010

Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) (Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. Q 0291985	1. ACCESSION NUMBER ACL1/2034	2. DATE BLOOD DRAWN 5/10/10
	Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.		

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	8. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) CRSON SANTONIA 7101 BILADOWNEY DBQ NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM	
Zip Code 87105 Tel No. County		Zip Code 87120 Tel No. (505) 610-4711 County BERNALLE	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 5/10/10
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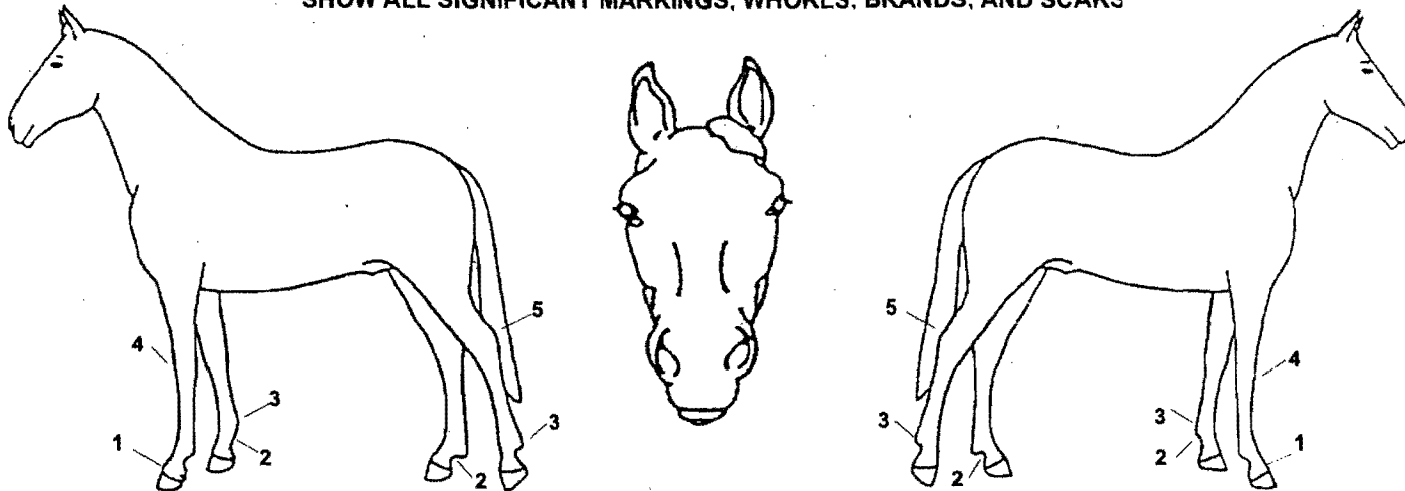
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	Official Tag	18. Tattoo/Brand	19. Barcode 985170000339551	20. Color grey	21. Breed horse	22. Electronic I.D. No.	23. Age or DOB 4	24. Sex F	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 5/10/10	33. DATE REPORTED OUT 5/10/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a falsified information is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.
Q 0291951

1. ACCESSION NUMBER
ACL112029

2. DATE BLOOD DRAWN
5/16/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) OKSON SONTARD 711 BROADWAY ALBUQUERQUE NM 87102			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW ALBUQUERQUE NM		
Tel No.		County		Tel No. (505) 610-4711	
				County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that I am a veterinarian submitted with this form was drawn by me from the horse described below on the date indicated above.

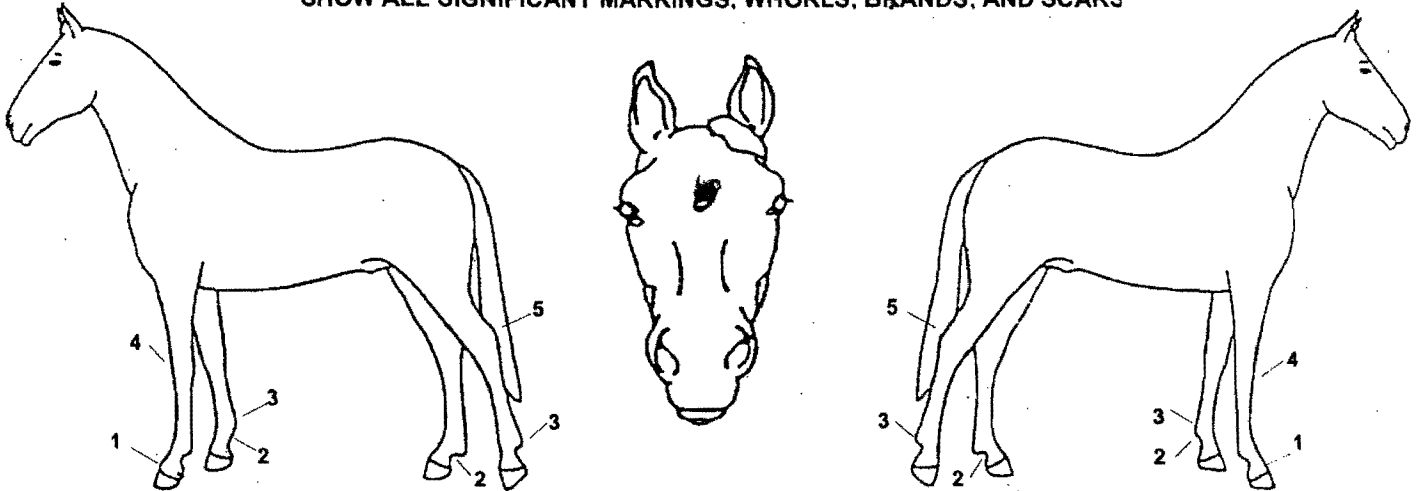
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)		11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.		12. SIGNATURE DATE 5/16/10	
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CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT			14. TYPE OR PRINT SIGNATURE NAME			15. SIGNATURE DATE				
16. Tube No.	Official Tag	18. Tattoo/Bran	19. Barcode 985170000313406		20. Color Saddle	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 2	24. Sex M	M - Male F - Female G - Gelding N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STAR		26. OTHER MARKS AND BRANDS	
27. LEFT FORELIMB		28. RIGHT FORELIMB	
29. LEFT HINDLIMB		30. RIGHT HINDLIMB	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.		32. DATE RECEIVED 5/10/10	33. DATE REPORTED OUT 5/10/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE (b)(6)		35. REMARKS		

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. Q 0291989	1. ACCESSION NUMBER AGL/12030	2. DATE BLOOD DRAWN 5/10/10
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) [Handwritten: N/A]	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) CARSON SANTONA 7111 Broadway Albuquerque, NM		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW ALBUQUERQUE, NM	
Tel No. County		Tel No. (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify (b)(6) submitted with this form was drawn by me from the horse described below on the date indicated above.

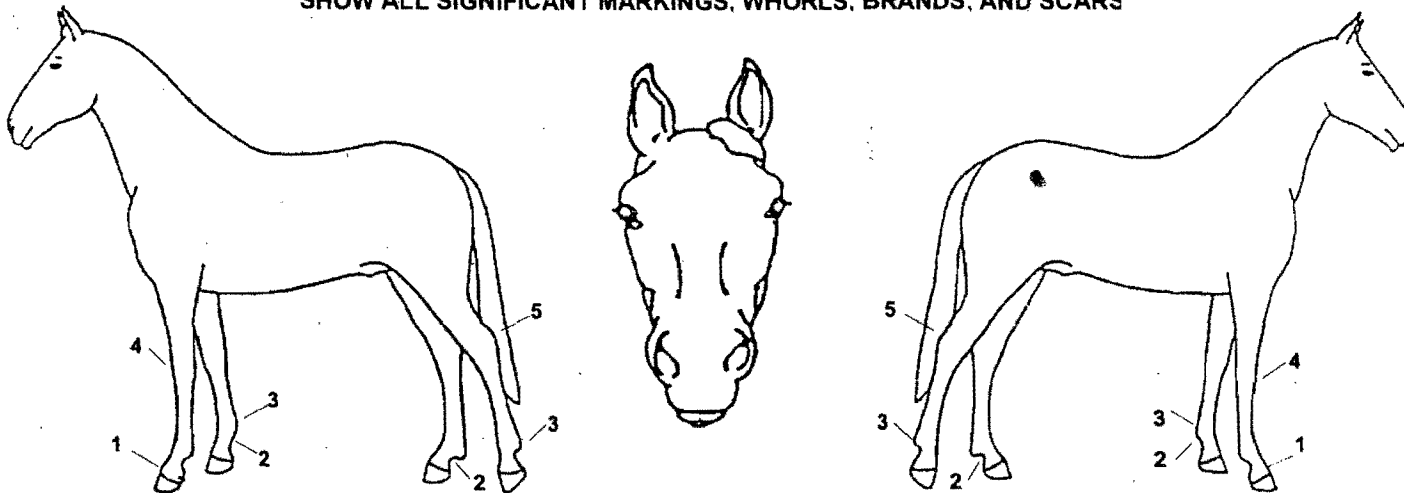
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN [Handwritten Signature]	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 5/10/10
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CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT [Handwritten Signature]		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE	
16. Tube No.	Official Tag	18. Tattoo/Brand	19. Barcode 985170000352903	20. Color White	21. Breed Quarter
		22. Electronic I.D. No.	23. Age or DOB 4	24. Sex M	M - Male F - Female G - Gelding N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS SPOT R/H
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 5/10/10	33. DATE REPORTED OUT 5/10/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. Q 0291909	1. ACCESSION NUMBER ACL/12126	2. DATE BLOOD DRAWN 5/10/10
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SW LIVESTOCK AUCTION INC. 14 DALLIES RD. LOS LUNAS, NM. Zip Code 87031-7200 Tel No. (505)865-4600 County VALLENUELA	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) CESAR SANTIAGO 7101 BROADWAY OBG NM Zip Code 87165 Tel No. County		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM. Zip Code 87120 Tel No. (505)610-4711 County BERNALILLO	


CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that the specimens submitted with this form were drawn by me from the horse described below on the date indicated above.

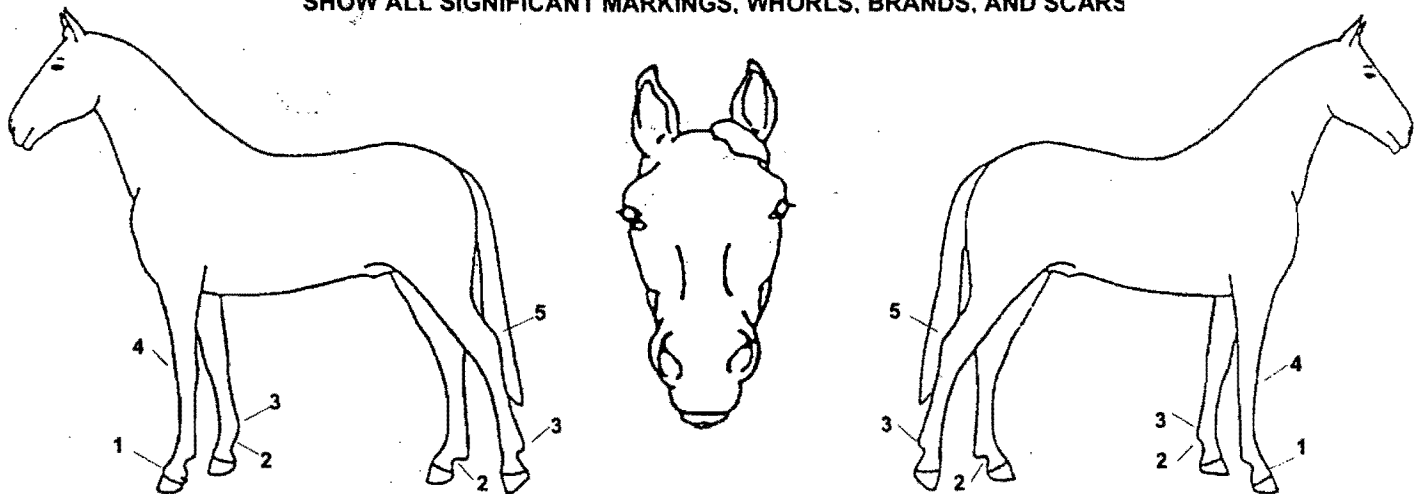
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM.	12. SIGNATURE DATE 5/10/10
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CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT		14. TYPE OR PRINT SIGNATURE NAME			15. SIGNATURE DATE				
16. Tube No.	Official Tag	18. Tattoo/Brand	19. Barcode  985170000372951	20. Color grey	21. Breed QH	22. Electronic I.D. No.	23. Age or DOB 5	24. Sex F	M - Male F - Female G - Gelding N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB ALBUQUERQUE, NM.	32. DATE RECEIVED 5/10/10	33. DATE REPORTED OUT 5/10/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. Q 0291953	1. ACCESSION NUMBER ACL1/2027	2. DATE BLOOD DRAWN 5/14/10
	Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.		

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Retest <input checked="" type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) <i>[Handwritten Signature]</i>	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) UNION SANTIAGA 7100 Broadway ABQ NM Zip Code 87110		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASNER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM Zip Code 87120 Tel No. (505) 610-4711 County BERNARD	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that the sample submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>[Signature]</i>	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASNER DVM.	12. SIGNATURE DATE 5/14/10
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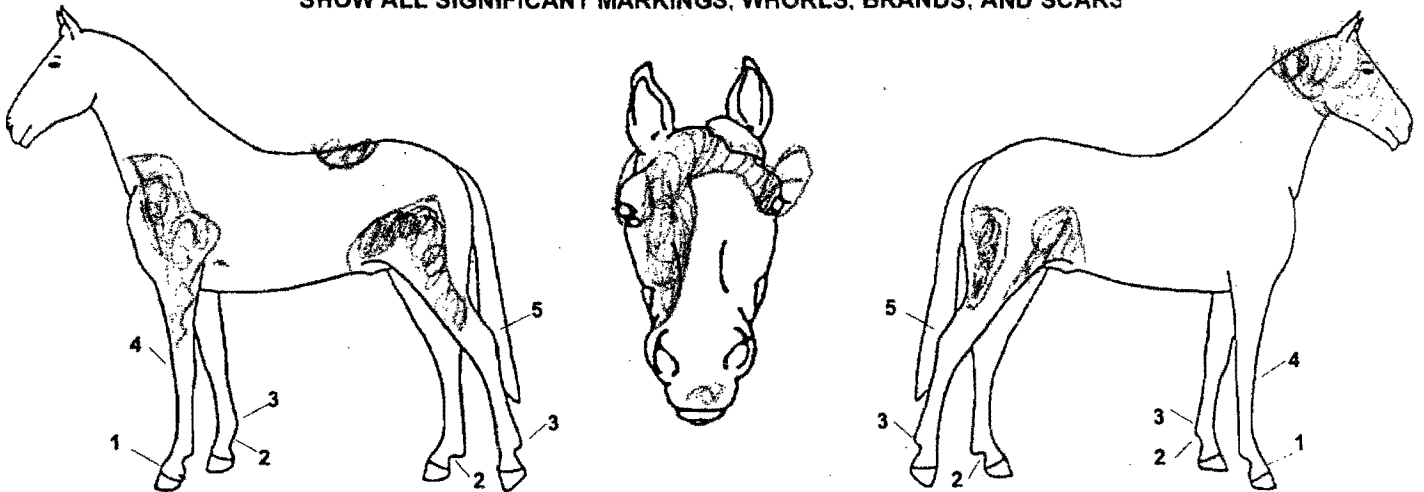
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT <i>[Signature]</i>	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	Official Tag	18. Tattoo/Brand	19. Barcode 985170000336841	20. Color Light	21. Breed	22. Electronic I.D. No.	23. Age or DOB mo	24. Sex F	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS Blue Eyes
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS Lab. ALBUQUERQUE, NM.	32. DATE RECEIVED 5/10/10	33. DATE REPORTED OUT 5/10/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE (b)(6) <i>[Signature]</i>	35. REMARKS		

Falsification of this form or knowingly using a false signature is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. 00291952	1. ACCESSION NUMBER <i>ACL/12628</i>	2. DATE BLOOD DRAWN 5/10/10
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) CRISON SANTIAGA 7111 Blandwood Albuquerque, NM Zip Code 87115		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	


CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that the information submitted with this form was drawn by me from the horse described below on the date indicated above.

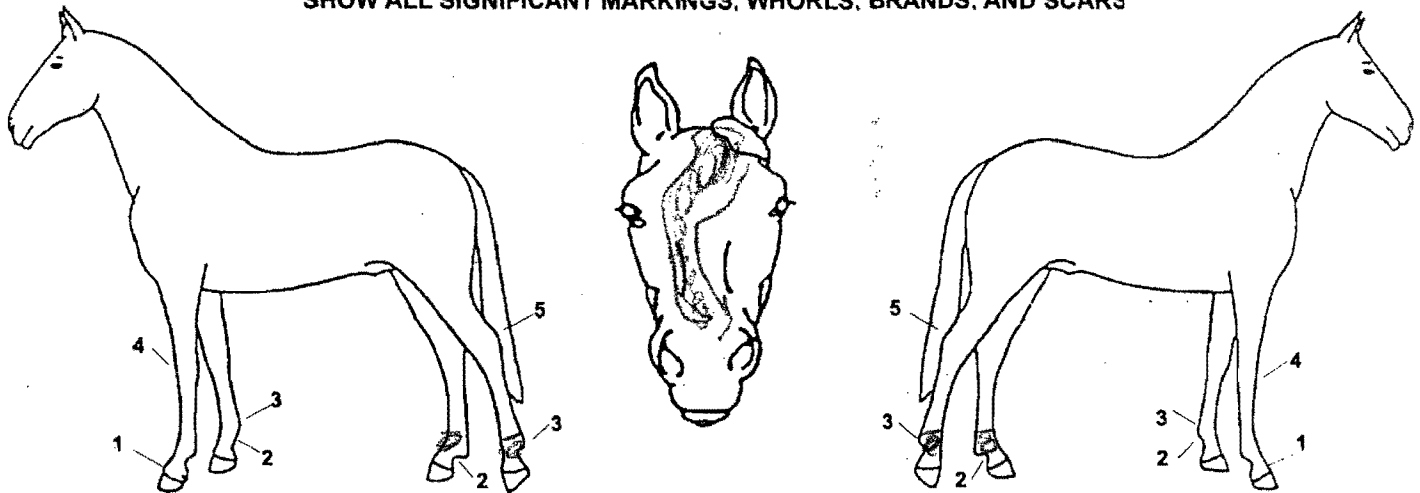
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM.	12. SIGNATURE DATE 5/10/10
--	---	-------------------------------

CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE					
16. Tube No.	Official Tag	18. Tattoo/Brand	19. Name of Horse  985170000331508	20. Color grey	21. Breed Pony	22. Electronic I.D. No.	23. Age or DOB 2	24. Sex M	M - Male F - Female G - Gelding N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Sock	30. RIGHT HINDLIMB Sock

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 5/10/10	33. DATE REPORTED OUT 5/10/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE OF TESTER (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST**
(VS Memorandum 555.16)

SERIAL NO. Q 0291983	1. ACCESSION NUMBER ACL/12036	2. DATE BLOOD DRAWN 5/10/10
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OF STABLE/MARKET (Please print or type) N/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) Cesar Serrano 7111 Broadway ABQ NM			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM		
Tel No.		County		Tel No. (505) 610-4711	
		Zip Code 87110		County BERNALILLO	
				Zip Code 87120	


CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

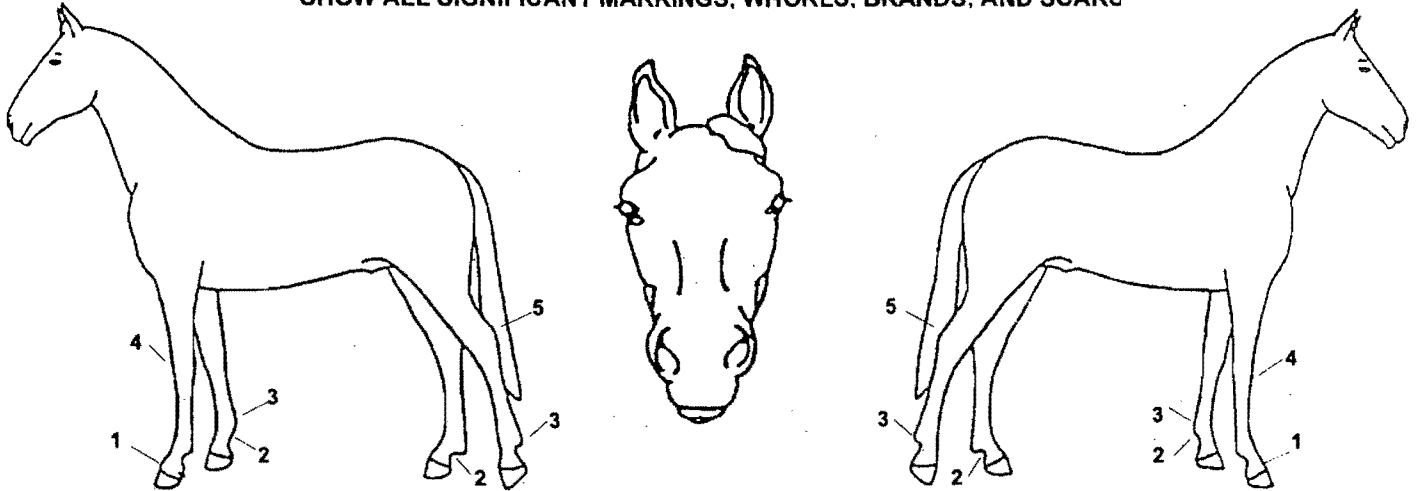
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 5/10/10
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CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT			14. TYPE OR PRINT SIGNATURE NAME			15. SIGNATURE DATE					
16. Tube No.	Official Tag	18. Tattoo/Brand	 98517000352679			20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 5/10/10	33. DATE REPORTED OUT 5/10/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a false information is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

criminal offense and may result in a fine of not more than \$10,000 or 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. Q0291982	1. ACCESSION NUMBER ACL 12037	2. DATE BLOOD DRAWN 5/10/10
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167		6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) CRISPAN SANTONIA 7101 BRADDOCK ALBUQUERQUE, NM Zip Code 87115			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM Zip Code 87120		
Tel No.		County		Tel No. (505) 610-4711	
				County BERNARD	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify that I am a veterinarian who is licensed and accredited by the United States Department of Agriculture and I have examined this horse as described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 5/10/10
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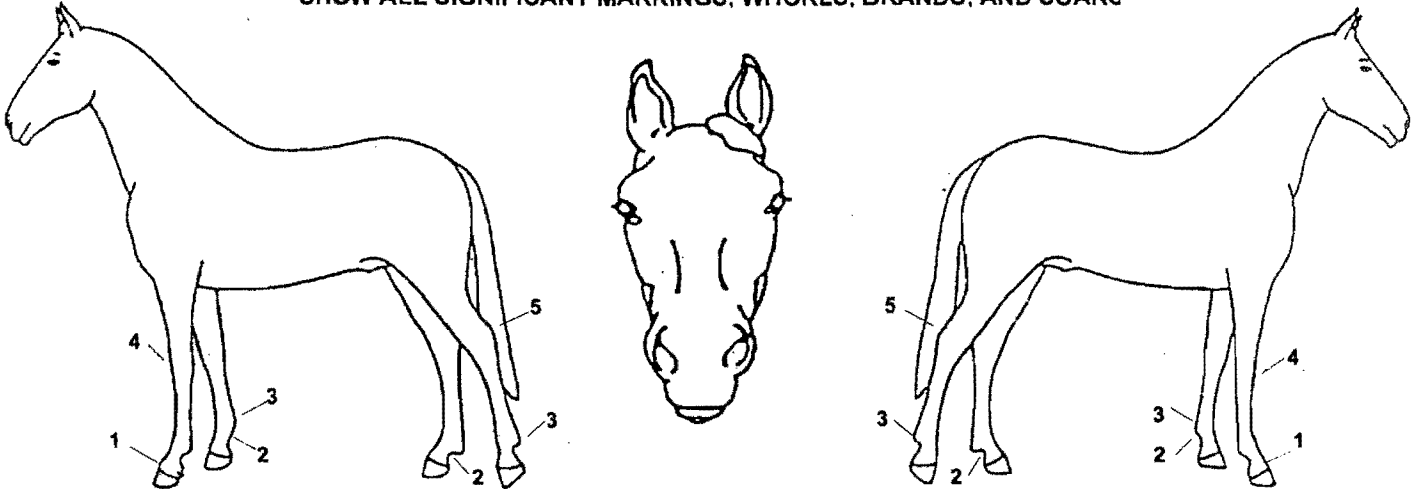
CERTIFICATION OF OWNER OR OWNER'S AGENT

I, the undersigned, owner or owner's agent of the horse described above, have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	Official Tau	18. Tattoo/Bran	19.  985170000338769	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
				<i>Bay</i>	<i>M</i>		5	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD 	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB 	28. RIGHT FORELIMB 
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 5/10/10	33. DATE REPORTED OUT 5/10/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. 00291979	1. ACCESSION NUMBER ACL 12040	2. DATE BLOOD DRAWN 5/10/10
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) CESAR SANTORO 7101 BROADWAY ALBUQUERQUE, NM Zip Code 87105		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASNER DVM. 5906 JONES PLACE NW. ALBUQUERQUE, NM Zip Code 87120 Tel No. (505)610-4711 County BERNALILLO	


CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that the information submitted with this form was drawn by me from the horse described below on the date indicated above.

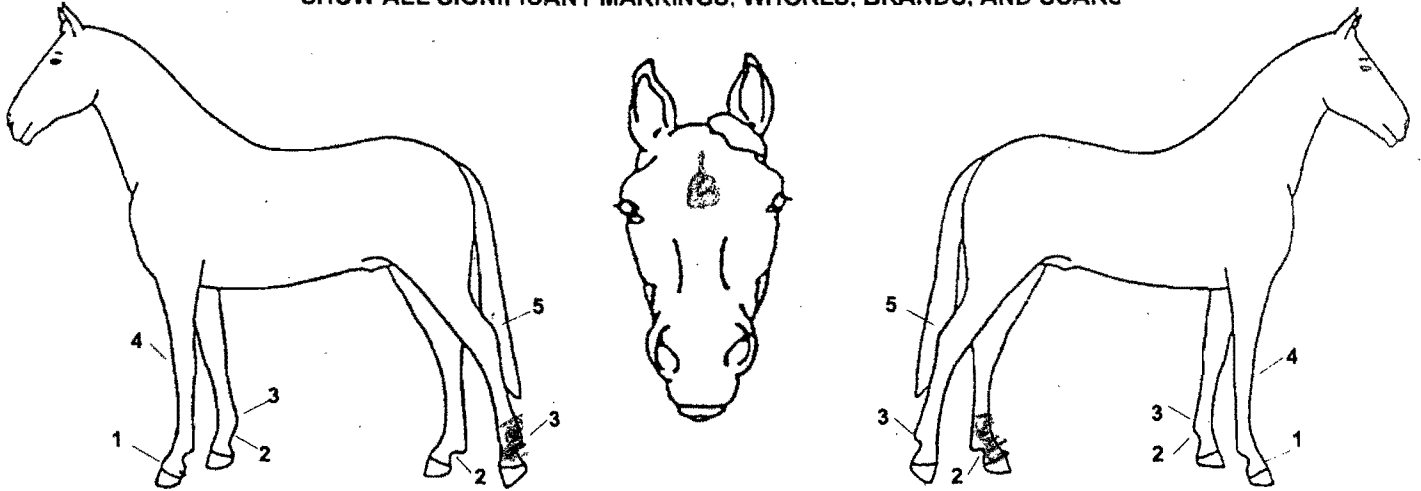
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASNER DVM.	12. SIGNATURE DATE 5/10/10
---	--	--------------------------------------

CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT		14. TYPE OR PRINT SIGNATURE NAME			15. SIGNATURE DATE				
16. Tube No.	Official Tag	18. Tattoo/Brand	19. Barcode  985170000332371	20. Color White	21. Breed Quarter Horse	22. Electronic I.D. No.	23. Age or DOB 1	24. Sex M	M - Male F - Female G - Gelding N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STON	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB Sech

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 5/10/10	33. DATE REPORTED OUT 5/10/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.
00291981

1. ACCESSION NUMBER
ACLI 12038

2. DATE BLOOD DRAWN
5/10/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code
8. NAME AND ADDRESS OF OWNER (Please print or type) CASPER SANDOZ 7101 Broadway ABQ NM			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASHER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM		
Tel No.		County	Tel No. (505) 610-4711		County BERNARD

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

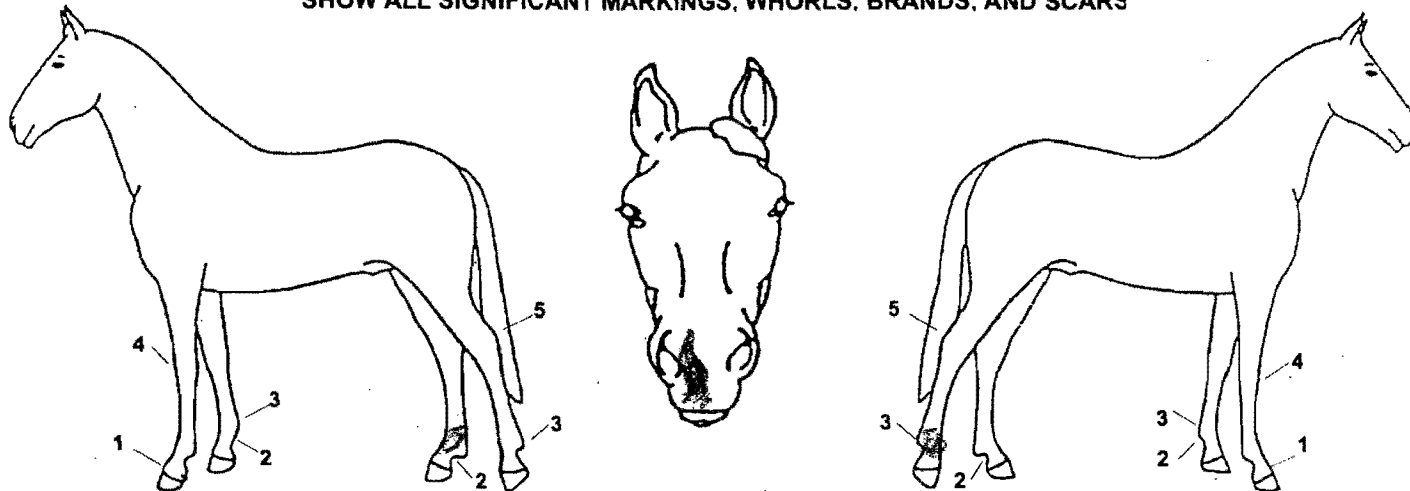
10. SIGNATURE OF (b)(6)	CERTIFIED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASHER DVM.	12. SIGNATURE DATE 5/10/10
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CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER'S AGENT		14. TYPE OR PRINT SIGNATURE NAME			15. SIGNATURE DATE	
16. Tube No.	Official Tag	18. Tattoo/Brand	19. Barcode 985170000332602	20. Color Black	21. Breed Andalusian	22. Electronic I.D. No.
						23. Age or DOB 4
						24. Sex F
						M - Male F - Female G - Gelding N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD SNIP	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB SOCH

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 5/10/10	33. DATE REPORTED OUT 5/10/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE (b)(6)	35. REMARKS		

Falsification of this form or knowingly using a false signature is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. Q0291980	1. ACCESSION NUMBER ACL12039	2. DATE BLOOD DRAWN 5/10/10
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code
8. NAME AND ADDRESS OF OWNER (Please print or type) CESAR SANTIAGO 111 BROADWAY ALBUQUERQUE, NM Zip Code 87105			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASNER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM Zip Code 87120		
Tel No.		County	Tel No. (505) 610-4711		County BERNALILLO


CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that the information submitted with this form was drawn by me from the horse described below on the date indicated above.

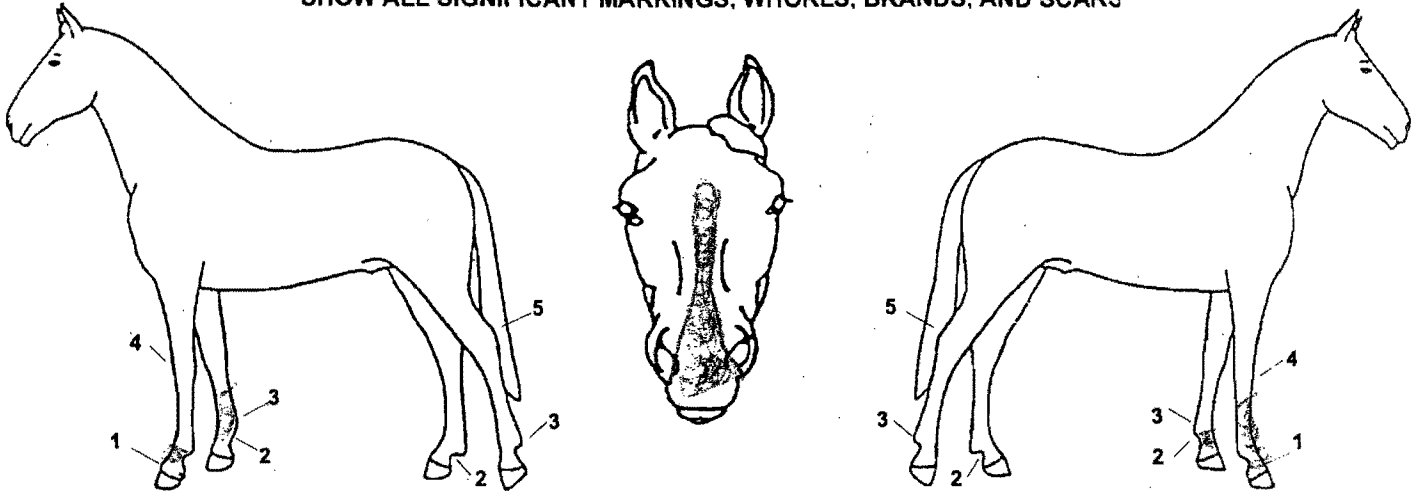
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASNER DVM.	12. SIGNATURE DATE 5/10/10
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CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT			14. TYPE OR PRINT SIGNATURE NAME			15. SIGNATURE DATE					
16. Tube No.	17. Official Tag	18. Tattoo/Brand	19.  985170000336232			20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB Soch	28. RIGHT FORELIMB
29. LEFT HINDLIMB Soch	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 5/10/10	33. DATE REPORTED OUT 5/10/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. SIGNATURE (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. Q0291984	1. ACCESSION NUMBER ACI/12035	2. DATE BLOOD DRAWN 5/11/10
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) CESAR SANDOVAL 714 Broadway ABQ NM Zip Code 87103		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	


CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify that the information submitted with this form was drawn by me from the horse described below on the date indicated above.

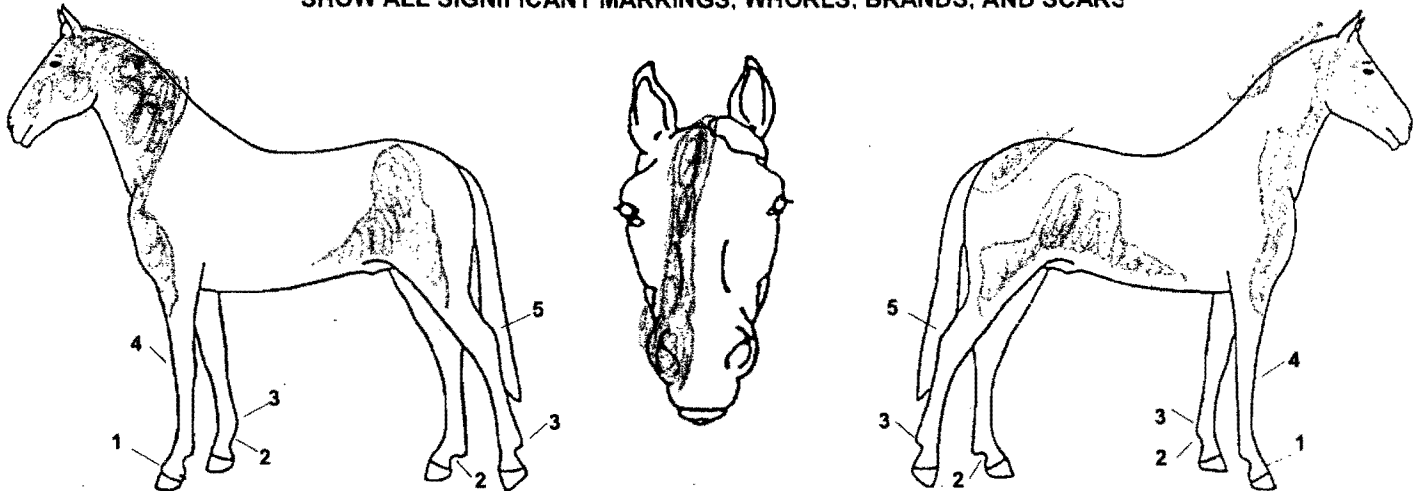
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 5/11/10
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CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT		14. TYPE OR PRINT SIGNATURE NAME		15. SIGNATURE DATE	
16. Tube No.	Official Tag	18. Tattoo/Brand	19.  985170000312818	20. Color Paint	21. Breed Paint
			22. Electronic I.D. No.	23. Age or DOB 5	24. Sex M - Male F - Female G - Gelding N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB Paint	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 5/10/10	33. DATE REPORTED OUT 5/10/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. Q0291988	1. ACCESSION NUMBER ACL/12031	2. DATE BLOOD DRAWN 5/10/10
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export			7. NAME AND ADDRESS OF STABLE/MARKET (Please print or type) N/A		
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:		5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID		Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) C. Y. BRASMER DVM. 1101 BROADWAY			9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM		
Tel No. 505 N/A County		Zip Code 87110	Tel No. (505) 610-4711 County BERNALILLO		Zip Code 87120

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 5/10/10
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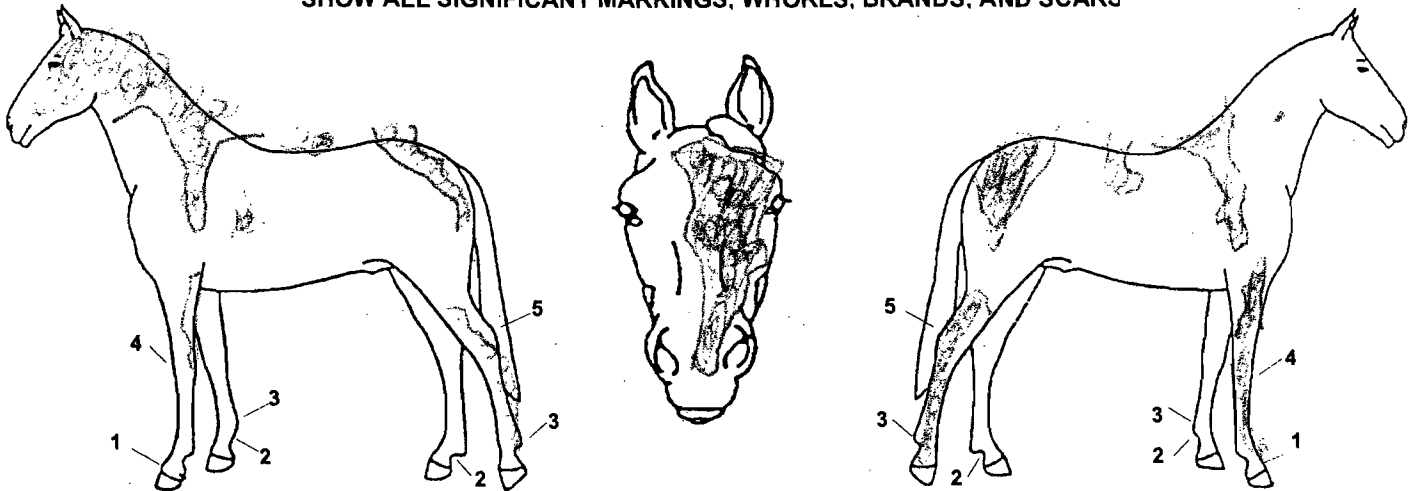
CERTIFICATION OF OWNER OR OWNER'S AGENT

I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Barcode 985170000333307	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
				Paint	Paint		3	M	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD PAINT	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 5/10/10	33. DATE REPORTED OUT 5/10/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE (b)(6)			35. REMARKS

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. Q 0291987	1. ACCESSION NUMBER ACL112032	2. DATE BLOOD DRAWN 5/10/10
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) CESAR SANTANA 701 BROADWAY ALBUQUERQUE, NM Zip Code 87120		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN


I certify that the information submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN (b)(6)	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 5/10/10
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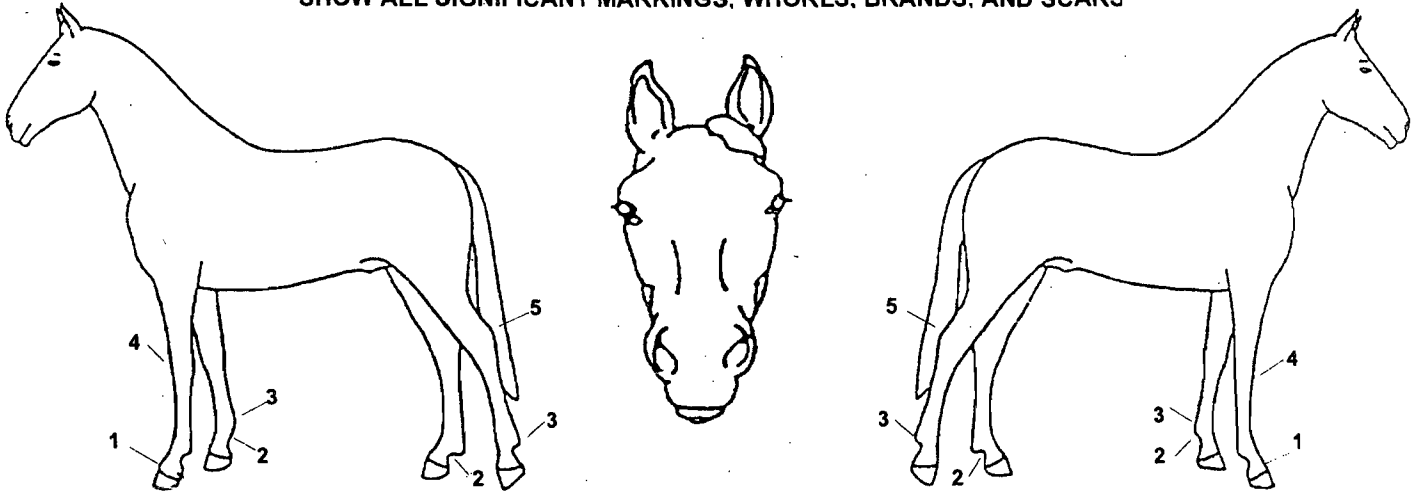
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
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16. Tube No.	Official Tag	18. Tattoo/Brand	19.  985170000349033	20. Color Black	21. Breed Friesian	22. Electronic I.D. No.	23. Age or DOB 5	24. Sex M	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NE.	32. DATE RECEIVED 5/10/10	33. DATE REPORTED OUT 5/10/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input type="checkbox"/> ELISA
36. SIGNATURE (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 1 year or both (U.S.C. Section 1001).

criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 1 year or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. Q0291986	1. ACCESSION NUMBER ACL/12033	2. DATE BLOOD DRAWN 5/10/10
	Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.		

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input checked="" type="checkbox"/> Show <input type="checkbox"/> First Test <input checked="" type="checkbox"/> Export		7. NAME AND ADDRESS OF STABLE/MARKET (Please print or type) N/A	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1167	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) Crispin Santana 1161 Broadway Albuquerque, NM Zip Code 87102 Tel No. County		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) C.Y. BRASMER DVM. 5900 JONES PLACE NW. ALBUQUERQUE, NM Zip Code 87120 Tel No. (505) 610-4711 County BERNALILLO	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.	12. SIGNATURE DATE 5/10/10
--	--	--------------------------------------

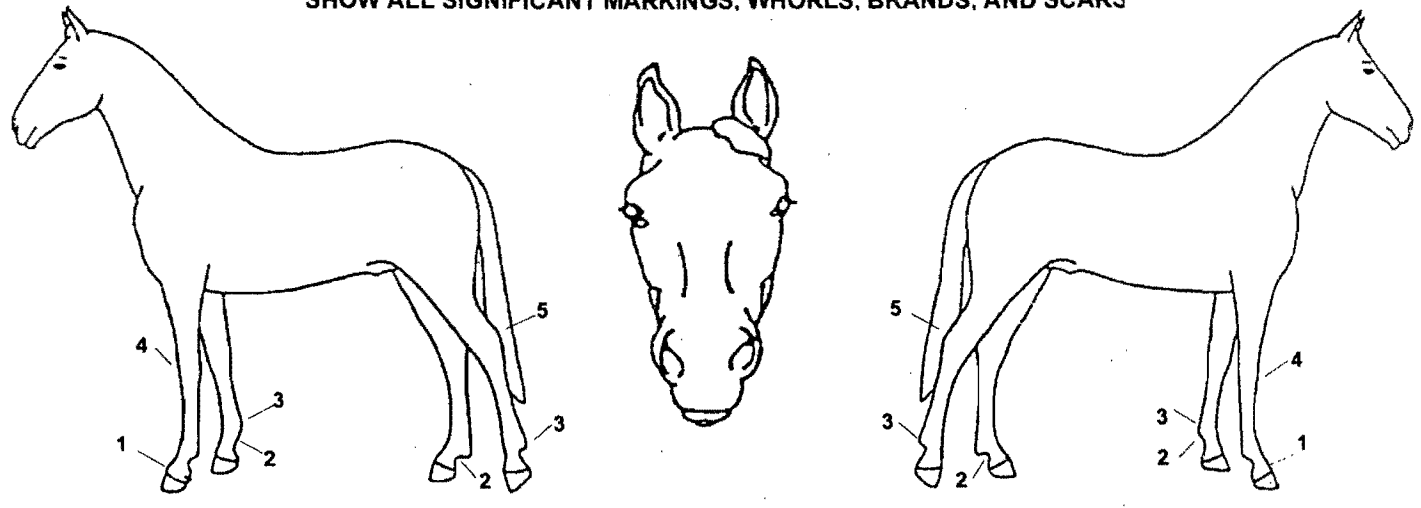
CERTIFICATION OF OWNER OR OWNER'S AGENT

examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT	14. TYPE OR PRINT SIGNATURE NAME	15. SIGNATURE DATE
---	----------------------------------	--------------------

16. Tube No.	Official Tag	18. Tattoo/Branch	19. Barcode 985170000333015	20. Color skin	21. Breed hise	22. Electronic I.D. No.	23. Age or DOB 4	24. Sex M	M - Male F - Female G - Gelding N - Neuter
--------------	--------------	-------------------	---------------------------------------	--------------------------	--------------------------	-------------------------	----------------------------	---------------------	---

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS	
25. HEAD	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	32. DATE RECEIVED 5/10/10	33. DATE REPORTED OUT 5/10/10	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE (b)(6)		35. REMARKS	

Falsification of this form or knowingly using a false signature is a criminal offense and may result in a fine of not more than \$10,000 or 5 years or both (U.S.C. Section 1001).

UNITED STATES DEPARTMENT OF AGRICULTURE
 ANIMAL AND PLANT HEALTH INSPECTION SERVICES
 STATEMENT OF SERVICES



Originating Office Phone

505-589-6150

Control Number: 3503A0523

Office Id: 973503

****DUPLICATE COPY****

Bertha Ruiz Pacheco
 Elisa Griensen #7741
 Col. Independencia #2
 Juarez CH 32679

Service Date(s)
 Begin: 05-MAY-10
 End: 05-MAY-10

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	0759735177 0250	51.00	1.00	51.00

Total Due \$ 51.00

Remarks: VS HEALTH CERT#10-NM-019
 DENNIS CHAVEZ, 24 DALIES RD. LOS LUNAS, NM 87031

Payment Information

Nfc Id 999999999V

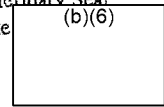
Date	Amount	Payment Type	Account/Check #
05-MAY-10	\$ 51.00	Money Order	145-080528408

Attention: Customers with government credit accounts - A consolidated monthly bill will be issued by the USDA, APHIS (signature accepting payment terms is on file). Upon receipt of the monthly bill, mail your payment to: USDA/APHIS, P.O. Box 979039 St. Louis, MO 63197-9000.

Notice to Payer: If payment of this Statement of Service is something other than cash or a US postal Money Order, the Statement of Service will not be considered paid in full until such tender has been cleared. If you have any questions, please contact the originating office listed above.



Health Certificate No. **10-NM-019**
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate (b)(6))



**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
 FROM THE UNITED STATES OF AMERICA TO MEXICO
 CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

Note: Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

Nota: México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.


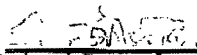
1. Name and Address of Exporter: **Dennis Chavez**
Nombre y Dirección del Exportador: 24 Dalies Rd
 Los Lunas, NM 87031
2. Name and Address of Importer: **Bertha Ruiz Pacheco**
Nombre y Dirección del Importador: Elisa Grlesen 7741, Col. Independencia 2
 Juarez, Chihuahua MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
377488	Mare	5	378923	Mare	6
368262	Mare	6	379623	Mare	9
404975	Gelding	7	369570	Mare	5
573620	Mare	4	378168	Mare	7
372376	Gelding	3	368819	Mare	9
377480	Mare	8	405595	Mare	4
372211	Gelding	6	403873	Gelding	7
375746	Mare	5	381177	Mare	8
376950	Gelding	7	371159	Gelding	4
374033	Gelding	5	376721	Mare	5
404968	Gelding	4	402617	Mare	7
366964	Gelding	4	368300	Mare	5
402271	Gelding	5	373226	Mare	8
371957	Gelding	8	371211	Mare	6
367512	Gelding	4	367660	Mare	5
472633	Mare	7	400603	Mare	9

Mexico, Slaughter horse HC

#3583A0523




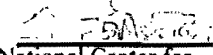

 Veterinary Services

 National Center for
 Import and Export

Health Certificate No. 10-NM-019
 (Valid only if the USDA Veterinarian
 Appears over the Certificate)

(b)(6)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
379385	Mare	7	371552	Mare	6
398560	Gelding	4	414305	Mare	8
367595	Mare	8	367085	Gelding	8
400612	Mare	6	374693	Mare	7
405842	Mare	8	345509	Mare	8
398327	Mare	5	398978	Mare	6
381107	Gelding	6	399773	Mare	7
400593	Gelding	8	398328	Mare	6
405911	Gelding	5	400581	Gelding	7
400347	Gelding	8	399515	Mare	9
366642	Mare	7	401277	Mare	8
399619	Mare	5	399568	Mare	7
406513	Mare	8	414636	Mare	7
415320	Mare	7	400663	Gelding	5
399452	Mare	4	366708	Mare	8
399044	Gelding	8	400901	Mare	6
404926	Gelding	5	402590	Mare	7
407954	Mare	8	406717	Gelding	8
400661	Gelding	5	369981	Mare	7
378208	Mare	9	399031	Gelding	5
369736	Mare	7	376220	Gelding	9
407651	Mare	4	399433	Mare	6
367952	Mare	6	377760	Gelding	6
369239	Mare	8	380707	Mare	8
404259	Mare	5	406147	Gelding	6
375517	Mare	8	367480	Mare	6
400918	Gelding	5	366978	Mare	9
378484	Gelding	8	380663	Mare	7
403890	Gelding	7	414905	Mare	8
369429	Gelding	5	408571	Mare	5
402432	Mare	6	398897	Mare	6
399801	Mare	7	403940	Mare	8
399034	Gelding	4	414950	Gelding	8
377431	Mare	8	371762	Gelding	6
321754	Gelding	7	377910	Mare	7
377857	Mare	5	369612	Mare	6
377210	Mare	7	399431	Mare	7
403437	Mare	5	417764	Gelding	8
368065	Mare	8	403763	Mare	6
380618	Gelding	4	400274	Mare	8

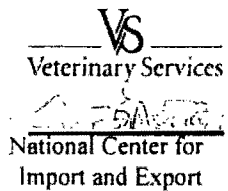



 Veterinary Services

 National Center for
 Import and Export

Health Certificate No. **10-NM-019**
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate)

(b)(6)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
401810	Mare	7	377479	Gelding	6
401643	Mare	4	369098	Mare	5
400416	Mare	8	407407	Gelding	7
375394	Mare	6	402656	Mare	9
400967	Mare	6	414936	Gelding	9
399453	Mare	7	400332	Gelding	4
400036	Gelding	4	401537	Gelding	7
398616	Gelding	8	399589	Mare	8
373029	Gelding	4	372684	Mare	7
573284	Mare	8	413389	Mare	6
402354	Mare	7	414591	Gelding	8
401685	Gelding	5	412626	Mare	7
404358	Mare	7	399545	Mare	6
401126	Gelding	5	403946	Gelding	8
399544	Mare	6	371848	Gelding	8
415737	Mare	7	371797	Gelding	7
404850	Mare	4	407336	Mare	4
400355	Gelding	8	400361	Mare	8
473236	Mare	4	401027	Mare	7
370510	Mare	7	400166	Mare	5
367224	Mare	4	368354	Mare	7
401499	Mare	3	403627	Mare	6
370446	Gelding	7	414436	Gelding	9
401772	Gelding	5	367924	Gelding	7
402186	Mare	8	399193	Gelding	6
401026	Gelding	7	402664	Gelding	8
370424	Mare	4	408610	Gelding	7
372217	Gelding	7	369173	Mare	9
373288	Mare	6	402600	Gelding	7
403669	Gelding	5	399832	Mare	8
368675	Mare	7	374719	Gelding	6
370412	Gelding	4	374369	Mare	5
378096	Gelding	4	378721	Mare	7
401296	Mare	6	371812	Gelding	5
402425	Mare	5	377852	Mare	8
375062	Gelding	3	378177	Gelding	6
376461	Mare	7	374761	Gelding	8
647388	Gelding	6	399217	Mare	7
400466	Gelding	4	369577	Mare	6
378477	Mare	7	400285	Mare	8



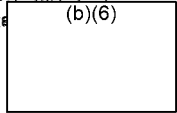
Health Certificate No. **10-NM-019**
(Valid only if the USDA Veterinary Seal
Appears over the Certificate)

(b)(6)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
401097	Gelding	6	404851	Mare	5
367212	Mare	8	665670	Mare	8
371952	Mare	8	378575	Mare	5
376606	Mare	4	643316		5
607402		5	614316		5
609802		5	651020		5
559625		5	584898		5
600198		5	401581		5



Health Certificate No. 10-NN-019
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate (b)(6))



Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

Los animales son originarios de Estados Unidos.

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.

A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.

Inspection date / Fecha de inspección May 2nd 2010

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.

Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.

Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.

Mexico, Slaughter horse HC



Health Certificate No. 10-NH-019
(Valid only if the USDA Veterinary Seal
Appears over the Certificate)



(Delete as appropriate /*Remueva lo que no aplique*)

5. [The animals are free of ectoparasite and originated from areas not under quarantine for *Boophilus* spp ticks.]]

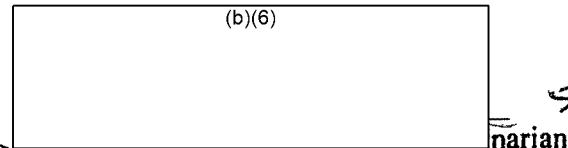
[*Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.*]]

C.Y Brasmer
Name of Accredited Veterinarian
*Nombre del Médico Veterinario
Acreditado*



*Nombre del Médico Veterinario
Federal que endosa.*

(b)(6) 5/2/2010
Signature of Accredited Veterinarian and Date
*Firma del Veterinario Acreditado
y Fecha*



*and Date
Firma del Médico Veterinario que endosa
y Fecha*

5/3/10

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) (*Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal.*)

10-NM-019

(b)(6)

**AFFIDAVIT
DECLARACIÓN JURADA**

I (print) Dennis Chavez declare that the horses included in this shipment have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

Por este medio declaro que los caballos en este embarque no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

1. *Aristolochia spp* and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.

Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.

Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.

3. The following thirosthatatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.

Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.

Date and signature of the exporter
Fecha y firma del exportador

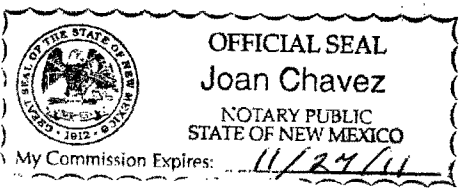
(b)(6)

5/2/2010

Date and signature of the Notary Public
Fecha y firma del Notario Público

(b)(6)

5/2/2010



**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

10-NM-019

TIME HORSES LOADED ON CONVEYANCE 3:00pm	DATE 5-2-2010	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE Los Lunas, New Mexico
VEHICLE LICENSE NO. AND DRIVER'S NAME (b)(6)	NAME OF AUCTION/MARKET Southwest Livestock	CONSIGNEE (RECEIVER/DESTINATION) NAME Bertha Ruiz Pacheco
CONSIGNOR (OWNER/SHIPPER) NAME Dennis Chavez	STREET ADDRESS Elisa Gulesen 7741	STREET ADDRESS Col. Independencia 2
STREET ADDRESS 24 Dalies Rd	CITY, STATE, ZIP CODE Juarez, Chihuahua mx.	CITY, STATE, ZIP CODE
CITY, STATE, ZIP CODE Los Lunas, nm 87031	AREA CODE & TELEPHONE NO. 915-252-1614	AREA CODE & TELEPHONE NO.
AREA CODE & TELEPHONE NO. 505-815-4600		

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	USEH	7751		/						/					/			377488	
2		52							SR	/					/			378923	
3		53							b. skin	/					/			368262	
4		54		/						/					/			379623	
5		55	/							/						/		404975	
6		56	/							/					/			369570	
7		57							SR	/					/			573620	
8		58							b. skin	/					/			378168	
9		59							SR	/						/		372376	
10		60							pale	/					/			368819	
11		61			/					/					/			377480	
12		62							SR	/					/			405695	
13		63				/				/						/		372211	
14		64							SR	/				mule		/		403873	
15		65							SR	/					/			375746	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE TRAVEL TO THE SLAUGHTER FACILITY (b)(6)

SIGNATURE

I HEREBY AUTHORIZE _____ 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
the best of my knowledge

(b)(6)

Information contained in this form is true and correct to

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____

DATE _____

TIME _____

**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

10-NM-019

	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	USFH	776a		/										/				381177	
17		67							se					/				316950	
18		68							se					/				371159	
19		69							se					/				374033	
20		70							b.skin							no	90		
21		71							se					/				376721	
22		72							se									404968	
23		73	/											/				409617	
24		74							non									31619164	
25		75							se		/			/				368300	
26		76							se									402271	
27		77				/								/				373226	
28		78							se									371957	
29		79			/									/				371211	
30		80							se									367512	
31		81							se					/				367660	
32		82							non					/				472633	
33		83		/										/				400603	
34		84							pairo					/				379385	
35		85							se					/				371552	
36		86							non									398560	
37		87		/										/				414305	
38		88				/								/				367595	
39		89							se									367085	
40		90							se					/				400612	
41		91			/									/				374693	
42		92				/								/				405842	
43		93							se					/				345509	
44		94		/										/				398327	
45		95	/											/				398978	

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SIGNATURE OF OWNER/SHIPPER

(b)(6)

is true and correct to the best of my knowledge.)

**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

10-NN-019

	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	USFH	7796		/						/						/	381107	
17		97		/						/				/			399773	
18		98						SR		/						/	400593	
19		99						SR		/				/			398328	
20	USFG	7800						don		/						/	405911	
21		9551			/					/						/	400581	
22		52		/						/						/	400347	
23		53						SR		/				/			399515	
24		54			/					/				/			3161642	
25		55						app		/				/			401277	
26		56						pow		/				/			399619	
27		57			/					/				/			399568	
28		58	/							/				/			406513	
29		59						SR		/				/			414636	
30		60						don		/				/			415320	
31		61						SR		/						/	400663	
32		62		/						/				/			399452	
33		63			/					/				/			3166708	
34		64						SR		/						/	399044	
35		65						SR		/				/			400901	
36		66			/					/						/	404926	
37		67			/					/				/			402590	
38		68	/							/				/			407954	
39		69						own		/						/	406717	
40		70						SR		/						/	400661	
41		71		/						/				/			3169981	
42		72	/							/				/			378208	
43		73						SR		/						/	399031	
44		74						don		/				/			3169736	
45		75			/					/						/	376220	

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SIGNATURE OF OWNER/SHIPPER: (b)(6) (I am and correct to the best of my knowledge.)

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FORM APPROVED
OMB NO.
0579-0160

10-NN-019

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFC	9576	/							/				/			407651	
17		77	/							/				/			399433	
18		78							app	/				/			367952	
19		79	/							/						/	377760	
20		80							se	/				/			369239	
21		81							nan	/				/			380707	
22		82	/							/				/			404259	
23		83	/							/						/	406147	
24		84							se	/				/			375517	
25		85							se	/				/			367480	
26		86							nan	/						/	400918	
27		87		/						/				/			366978	
28		88	/							/						/	378484	
29		89							se	/				/			380663	
30		90							se	/						/	403890	
31		91	/							/				/			414905	
32		92							se	/						/	369429	
33		93	/							/				/			408571	
34		94	/							/				/			402432	
35		95	/							/				/			398897	
36		96				/				/				/			399801	
37		97							se	/				/			403940	
38		98	/							/						/	399034	
39		99		/						/						/	414950	
40	↓	9600							OKip	9600	/			/			none	
41		9751							se	/				/			377431	
42		52							se	/						/	371762	
43		53	/							/						/	321754	
44		54	/							/				/			377910	
45	↓	55				/				/				/			371857	

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SIGNATURE OF OWNER/SHIPPER: (b)(6) true and correct to the best of my knowledge.)

**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

10-NM-019

	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	USEG9	756	/							/				/			369612	
17		57							SR	/				/			377210	
18		58							SR		/	mule		/			399431	
19		59							SR	/				/			403437	
20		60							SR	/					/		417764	
21		61		/						/				/			368065	
22		62							SR	/				/			403763	
23		63		/						/					/		380618	
24		64	/							/				/			400274	
25		65			/					/				/			401810	
26		66							SR	/					/		377479	
27		67															skipped	
28		68							SR	/				/			401643	
29		69	/							/				/			369098	
30		70							SR	/				/			400416	
31		71	/							/					/		407407	
32		72	/							/				/			375394	
33		73		/						/				/			402656	
34		74				/				/				/			400967	
35		75	/							/					/		414936	
36		76							pono	/				/			399453	
37		77	/							/					/		400332	
38		78		/						/					/		400036	
39		79		/						/					/		401537	
40		80							SR	/					/		398616	
41		81		/						/				/			399589	
42		82							SR	/					/		373099	
43		83							SR	/				/			372684	
44		84							SR	/				/			573284	
45		85	/							/				/			413389	

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SIGNATURE OF OWNER/SHIP

(b)(6)

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FORM APPROVED
OMB NO.
0579-0160

10-NN-019

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

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			
USEFG9786					/				/				/				402354	
	87						SR		/							/	414591	
	88		/						/							/	401685	
	89						SR		/				/				412626	
	90		/						/				/				404358	
	91						SR		/				/				399545	
	92						SR		/						/		40126	
	93						SR		/						/		403946	
	94	/							/				/				399544	
	95								/						/		371848	
	96						SR		/				/				415737	
	97			/					/				/				374333	no go
	98						SR		/						/		371797	
	99						SR		/				/				404850	
	9951	/							/				/				407336	
	52	/							/						/		400355	
	53						SR		/				/				400361	
	54						SR		/				/				473236	
	55	/							/				/				401027	
	56						non		/				/				370510	
	57	/							/				/				400166	
	58				/				/				/				367224	
	59		/						/				/				368354	
	60						para		/				/				401499	
	61	/							/				/				403627	
	62						SR		/						/		370446	
	63	/							/						/		414436	
	64						non		/						/		401772	
	65		/						/						/		367924	
	66				/				/				/				402186	

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FORM APPROVED
OMB NO.
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10-NM-019

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

(Please type or print in ink)

	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	USFG	99167		/									/				/	399193	
17		68											/				/	401026	
18		69											/				/	402664	
19		70											/				/	370424	
20		71				/							/				/	408610	
21		72											/				/	372217	
22		73	/										/				/	369173	
23		74			/								/				/	373288	
24		75											/				/	402600	
25		76	/										/				/	403669	
26		77											/				/	399832	
27		78		/									/				/	368675	
28		79	/										/				/	374719	
29		80											/				/	370412	
30		81											/				/	374369	
31		82	/										/				/	378096	
32		83											/				/	378721	
33		84	/										/				/	401296	
34		85											/				/	371312	
35		86			/								/				/	402425	
36		87		/									/				/	377852	
37		88	/										/				/	375062	
38		89			/								/				/	378177	
39		90											/				/	376461	
40		91			/								/				/	374761	
41		92	/										/				/	647388	
42		93	/										/				/	399217	
43		94	/										/				/	400466	
44		95			/								/				/	369577	
45		96			/								/				/	378477	

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FORM APPROVED
OMB NO.
0579-0160

10-NN-019

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

(Please type or print in ink)

	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	USFG	9997						SE	/					/			400285	
17		98				/			/							/	401097	
18		99						SE	/					/			404851	
19		4907						SE	/					/			367212	
20		08	/						/					/			6651670	
21		09						blk	/					/			371952	
22		10			/				/					/			378575	
23		11						SE	/					/			3716606	
24		1889	/						/								643316	
25		90	/						/								607402	
26		91	/						/								614316	
27		92	/						/								609802	
28		93	/						/								651020	
29		94	/						/								559625	
30		95	/						/								584898	
31		96	/						/								600198	
32		9530	/						/								401581	
33																		
34																		
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(b)(6)

and correct to the best of my knowledge.)

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICES
STATEMENT OF SERVICES



Originating Office Phone
505-589-6150

Control Number: 3503A0536
Office Id: 973503

Bertha Ruiz Pacheco
Elisa Griensen #7741
Col. Independencia #2
Juarez CH 32679

Service Date(s)
Begin: 11-MAY-10
End: 11-MAY-10

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	0759735177 0250	51.00	1.00	51.00

Total Due \$ 51.00

Remarks: VS HEALTH CERT# 10-NM -020
DENNIS CHAVEZ, 24 DALIES RD. LOS LUNAS, NM 87031

Nfc Id 9999999999V

Payment Information

Date	Amount	Payment Type	Account/Check #
11-MAY-10	\$ 51.00	Money Order	14-080528407

THIS DOCUMENT CONTAINS A TRUE WATERMARK - HOLD UP TO LIGHT TO VIEW

WESTERN UNION MONEY ORDER	WESTERN UNION FINANCIAL SERVICES INC. - ISSUER Englewood, Colorado
	Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado
VALERO <small>(ISSUER'S AGENT)</small>	14-080528407
A 605307 D 042610 T 1132 04 140805284072 L 001238	\$ 51.00
#3503A0534	
PAY EXACTLY FIFTY-ONE DOLLARS AND NO CENTS	
PAY TO THE ORDER OF (b)(6)	PAYMENT FOR/ACCT. #
	PURCHASER'S SIGNATURE

to be issued by the USDA, APHIS
your payment to: USDA/APHIS,
or a US postal Money Order, the
required. If you have any

⑆102100400⑆ 40140805284072⑈



Health Certificate No. 10-NM-020
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate (b)(6))



**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
 FROM THE UNITED STATES OF AMERICA TO MEXICO
 CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

Note: Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

Nota: México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.


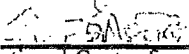
- Name and Address of Exporter: Dennis Chavez
 Nombre y Dirección del Exportador: 24 Dalies Rd
 Los Lunas, NM 87031
- Name and Address of Importer: Bertha Ruiz Pacheco
 Nombre y Dirección del Importador: Elisa Grlesen 7741, Col. Independencia 2
 Juarez, Chihuahua MX
- Identification of the animals to be exported / Identificación de los animales a ser exportados.

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
377488	Mare	5	378923	Mare	6
368262	Mare	6	379623	Mare	9
404975	Gelding	7	369570	Mare	5
573620	Mare	4	378168	Mare	7
372376	Gelding	3	368819	Mare	9
377480	Mare	8	405595	Mare	4
372211	Gelding	6	403873	Gelding	7
375746	Mare	5	381177	Mare	8
376950	Gelding	7	371159	Gelding	4
374033	Gelding	5	376721	Mare	5
404968	Gelding	4	402617	Mare	7
366964	Gelding	4	368300	Mare	5
402271	Gelding	5	373226	Mare	8
371957	Gelding	8	371211	Mare	6
367512	Gelding	4	367660	Mare	5
472633	Mare	7	400603	Mare	9

Mexico, Slaughter horse HC

#3503A0356

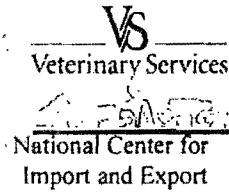



 Veterinary Services

 National Center for
 Import and Export

Health Certificate No. **10-NM-020**
 (Valid only if the USDA Veterinarian
 Appears over the Certificate Number)

(b)(6)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
379385	Mare	7	371552	Mare	6
398560	Gelding	4	414305	Mare	8
367595	Mare	8	367085	Gelding	8
400612	Mare	6	374693	Mare	7
405842	Mare	8	345509	Mare	8
398327	Mare	5	398978	Mare	6
381107	Gelding	6	399773	Mare	7
400593	Gelding	8	398328	Mare	6
405911	Gelding	5	400581	Gelding	7
400347	Gelding	8	399515	Mare	9
366642	Mare	7	401277	Mare	8
399619	Mare	5	399568	Mare	7
406513	Mare	8	414636	Mare	7
415320	Mare	7	400663	Gelding	5
399452	Mare	4	366708	Mare	8
399044	Gelding	8	400901	Mare	6
404926	Gelding	5	402590	Mare	7
407954	Mare	8	406717	Gelding	8
400661	Gelding	5	369981	Mare	7
378208	Mare	9	399031	Gelding	5
369736	Mare	7	376220	Gelding	9
407651	Mare	4	399433	Mare	6
367952	Mare	6	377760	Gelding	6
369239	Mare	8	380707	Mare	8
404259	Mare	5	406147	Gelding	6
375517	Mare	8	367480	Mare	6
400918	Gelding	5	366978	Mare	9
378484	Gelding	8	380663	Mare	7
403890	Gelding	7	414905	Mare	8
369429	Gelding	5	408571	Mare	5
402432	Mare	6	398897	Mare	6
399801	Mare	7	403940	Mare	8
399034	Gelding	4	414950	Gelding	8
377431	Mare	8	371762	Gelding	6
321754	Gelding	7	377910	Mare	7
377857	Mare	5	369612	Mare	6
377210	Mare	7	399431	Mare	7
403437	Mare	5	417764	Gelding	8
368065	Mare	8	403763	Mare	6
380618	Gelding	4	400274	Mare	8



Health Certificate No. 10-NM-020


(Valid only if the USDA Veterinary Seal

Appears over the Certificate (b)(6)



Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
401810	Mare	7	377479	Gelding	6
401643	Mare	4	369098	Mare	5
400416	Mare	8	407407	Gelding	7
375394	Mare	6	402656	Mare	9
400967	Mare	6	414936	Gelding	9
399453	Mare	7	400332	Gelding	4
400036	Gelding	4	401537	Gelding	7
398616	Gelding	8	399589	Mare	8
373029	Gelding	4	372684	Mare	7
573284	Mare	8	413389	Mare	6
402354	Mare	7	414591	Gelding	8
401685	Gelding	5	412626	Mare	7
404358	Mare	7	399545	Mare	6
401126	Gelding	5	403946	Gelding	8
399544	Mare	6	371848	Gelding	8
415737	Mare	7	371797	Gelding	7
404850	Mare	4	407336	Mare	4
400355	Gelding	8	400361	Mare	8
473236	Mare	4	401027	Mare	7
370510	Mare	7	400166	Mare	5
367224	Mare	4	368354	Mare	7
401499	Mare	3	403627	Mare	6
370446	Gelding	7	414436	Gelding	9
401772	Gelding	5	367924	Gelding	7
402186	Mare	8	399193	Gelding	6
401026	Gelding	7	402664	Gelding	8
370424	Mare	4	408610	Gelding	7
372217	Gelding	7	369173	Mare	9
373288	Mare	6	402600	Gelding	7
403669	Gelding	5	399832	Mare	8
368675	Mare	7	374719	Gelding	6
370412	Gelding	4	374369	Mare	5
378096	Gelding	4	378721	Mare	7
401296	Mare	6	371812	Gelding	5
402425	Mare	5	377852	Mare	8
375062	Gelding	3	378177	Gelding	6
376461	Mare	7	374761	Gelding	8
647388	Gelding	6	399217	Mare	7
400466	Gelding	4	369577	Mare	6
378477	Mare	7	400285	Mare	8



VS
 Veterinary Services

 National Center for
 Import and Export

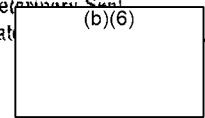
Health Certificate No. 10-NM-020
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate) (b)(6)



Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
401097	Gelding	6	404851	Mare	5
367212	Mare	8	665670	Mare	8
371952	Mare	8	378575	Mare	5
376606	Mare	4	643316	Mare	5
607402	Mare	5	614316	Mare	5
609802	Mare	5	651020	Mare	5
559625	Mare	5	584898	Mare	5
600198	Mare	5	401581	Gelding	5



Health Certificate No. 10-NN-020
(Valid only if the USDA Veterinary Seal
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Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

Los animales son originarios de Estados Unidos.

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.

A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.

Inspection date / Fecha de inspección May 9th 2010

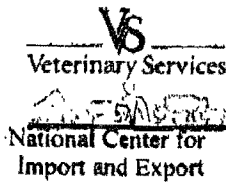
3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.

Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.

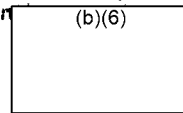
4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.

Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.

Mexico, Slaughter horse HC



Health Certificate No. 10-NN-020
(Valid only if the USDA Veterinary Seal
Appears over the Cert (b)(6))



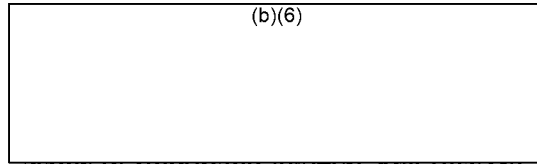
(Delete as appropriate / Remueva lo que no aplique)

5. [Within 5 days prior to export, the animals were dipped in coumaphos at 400 ppm. Spraying of the product is only authorized using a motor pump with coumaphos at 400 ppm.]

(NOM-019-ZOO-1994)] May 5, 2010 *Cf*

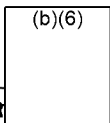
[Los animales fueron tratados dentro de los 5 días previos al embarque con un baño de inmersión con coumaphos a concentración de 400 ppm. Solamente se autoriza el baño de aspersión cuando se utilice bomba de motor y se aplique una dosis de 400 ppm de coumaphos]

(NOM-019-ZOO-1994)] May 5, 2010 *Cf*



C. V. Brasmer
Name of Accredited Veterinarian
Nombre del Médico Veterinario
Acreditado

Name of Endorsing Federal Veterinarian
Nombre del Médico Veterinario
Federal que endosa.



May 5, 2010

Signature of Accredited Veterinarian and Date
Firma del Médico Veterinario Acreditado
y Fecha

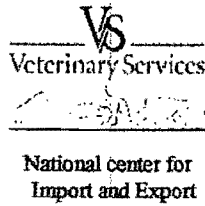


5/10/10
narian

and Date
Firma del Médico Veterinario que endosa
y Fecha

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) (Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal).

Mexico, Slaughter horse HC



Health Certificate No. 10-NN-020
(Valid only if the USDA
Appears over the Certi (b)(6))

**AFFIDAVIT
DECLARACIÓN JURADA**

I (print) Dennis Chavez declare that the horses included in this shipment have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

Por este medio declaro que los caballos en este embarque no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

1. *Aristolochia spp* and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.

Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.

Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.

3. The following thirosthatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.

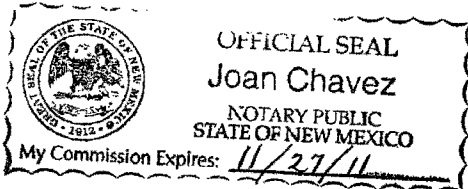
Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.

Date and signature of the exporter
Fecha y firma del exportador

(b)(6)
2010

Date and signature of the Notary Public
Fecha y firma del Notario Público

(b)(6)
/9/2010



**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

10-NM-020

TIME HORSES LOADED ON CONVEYANCE 5:00 AM	DATE 5/9/2010	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE Los Lunas, NM
VEHICLE LICENSE NO. AND DRIVER'S NAME (b)(6)		NAME OF AUCTION/MARKET Southwest Livestock Auction
STREET ADDRESS DENNIS Chavez 24 Dalies Rd		CONSIGNEE (RECEIVER/DESTINATION) NAME Bertha Ruiz Pacheco
CITY, STATE, ZIP CODE Los Lunas NM. 87031		STREET ADDRESS ELISA GRIESEN 7741 C.O. INDEPENDENCIA 2
AREA CODE & TELEPHONE NO. 505-865-4600		CITY, STATE, ZIP CODE Juarez, Chihuahua, MX
AREA CODE & TELEPHONE NO. 505-865-4600		AREA CODE & TELEPHONE NO. 915-252-6614

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

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
1	USEH 7751		✓							✓					✓			377488	
2	7752									✓					✓			378923	
3	7753									✓					✓			368262	
4	7754		✓							✓					✓			379623	
5	7755	✓								✓							✓	404975	
6	7756	✓								✓					✓			369570	
7	7757									✓					✓			573620	
8	7758									✓					✓			378168	
9	7759									✓							✓	372376	
10	7760									✓					✓			368819	
11	7761			✓						✓					✓			377480	
12	7762									✓					✓			405595	
13	7763				✓					✓							✓	372211	
14	7764									✓							✓	403873	
15	7765									✓					✓			375746	

HORSES HAVE HOURS IMMEDIATELY AVAILABLE FOR SIGNATURE	(b)(6)	OF 6 CONSECUTIVE	CANADIAN FOOD INSPECTION AGENCY (CFIA) EST. _____ DATE _____ TIME _____
I HEREBY AUTHORIZE THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).	(b)(6)	form is true and correct to	
SIGNATURE OF OWNER the best of my knowledge	(b)(6)		

**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

10-NM-020

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	USEFH 7766		✓				Som		✓					✓			381177	
17	7767						Som		✓							✓	376950	
18	7768						Som		✓							✓	371159	
19	7769						Byck		✓							✓	374033	
20	7770						Som		✓								No 60	
21	7771						Som		✓					✓			376721	
22	7772								✓							✓	404968	
23	7773	✓					Red		✓					✓			402617	
24	7774						Som		✓							✓	366964	
25	7775						Som			✓				✓			368300	
26	7776						Som		✓							✓	402271	
27	7777				✓				✓					✓			373226	
28	7778						Som		✓							✓	371577	
29	7779			✓			Som		✓					✓			371211	
30	7780						Som		✓							✓	367512	
31	7781						Som		✓					✓			367660	
32	7782						Red		✓					✓			472663	
33	7783		✓						✓					✓			400603	
34	7784						Palo		✓					✓			379385	
35	7785						Som		✓					✓			371552	
36	7786						Red		✓							✓	398560	
37	7787		✓						✓					✓			414305	
38	7788				✓				✓					✓			367595	
39	7789						Som		✓							✓	367085	
40	7790						Som		✓					✓			400612	
41	7791			✓					✓					✓			374693	
42	7792				✓				✓					✓			405842	
43	7793						Som		✓					✓			345509	
44	7794		✓						✓					✓			358327	
45	7795	✓	✓						✓					✓			358978	

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 KN... IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR N... (b)(6) S.C. SECTION 1001).

SIGNATURE OF OWNER

ained in this form is true and correct to the best of my knowledge.)

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FORM APPROVED
OMB NO.
0579-0160

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

(Please type or print in ink)

10-NM-020

	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	45FW	7796	-	✓									✓				✓	381107			
17		7797		✓													✓	399773			
18		7798							Sound				✓					✓	400593		
19		7799							Sound				✓				✓	398328			
20		7800							Bar				✓					✓	405911		
21	USFG	9551					✓						✓					✓	400581		
22		9552		✓									✓					✓	400347		
23		9553							Sound				✓			✓			399515		
24		9554			✓								✓						366642		
25		9555							App				✓						401277		
26		9556							Palu				✓						399619		
27		9557					✓						✓						399568		
28		9558	✓										✓						406513		
29		9559							Sound				✓						414636		
30		9560							Bar				✓						415320		
31		9561							Sound				✓					✓	400663		
32		9562		✓									✓						399452		
33		9563					✓						✓						366708		
34		9564							Sound				✓					✓	399044		
35		9565							Sound				✓						400901		
36		9566					✓						✓					✓	404926		
37		9567					✓						✓						402590		
38		9568	✓										✓						407954		
39		9569							Dun				✓						✓	406717	
40		9570							Sound				✓						✓	400661	
41		9571		✓									✓						369981		
42		9572	✓										✓						398208		
43		9573							Sound				✓					✓	399031		
44		9574							Bar				✓						369736		
45		9575					✓						✓					✓	376220		

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 UP TO 5 YEARS (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER

(b)(6)

The information provided in this form is true and correct to the best of my knowledge.

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FORM APPROVED
OMB NO.
0579-0160

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

(Please type or print in ink)

10-NM-020

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Bik.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USFG	9576		✓											✓			407251	
17		9577	✓												✓			399433	
18		9578						APP							✓			367912	
19		9579	✓														✓	377760	
20		9580						SORR							✓			369239	
21		9581						ROAN							✓			380707	
22		9582	✓												✓			404259	
23		9583	✓														✓	404147	
24		9584						SORR							✓			371517	
25		9585						SORR							✓			367480	
26		9586						ROAN									✓	400918	
27		9587		✓											✓			366978	
28		9588	✓														✓	378484	
29		9589						SORR							✓			380663	
30		9590						SORR									✓	403890	
31		9591	✓												✓			414905	
32		9592						ROAN									✓	369429	
33		9593	✓												✓			408571	
34		9594	✓												✓			402432	
35		9595	✓												✓			398897	
36		9596				✓									✓			399801	
37		9597						SORR							✓			403940	
38		9598	✓														✓	399034	
39		9599		✓													✓	414500	
40	✓	9600																SKIP	
41		9701						SORR							✓			377431	
42		9702						SORR									✓	371762	
43		9703		✓													✓	321704	
44		9704	✓												✓			377510	
45	✓	9705				✓									✓			377877	

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SIGNATURE OF

ained in this form is true and correct to the best of my knowledge.)

**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

10-NM-020

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				
USFG	9756	✓												✓				369612	
	9757													✓				377210	
	9758																	399431	
	9759													✓				403437	
	9760													✓				417764	
	9761		✓											✓				368065	
	9762													✓				403763	
	9763		✓															380618	
	9764	✓												✓				400274	
	9765			✓										✓				401810	
	9766													✓				377479	
	9767																	5kip	
	9768													✓				401643	
	9769	✓												✓				369098	
	9770													✓				400416	
	9771	✓																407407	
	9772	✓												✓				375394	
	9773		✓											✓				402656	
	9774				✓									✓				400967	
	9775	✓																414936	
	9776													✓				399453	
	9777	✓																400332	
	9778		✓															400036	
	9779		✓															401537	
	9780													✓				398616	
	9781		✓											✓				399589	
	9782																	373029	
	9783													✓				372684	
	9784													✓				573284	
	9785	✓												✓				413389	

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 OF CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR SECTION 1001).

SIGNATURE OF OWNER: _____
 (b)(6)
 This form is true and correct to the best of my knowledge.)

**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

10-NM-020

	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	U5FG	9786				✓						✓				✓			402354	
17		9787							Sorrel			✓						✓	414591	
18		9788		✓								✓						✓	401685	
19		9789							Sorrel			✓				✓			412626	
20		9790		✓								✓				✓			404358	
21		9791							Sorrel			✓				✓			399545	
22		9792							Sorrel			✓						✓	401126	
23		9793							Sorrel			✓						✓	403946	
24		9794	✓									✓				✓			399544	
25		9795										✓						✓	371848	
26		9796							Sorrel			✓				✓			415737	
27		9797			✓							✓				✓			374333	No Go
28		9798							Sorrel			✓						✓	371797	
29		9799							Sorrel			✓				✓			404850	
30		9951	✓									✓				✓			407336	
31		9952	✓									✓						✓	400355	
32		9953							Sorrel			✓				✓			400361	
33		9954							Sorrel			✓				✓			473236	
34		9955	✓									✓				✓			401027	
35		9956							Roan			✓				✓			370510	
36		9957	✓									✓				✓			400166	
37		9958				✓						✓				✓			367224	
38		9959		✓								✓				✓			368354	
39		9960							Palo			✓				✓			401499	
40		9961	✓									✓				✓			403629	
41		9962							Sorrel			✓						✓	370446	
42		9963	✓									✓						✓	414436	
43		9964							Roan			✓						✓	401772	
44		9965		✓								✓						✓	367924	
45	✓	9966				✓						✓				✓			402186	

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 (b)(6) (SECTION 1001).

SIGNATURE OF

(Signature area) This information is true and correct to the best of my knowledge.

**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

10-NN-020

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition		
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
16	USFC	9962		✓									✓				✓	399193		
17		9968						Road					✓					✓	401026	
18		9969						Sord					✓					✓	402664	
19		9970						Pal					✓		✓				370424	
20		9971						✓					✓					✓	408610	
21		9972						Sord					✓					✓	372217	
22		9973	✓										✓		✓				369173	
23		9974				✓							✓		✓				373288	
24		9975						Bskd.					✓					✓	402600	
25		9976	✓										✓					✓	403669	
26		9977						Pal					✓		✓				379832	
27		9978		✓									✓		✓				368678	
28		9979	✓										✓					✓	374719	
29		9980						Sord					✓					✓	370412	
30		9981						Road					✓		✓				374369	
31		9982	✓										✓					✓	378096	
32		9983						Sord					✓		✓				378721	
33		9984	✓										✓		✓				401296	
34		9985						Sord					✓					✓	371812	
35		9986				✓							✓		✓				402425	
36		9987		✓									✓		✓				377812	
37		9988	✓										✓					✓	378062	
38		9989				✓							✓					✓	378177	
39		9990						Sord					✓		✓				376461	
40		9991				✓							✓					✓	374761	
41		9992	✓										✓					✓	647388	
42		9993	✓										✓		✓				399212	
43		9994	✓										✓					✓	400466	
44		9995						✓					✓		✓				369577	
45	✓	9996				✓							✓		✓				378477	

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 (b)(6) (301).

SIGNATURE OF OWNER

(true and correct to the best of my knowledge.)

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FORM APPROVED
OMB NO.
0579-0160

10-NM-020

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

(Please type or print in ink)

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	MSFC	9997						Spotted		✓					✓			400285	
17		9997				✓				✓							✓	401097	
18		9999						Spotted		✓				✓				404851	
19		4907						Spotted		✓				✓				367212	
20		4908	✓							✓				✓				665670	
21		4909						Black Skin		✓				✓				371952	
22		4910			✓					✓				✓				378575	
23		4911						Spotted		✓				✓				376604	
24		1889	✓							✓				✓				643316	
25		1890	✓							✓				✓				607402	
26		1891	✓							✓				✓				614316	
27		1892	✓							✓				✓				609802	
28		1893	✓							✓				✓				651020	
29		1894	✓							✓				✓				559625	
30		1895	✓							✓				✓				584898	
31		1896	✓							✓				✓				600198	
32	✓	9530	✓							✓							✓	401581	
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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 IMPRISONMENT F

SIGNATURE OF O

(b)(6)

CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR SECTION 1001).

in this form is true and correct to the best of my knowledge.)

✓

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICES
STATEMENT OF SERVICES

Originating Office Phone
505-589-6150

Control Number: 3503A0560
Office Id: 973503

Bertha Ruiz Pacheco
Elisa Griensen #7741
Col. Independencia #2
Juarez CH 32679

Service Date(s)
Begin: 20-MAY-10
End: 20-MAY-10

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	0759735177 0250	51.00	1.00	51.00

Total Due \$ 51.00


Remarks: HEALTH CERT#10-NM-021
DENNIS CHAVEZ, 24 DALIES RD. LOS LUNAS, NM 87031

Payment Information

Nfc Id 9999999999V

Date	Amount	Payment Type	Account/Check #
20-MAY-10	\$ 51.00	Money Order	14-080528487

THIS DOCUMENT CONTAINS A TRUE WATERMARK - HOLD UP TO LIGHT TO VIEW

WESTERN UNION MONEY ORDER	WESTERN UNION FINANCIAL SERVICES INC. - ISSUER Englewood, Colorado
Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado	
 VALERO (ISSUER'S AGENT)	14-080528487 \$ 51.00 A 605307 D 051210 T 1242 02 140805284873 L 001238
#3503A0560 PAY EXACTLY FIFTY-ONE DOLLARS AND NO CENTS PAY TO THE ORDER OF <u>U.S.A.</u>	
PAYMENT FOR/ACCT. # (b)(6)	

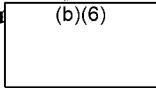
be issued by the USDA, APHIS
your payment to: USDA/APHIS,

a US postal Money Order, the
used. If you have any

⑆102100400⑆ 40140805284873⑈



Health Certificate No. 10-NM-021
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate (b)(6))



**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
 FROM THE UNITED STATES OF AMERICA TO MEXICO
 CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

Note: Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

Nota: México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.


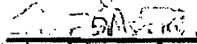
1. Name and Address of Exporter: Dennis Chavez
Nombre y Dirección del Exportador: 24 Dalies Rd
 Los Lunas, NM 87031
2. Name and Address of Importer: Bertha Ruiz Pacheco
Nombre y Dirección del Importador: Elisa Grlesen 7741, Col. Independencia 2
 Juarez, Chihuahua MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / <i>Número de microchip</i>	Sex/Sexo	Approximate age/Edad <i>aproximada</i>	Microchip Number / <i>Número de microchip</i>	Sex / <i>Sexo</i>	Approximate age/ <i>Edad aproximada</i>
616043	Mare	6	583571	Gelding	6
586896	Mare	4	568034	Mare	4
558565	Mare	7	588784	Mare	8
588797	Mare	4	586999	Mare	5
582451	Mare	6	586456	Gelding	5
582732	Gelding	4	584808	Mare	4
615211	Mare	4	588459	Mare	8
614260	Mare	5	565443	Mare	7
586790	Mare	7	600670	Mare	5
513410	Gelding	5	583725	Gelding	9
546098	Gelding	5	600256	Gelding	5
650937	Gelding	4	559170	Gelding	9
559090	Gelding	4	565438	Gelding	5
584422	Gelding	5	565825	Gelding	8
643371	Gelding	4	613390	Gelding	7
567845	Gelding	7	587221	Gelding	9

Mexico, Slaughter horse HC

3503A0560

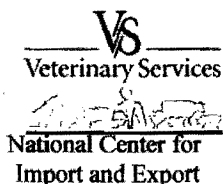



 Veterinary Services

 National Center for
 Import and Export

Health Certificate No. 10-NM-021
 (Valid only if the USDA
 Appears over the Certifi

(b)(6)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
550370	Gelding	7	584573	Gelding	7
598163	Gelding	9	600257	Gelding	8
558877	Gelding	4	557892	Gelding	9
557926	Gelding	8	613463	Gelding	8
549051	Gelding	9	600672	Gelding	6
613489	Gelding	5	564175	Gelding	8
399755	Mare	4	615015	Mare	5
614594	Gelding	5	566631	Mare	7
589010	Gelding	5	548746	Gelding	9
644153	Mare	7	566499	Mare	7
586122	Gelding	6	551815	Gelding	9
599967	Mare	8	551740	Mare	6
586888	Mare	5	548782	Gelding	8
567469	Gelding	7	484912	Mare	5
642980	Mare	6	549705	Gelding	7
551210	Gelding	8	566678	Mare	4
559305	Mare	5	648709	Gelding	8
600051	Gelding	6	647719	Gelding	8
566862	Gelding	7	565325	Gelding	6
643238	Mare	4	613815	Mare	7
566671	Mare	8	549488	Gelding	5
642849	Gelding	5	586891	Gelding	6
644248	Mare	5	550897	Gelding	6
643751	Mare	7	548779	Mare	8
614721	Mare	5	643562	Mare	7
586340	Mare	6	613748	Mare	5
586762	Mare	7	644129	Mare	8
600360	Mare	5	646740	Mare	5
644897	Gelding	5	567792	Gelding	6
549317	Gelding	5	549937	Mare	5
614205	Mare	4	614396	Mare	8
551072	Mare	7	644893	Mare	7
614477	Mare	4	558477	Mare	5
614513	Mare	8	615315	Mare	8
551193	Mare	4	624721	Mare	8
550815	Mare	6	613660	Mare	6
588476	Gelding	5	558029	Gelding	6
645993	Mare	8	549249	Gelding	8
587046	Mare	5	613816	Gelding	7
614276	Gelding	7	615171	Gelding	8



Health Certificate No. **10-NM-021**
 (Valid only if the USDA
 Appears over the Certifi

(b)(6)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
645779	Gelding	6	613317	Mare	7
644445	Gelding	8	549373	Mare	9
615674	Gelding	8	585714	Gelding	7
613876	Gelding	6	614494	Gelding	7
615174	Gelding	6	644643	Mare	6
550238	Gelding	6	644061	Mare	8
549459	Mare	6	559416	Mare	8
588739	Mare	8	585336	Gelding	8

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

Los animales son originarios de Estados Unidos.

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.

A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.

Inspection date / Fecha de inspección May 12th 2010

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.

Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.

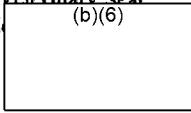
4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.

Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.

Mexico, Slaughter horse HC



Health Certificate No. 10-NM-021
(Valid only if the USDA Veterinary Seal
Appears over the Certificate)



(Delete as appropriate / *Remueva lo que no aplique*)

5. [The animals are free of ectoparasite and originated from areas not under quarantine for *Boophilus* spp ticks.][

[*Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.*][

C.Y Brasmer
Name of Accredited Veterinarian
*Nombre del Médico Veterinario
Acreditado*

(b)(6)
ian
*Nombre del Médico Veterinario
Federal que endosa.*

(b)(6)
5/12/2010
Signature of Accredited Veterinarian and Date
*Firma del Médico Veterinario Acreditado
y Fecha*

(b)(6)
5/13/10
rian
and Date
*Firma del Médico Veterinario que endosa
y Fecha*

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) (*Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal.*)

(b)(6)

**AFFIDAVIT
DECLARACIÓN JURADA**

I (print) Dennis Chavez declare that the horses included in this shipment have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

Por este medio declaro que los caballos en este embarque no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

1. *Aristolochia spp* and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.

Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.

Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.

3. The following thirosthatatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.

Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propil

Date and signature of the exporter
Fecha y firma del exportador

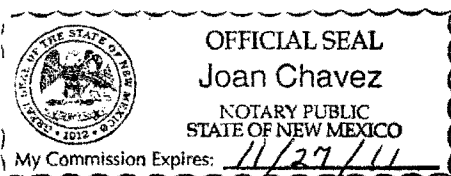
(b)(6)

5/12/2010

Date and signature of the Notary Public
Fecha y firma del Notario Público

(b)(6)

5/12/2010



**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

10-NM-021

TIME HORSES LOADED ON CONVEYANCE 4:00pm	DATE 5/12/10	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE Las Lunas, New Mexico
(b)(6)		NAME OF AUCTION/MARKET Southwest Livestock
(b)(6)		CONSIGNEE (RECEIVER/DESTINATION) NAME Bertha Ruiz Pacheco
Dennis Chavez		STREET ADDRESS Elena Carleson 7741
24 Dalies Rd		Col. Independencia 2
CITY, STATE, ZIP CODE Las Lunas, nm 87031		CITY, STATE, ZIP CODE Juarez, Chihuahua mx
AREA CODE & TELEPHONE NO. 505-865-4600		AREA CODE & TELEPHONE NO. 915-252-4614

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Staf	Geld			
1	USED	5001	/										/					616043	
2		02							se				/					583571	
3		03	/										/					586896	
4		04			/								/					568034	
5		05							nan				/					558565	
6		06		/									/					588784	
7		07			/								/					588797	
8		08							se				/					586999	
9		09							se				/					587451	
10		10							app				/					586456	
11		11		/									/					582732	
12		12	/										/					584808	
13		13		/								/						615211	
14		14	/										/					588459	
15		15		/									/					614260	

HORSES HAVE HAD _____ HOURS IMMEDIATELY BEFORE DEPARTURE	(b)(6)	MUM OF 6 CONSECUTIVE	CANADIAN FOOD INSPECTION AGENCY (CFIA) EST. _____ DATE _____ TIME _____
SIGNATURE _____	(b)(6)	contained in this form is true and correct to	DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF) EST. _____ DATE _____ TIME _____
I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).	(b)(6)		
SIGNATURE OF OWNER OR THE BEST OF MY KNOWLEDGE _____	(b)(6)		

**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

10-NM-021

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
		Bay	Grey	Bik.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USFO 5016		/						/				/				565443	
17	17	/							/				/				586790	
18	18	/							/				/				600670	
19	19				/				/							/	513410	
20	20							ADD	/							/	583725	
21	21	/							/							/	546098	
22	22							DELIN	/							/	600256	
23	23							SR	/							/	650937	
24	24	/							/							/	559170	
25	25							DELIN	/							/	559090	
26	26	/							/							/	565438	
27	27			/					/							/	584422	
28	28	/							/							/	565825	
29	29	/							/							/	643371	
30	30	/							/							/	613390	
31	31							SR	/							/	567845	
32	32			/					/							/	587221	
33	33				/				/							/	550370	
34	34				/				/							/	584573	
35	35				/				/							/	548163	
36	36				/				/							/	600257	
37	37	/							/							/	558877	
38	38							DELIN	/							/	557892	
39	39							SR	/							/	557926	
40	40							SR	/							/	6134163	
41	41							DELIN	/							/	549051	
42	42	/							/							/	600672	
43	43	/						SR	/							/	613489	
44	44		/						/							/	564175	
45	45				/				/						/		399755	

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

**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

10-NH-021

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	15E05047						app	/				/					615015	
17	48						aln	/				/					614594	
18	49						sr	/				/					566631	
19	50						aln	/				/					589010	
20	51	/						/				/					548746	
21	52		/					/				/					644153	
22	53	/						/				/					566499	
23	54						sr	/				/					586122	
24	55		/					/				/					551815	
25	56						sr	/				/					599967	
26	57						rw	/				/					551740	
27	58						sr	/				/					586888	
28	59						aln	/				/					548782	
29	60						sr	/				/					567469	
30	61	/						/				/					454912	
31	62		/					/				/					642980	
32	63		/					/				/					549705	
33	64						sr	/				/					551210	
34	65	/						/				/					566678	
35	66						sr	/				/					559305	
36	67						sr	/				/					648764	
37	68		/					/				/					600051	
38	69	/						/				/					647719	
39	70						rw	/				/					566862	
40	71						sr	/				/					565325	
41	72	/						/				/					643238	
42	73	/						/				/					613815	
43	74	/						/				/					566671	
44	75	/						/				/					549455	
45	76				/			/				/					642849	

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SIGNATURE OF OWNER/SHIPPER (I c (b)(6) and correct to the best of my knowledge.)

**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

10-NM-021

	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	15ED5077								SR	/							/	586841	
17		78	/							/							/	644248	
18		79	/							/							/	552897	
19		80			/					/							/	643751	
20		81				/				/							/	548779	
21		82	/							/							/	614721	
22		83							SR	/							/	643562	
23		84				/				/							/	586340	
24		85	/							/							/	613748	
25		86		/						/							/	586762	
26		87							SR	/							/	644129	
27		88				/				/							/	660360	
28		89							SR	/							/	646740	
29		90							SR	/							/	644897	
30		91							SR	/							/	567792	
31		92							SR	/							/	549317	
32		93							SR	/							/	549937	
33		94	/							/							/	614205	
34		95				/				/							/	614396	
35		96							SR	/							/	551072	
36		97		/						/							/	644893	
37		98	/							/							/	614477	
38		99							SR	/							/	558477	
39		5100		/						/							/	614513	
40		01		/						/							/	615315	
41		02							SR	/							/	551193	
42		03							SR	/							/	624721	
43		04							SR	/							/	550815	
44		05	/							/							/	613660	
45		06							SR	/							/	558476	

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SIGNATURE OF OWNER/SHIP (b)(6) form is true and correct to the best of my knowledge.)

**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

10-NM-021

	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	USED	5107	/							/						/		5580229	
17		08	/							/					/			645993	
18		09						SR		/						/		549249	
19		10					/			/				/				587046	
20		11	/							/						/		613816	
21		12						SR		/						/		614276	
22		13	/							/						/		615171	
23		14			/					/						/		645779	
24		15			/					/				/				613317	
25		16	/							/						/		644445	
26		17	/							/				/				549373	
27		18	/							/						/		615174	
28		19						DDP		/						/		585714	
29		20						SR		/						/		613876	
30		21						SR		/						/		614494	
31		22						SR		/						/		615174	
32		23	/							/				/				6441043	
33		24						SR		/						/		550238	
34		25	/							/				/				6440161	
35		26						SR		/				/				549459	
36		27	/							/				/				534416	
37		28	/							/				/				588739	
38		29						DDP		/						/		585336	
39																			
40																			
41																			
42																			
43																			
44																			
45																			

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SIGNATURE OF OWNER/SHIPPER () (b)(6) and correct to the best of my knowledge.)

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICES
STATEMENT OF SERVICES

Originating Office Phone

505-589-6150

Control Number: 3503A0577

Office Id: 973503

Bertha Ruiz Pacheco
Elisa Griensen #7741
Col. Independencia #2
Juarez CH 32679

Service Date(s)
Begin: 27-MAY-10
End: 27-MAY-10

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	0759735177 0250	51.00	1.00	51.00

Total Due \$ 51.00

Remarks: HEALTH CERT#NM-10-022
SERVICE RENDERED 5-25-10 DENNIS C.24 DALIES, LOS LUNAS, NM

Payment Information

Nfc Id
9999999999V

Date	Amount	Payment Type	Account/Check #
27-MAY-10	\$ 51.00	Money Order	14-080528488

THIS DOCUMENT CONTAINS A TRUE WATERMARK - HOLD UP TO LIGHT TO VIEW

WESTERN UNION MONEY ORDER

WESTERN UNION FINANCIAL SERVICES INC. - ISSUER
Englewood, Colorado

Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado

14-080528488

\$ 51.00

A 605307 D 051210
I 1242 02
140805284882 L 001238

#3503A0577

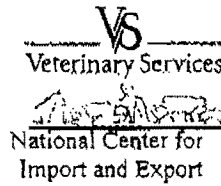
PAY EXACTLY FIFTY-ONE DOLLARS AND NO CENTS
PAY TO THE ORDER OF U.S.A. (b)(6)

PURCHASER'S SIGNATURE

⑆102100400⑆ 40140805284882⑆

be issued by the USDA, APHIS
your payment to: USDA/APHIS,

r a US postal Money Order, the
ared. If you have any



Health Certificate No. **NN10-022**
 (Valid only if the USDA Veterin
 Appears over the Certificate Nu

(b)(6)

**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
 FROM THE UNITED STATES OF AMERICA TO MEXICO
 CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

Note: Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

Nota: México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.



1. Name and Address of Exporter: **Dennis Chavez**
Nombre y Dirección del Exportador: 24 Dalies Rd
 Los Lunas, NM 87031
2. Name and Address of Importer: **Bertha Ruiz Pacheco**
Nombre y Dirección del Importador: Elisa Grlesen 7741, Col Independencia 2
 Juarez, Chihuahua MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
411604	Mare	6	412699	Mare	5
399635	Mare	4	415356	Gelding	7
402990	Mare	6	404588	Mare	6
403607	Mare	7	407970	Mare	8
398722	Gelding	6	407349	Gelding	5
405890	Gelding	8	399530	Gelding	7
398580	Mare	4	412962	Gelding	6
414857	Mare	7	408517	Mare	8
414250	Mare	6	408003	Mare	7
399073	Mare	6	398698	Mare	6
414932	Gelding	6	398383	Gelding	9
412044	Mare	7	414946	Gelding	8
399533	Mare	5	400467	Mare	6
414143	Gelding	5	399483	Mare	7
398943	Gelding	6	399286	Mare	8
410129	Gelding	8	409516	Mare	9

Mexico, Slaughter horse HC

#3503A0577


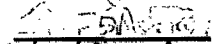



 Veterinary Services

 National Center for
 Import and Export

Health Certificate No. NM10-022
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate) (b)(6)

Microchip number / <i>Número de microchip</i>	Sex/Sexo	Approximate age/Edad <i>aproximada</i>	Microchip Number / <i>Número de microchip</i>	Sex / Sexo	Approximate age/ Edad <i>aproximada</i>
305057	Mare	7	415807	Mare	7
404281	Mare	6	412267	Mare	9
398664	Mare	8	406161	Mare	8
400996	Mare	6	414892	Mare	7
415828	Mare	6	417767	Mare	6
399674	Mare	8	399054	Mare	7
401569	Mare	7	398888	Mare	5
406043	Gelding	5	408784	Gelding	5
399188	Gelding	5	417511	Mare	8
407913	Gelding	5	409442	Gelding	7
411412	Mare	7	399883	Gelding	6
403583	Mare	6	416715	Mare	8
405834	Mare	8	411216	Gelding	8
406498	Mare	5	413540	Mare	8
404572	Mare	8	403285	Gelding	9
414332	Mare	7	417388	Mare	7
417321	Mare	6	413443	Mare	6
416187	Mare	8	404504	Mare	9
417357	Mare	8	402373	Gelding	8
417597	Mare	5	416573	Gelding	6
403259	Mare	7	401865	Mare	9
416176	Gelding	4	415065	Mare	4
417939	Mare	8	407119	Mare	9
416402	Mare	4	416801	Mare	7
399664	Gelding	6	417949	Gelding	6
418256	Mare	7	400492	Gelding	8
413446	Gelding	4	398768	Mare	8
417532	Mare	8	398656	Mare	7
401269	Mare	8	405374	Mare	8
400439	Gelding	6	418194	Mare	5
408697	Gelding	4	418116	Mare	9
375009	Gelding	5	380786	Mare	6
371897	Mare	5	377971	Mare	8
380446	Mare	6	377427	Mare	7
369192	Gelding	6	379753	Mare	6
363977	Mare	8	376750	Mare	8
370377	Mare	6	379656	Mare	9
377181	Mare	7	374845	Mare	5
367321	Gelding	5	368201	Mare	4
369257	Mare	5	374485	Gelding	6




 Veterinary Services

 National Center for
 Import and Export

Health Certificate No. NM10-022

(Valid only if the USDA
Appears over the Certifi

(b)(6)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
399568	Mare	6	367595	Mare	6
372509	Mare	6	368027	Mare	7
367056	Gelding	7	377591	Gelding	6
375976	Gelding	6	371564	Mare	7
368410	Mare	8	377762	Gelding	6
379507	Gelding	7	376637	Gelding	8
372337	Gelding	6	372127	Mare	6
323003	Mare	8	370987	Mare	7
370482	Mare	7	381367	Gelding	5
376316	Mare	6	377393	Mare	6
367071	Mare	8	337584	Mare	8
322620	Mare	7	370301	Gelding	5
368752	Gelding	5	376508	Gelding	8
368813	Mare	6	343627	Gelding	6
370017	Mare	6	380629	Mare	7
342724	Gelding	6	375291	Gelding	6
377481	Mare	7	372492	Gelding	5
370549	Mare	5	341747	Gelding	8
381526	Mare	8	375526	Mare	6
379022	Mare	5	378013	Gelding	8
375368	Mare	7	342908	Mare	7
379625	Mare	8	403873	Mare	9
380959	Mare	7	398978	Mare	5
369570	Mare	6	369265	Gelding	6
399453	Mare	8	366642	Mare	7
367085	Gelding	6	644909	Mare	9
371805	Gelding	7	368702	Mare	5
368084	Mare	6	375387	Mare	8
379480	Gelding	7	378473	Mare	6
377187	Mare	5	376449	Mare	9
381506	Mare	7	370881	Mare	8
366806	Gelding	6	373768	Gelding	7
372941	Gelding	5	349230	Gelding	6
371890	Mare	6	369159	Mare	9
378986	Gelding	7	372583	Mare	6
371814	Gelding	6	371333	Mare	7
378985	Gelding	7	367292	Gelding	5
368606	Gelding	5	370262	Mare	8
367502	Mare	8	380145	Mare	6
378124	Gelding	7	369327	Gelding	8



Health Certificate No. NM10-022
 (Valid only if the USDA Veterinary Seal
 Appears over the Certi (b)(6)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
378161	Mare	6	372889	Mare	7
379069	Gelding	7			

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

Los animales son originarios de Estados Unidos.

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.

A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.

Inspection date / Fecha de inspección May 24th 2010

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.

Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.

Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.

Mexico, Slaughter horse HC



Health Certificate No. NM10-022
(Valid only if the USDA Veterinary Seal
Appears over the Certificate)

(b)(6)

(Delete as appropriate / *Remueva lo que no aplique*)

5. [The animals are free of ectoparasite and originated from areas not under quarantine for *Boophilus* spp ticks.][

[*Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.*][

C. Y Brasmer

Name of Accredited Veterinarian
*Nombre del Médico Veterinario
Acreditado*

(b)(6)

Name of Endorsing Federal Veterinarian
*Nombre del Médico Veterinario
Federal que endosa.*

(b)(6)

Signature of
*Firma del Médico Veterinario
y Fecha*

5/24/2010
Veterinarian and Date
Veterinario Acreditado

(b)(6)

Signature of Endorsing Federal Veterinarian
and Date
*Firma del Médico Veterinario que endosa
y Fecha*

5/25/10

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) (*Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal.*)

Mexico, Slaughter horse HC

**AFFIDAVIT
DECLARACIÓN JURADA**

NM10-022
(b)(6)

I (print) Dennis Chavez declare that the horses included in this shipment have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

Por este medio declaro que los caballos en este embarque no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

1. *Aristolochia spp* and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.

Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.

Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.

3. The following thirosthatatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.

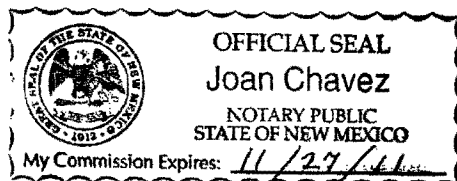
Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.

Date and signature of the exporter
Fecha y firma del exportador

/24/2010

Date and signature of the Notary Public
Fecha y firma del Notario Público

5/24/2010



**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**

(Please type or print in ink)

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OMB NO.
0579-0160

NM10-022

TIME HORSES LOADED ON CONVEYANCE 4:00pm	DATE 5/24/10	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE Los Lunas, New Mexico
VEHICLE LICENSE NO. AND DRIVER'S NAME J3J TRUCKING-723322	NAME OF AUCTION/MARKET Southwest Livestock	
CONSIGNOR (OWNER/SHIPPER) NAME Dennis Chavez	CONSIGNEE (RECEIVER/DESTINATION) NAME Bertha Ruiz Pacheco	
STREET ADDRESS 22 Dalies Rd	STREET ADDRESS Elisa Carlson 7741	
CITY, STATE, ZIP CODE Los Lunas, nm 87031	CITY, STATE, ZIP CODE Juarez, Chihuahua mx	
AREA CODE & TELEPHONE NO. 505-865-4600	AREA CODE & TELEPHONE NO. 915-252-6614	

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEFO2001		/							/				/			411604	
2		02						SR		/				/			412699	
3		03	/							/				/			399635	
4		04	/							/				/			415356	
5		05		/						/				/			402990	
6		06		/						/				/			404588	
7		07		/						/				/			403607	
8		08	/							/				/			407970	
9		09		/						/				/			398722	
10		10		/						/				/			407349	
11		11	/							/				/			405890	
12		12						SR		/				/			399530	
13		13						SR		/				/			398580	
14		14				/				/				/			412962	
15		15			/					/				/			414857	

HORSES HAVE HAD HOURS IMMEDIATELY	(b)(6)	MUM OF 6 CONSECUTIVE	CANADIAN FOOD INSPECTION AGENCY (CFIA)		
			EST. _____	DATE _____	TIME _____
SIGNATURE _____	(b)(6)	I HEREBY AUTHORIZE THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).	DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)		
SIGNATURE OF OWNER the best of my knowledge			EST. _____	DATE _____	TIME _____

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

(Please type or print in ink)

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			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFD	20116							SR	/				/			408817	
17		17				/				/				/			414250	
18		18		/						/				/			408003	
19		19				/				/				/			399073	
20		20							SR	/				/			398698	
21		21	/							/						/	414932	
22		22				/				/						/	398383	
23		23						b skin		/				/			412044	
24		24		/						/						/	414946	
25		25							SR	/				/			399533	
26		26		/						/				/			400467	
27		27	/							/						/	414143	
28		28	/							/				/			399483	
29		29	/							/						/	398943	
30		30						b skin		/				/			399286	
31		31		/						/						/	410129	
32		32				/				/				/			4095116	
33		33	/							/				/			305057	
34		34				/				/				/			415807	
35		35	/							/				/			404281	
36		36							app	/				/			412267	
37		37							SR	/				/			398664	
38		38				/				/				/			4061161	
39		39							SR	/				/			4009916	
40		40				/				/				/			414892	
41		41						awn		/				/			415828	
42		42				/				/				/			417767	
43		43				/				/				/			3991674	
44		44							SR	/				/			399054	
45		45				/				/				/			4015169	

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SIGNATURE OF OWNER/SHIPPER (I certify that

correct to the best of my knowledge.)

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

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		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	ISFD02046						SR		/				/			398888	
17	47				/				/						/	406043	
18	48				/							mule			/	408784	
19	49		/						/						/	399188	
20	50						APP		/				/			417511	
21	51						ae		/						/	407913	
22	52			/					/						/	409442	
23	53						dstin		/				/			411412	
24	54				/				/						/	399883	
25	55		/						/				/			403583	
26	56						roon		/				/			416715	
27	57	/							/				/			405834	
28	58				/				/						/	411216	
29	59	/							/				/			406498	
30	60						SR		/				/			413540	
31	61						SR		/				/			404572	
32	62				/				/						/	403285	
33	63		/						/				/			414332	
34	64	/							/				/			417388	
35	65		/						/				/			417321	
36	66	/							/				/			413443	
37	67						dstin		/				/			416187	
38	68			/					/				/			404504	
39	69		/						/				/			417357	
40	70		/						/						/	402373	
41	71						SR		/				/			417597	
42	72						SR		/						/	416573	
43	73						SR		/				/			403259	
44	74						SR		/				/			401865	
45	75						SR		/				/			416176	

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SIGNATURE OF OWNER/SHIPPER (I certify that (b)(6) correct to the best of my knowledge.)

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

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			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	UBED00	76	/											/				415065	
17		77								SR				/				417939	
18		78								Roan				/				407119	
19		79	/											/				416402	
20		80								SR				/				4116801	
21		81	/									/					/	3996664	
22		82		/										/				417949	
23		83			/									/				418256	
24		84				/								/				400492	
25		85			/									/				413446	
26		86								SR				/				398768	
27		87	/											/				417532	
28		88				/								/				398656	
29		89				/								/				401269	
30		90		/										/				405374	
31		91		/										/				400439	
32		92								SR				/				418194	
33		93		/										/				408697	
34		94	/											/				418116	
35		95	/											/				375009	
36		96								SR				/				380786	
37		97								SR				/				371897	
38		98				/								/				377971	
39		99			/									/				380446	
40		2100								SR				/				377427	
41		01								SR				/				369192	
42		02								SR				/				379753	
43		03								SR				/				363977	
44		04								SR				/				376750	
45		05			/									/				376377	

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**OWNER/SHIPPER CERTIFICATE
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		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEB21016			/					/				/			3791656	
17	07	/							/				/			377181	
18	08				/				/				/			374845	
19	09				/				/					/		3167321	
20	10						se		/				/			368201	
21	11						se		/				/			3169257	
22	12				/				/					/		374485	
23	13				/				/				/			399568	
24	14				/				/				/			367595	
25	15						se		/				/			372509	
26	16	/							/				/			3168027	
27	17			/					/					/		3167056	
28	18	/							/					/		377591	
29	19				/				/					/		375976	
30	20	/							/				/			371564	
31	21						blun		/				/			368410	
32	22				/				/					/		377762	
33	23		/						/					/		379507	
34	24				/				/					/		376637	
35	25						se		/					/		372337	
36	26						grain		/				/			372127	
37	27						se		/				/			323003	
38	28						roan		/				/			370987	
39	29						black		/				/			370482	
40	30						se		/					/		381367	
41	31	/							/				/			376316	
42	32	/							/				/			377393	
43	33	/							/				/			367071	
44	34		/						/				/			337584	
45	35	↓					app		/				/			322620	

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SIGNATURE OF OWNER/SHIPPER (I cert (b)(6) and correct to the best of my knowledge.)

**OWNER/SHIPPER CERTIFICATE
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		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFO21316						SR		/						/	370301	
17		37					SR		/						/	3168752	
18		38				/			/						/	3716508	
19		39	/						/				/			3168813	
20		40			/				/						/	3431627	
21		41		/					/				/			370017	
22		42	/						/				/			3801629	
23		43		/					/						/	342724	
24		44	/						/						/	375291	
25		45	/						/				/			377481	
26		46					SR		/						/	372492	
27		47	/						/				/			370549	
28		48		/					/						/	341747	
29		49	/						/				/			381526	
30		50	/						/				/			375526	
31		51	/						/				/			379022	
32		52	/						/						/	378013	
33		53					SR		/				/			375368	
34		54		/					/				/			342908	
35		55					SR		/				/			3791625	
36		56					SR						/			403873	
37		57					SR		/				/			380959	
38		58	/						/				/			398978	
39		59	/						/				/			3169570	
40		60	/						/						/	3169265	
41		61							/				/			399453	
42		62	/						/				/			3161642	
43		63							/						/	3167085	
44		64							/								
45		65					SR		/				/			1644909	

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SIGNATURE OF OWNER/SHIPPER (I certify that (b)(6) to the best of my knowledge.)

**OWNER/SHIPPER CERTIFICATE
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			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEO	2116			/					/						/	371805	
17		67	/							/				/			368702	
18		68	/							/				/			368084	
19		69						SR		/				/			375387	
20		70			/					/						/	379480	
21		71	/							/				/			378473	
22		72						SR		/				/			377187	
23		73						SR		/				/			376449	
24		74						SR		/				/			381506	
25		75	/							/				/			370881	
26		76	/							/						/	366800	
27		77						SR		/						/	373768	
28		78						SR		/						/	372941	
29		79	/							/						/	349230	
30		80						ADD		/				/			371890	
31		81			/					/				/			369159	
32		82	/							/						/	378986	
33		83	/							/				/			372583	
34		84			/					/						/	371814	
35		85	/							/				/			371333	
36		86			/					/						/	378985	
37		87			/					/						/	367292	
38		88	/							/						/	368606	
39		89	/							/				/			370262	
40		90						REAR ADD		/				/			367502	
41		91								/				/			380145	
42		92	/							/						/	378124	
43		93	/							/						/	369327	
44		94			/					/				/			378161	
45		95	/							/				/			372889	

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SIGNATURE OF OWNER/SHIPPER (certify true and correct to the best of my knowledge.)

(b)(6)

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
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			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USED	2196		/						/								379069	
17																			
18																			
19																			
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SIGNATURE OF OWNER/SHIPPER (I certify that t

(b)(6)

is correct to the best of my knowledge.)

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICES
STATEMENT OF SERVICES

Originating Office Phone
505-589-6150

Control Number: 3503A0579 ✓
Office Id: 973503

Bertha Ruiz Pacheco
Elisa Griensen #7741
Col. Independencia #2
Juarez CH 32679

Service Date(s)
Begin: 28-MAY-10
End: 28-MAY-10

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	0759735177 0250	51.00	1.00	51.00

Total Due \$ 51.00

Remarks: HEALTH CERT# NM10-023 SERVICE RENDERED 5-26-10
DENNIS CHAVEZ, 24 DALIES RD. 24 DALIES RD. LOS LUNAS, NM 87031

Payment Information

Nfc Id
9999999999V

Date	Amount	Payment Type	Account/Check #
28-MAY-10	\$ 51.00	Check	1132

BERTHA RUIZ-PACHECO
DBA BERTHA RUIZ
Elisa Griensen 7741
COL Independencia 2
Ciudad Juarez Chih, 32670, Mexico

1132

88-6/1120 2936
2704163266

Date 5/26/2010

Pay To The Order of U.S.D.A. \$ 51.00

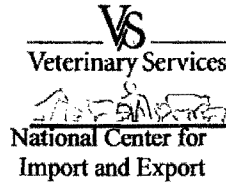
FIFTY ONE 00/100 Dollars

WELLS FARGO Wells Fargo Bank, N.A.
El Paso, Texas
wellsfargo.com

For # 3503A0579

(b)(4)

(b)(6)



Health Certificate No. NM10-023
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate N (b)(6))

**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED
 FROM THE UNITED STATES OF AMERICA TO MEXICO
 CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

Note: Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

Nota: México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.

1. Name and Address of Exporter: Dennis Chavez
Nombre y Dirección del Exportador: 24 Dalies Rd
 Los Lunas, NM 87031
2. Name and Address of Importer: Bertha Ruiz Pacheco
Nombre y Dirección del Importador: Elisa Grlesen 7741, Col. Independencia 2
 Juarez, Chihuahua MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / <i>Número de microchip</i>	Sex/Sexo	Approximate age/Edad <i>aproximada</i>	Microchip Number / <i>Número de microchip</i>	Sex / <i>Sexo</i>	Approximate age/ <i>Edad aproximada</i>
584608	Mare	6 Years	645040	Mare	6 Years
643404	Gelding	8 Years	644889	Mare	9 Years
645186	Gelding	7 Years	643256	Mare	8 Years
586793	Mare	5 Years	587800	Mare	7 Years
585510	Mare	8 Years	585498	Mare	6 Years
548740	Gelding	6 Years	614110	Gelding	5 Years
557641	Gelding	6 Years	374052	Mare	7 Years
567751	Mare	7 Years	586987	Gelding	6 Years
558267	Mare	6 Years	374899	Gelding	7 Years
600297	Mare	7 Years	586343	Gelding	9 Years
344669	Mare	5 Years	587830	Gelding	6 Years
557760	Mare	5 Years	584090	Gelding	9 Years
615130	Gelding	8 Years	584517	Gelding	9 Years
584556	Mare	6 Years	586347	Mare	7 Years
614891	Mare	5 Years	587930	Mare	8 Years
615819	Mare	8 Years	644203	Gelding	6 Years

Mexico, Slaughter horse HC

#3503A0 579

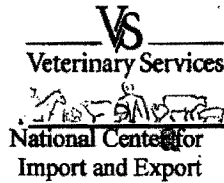


VS
Veterinary Services
National Center for
Import and Export

Health Certificate No. **NM10-023**
(Valid only if the USDA Veterinary Seal
Appears over the Certificate)

(b)(6)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
599125	Mare	6 Years	559283	Mare	6 Years
559520	Gelding	8 Years	376280	Mare	8 Years
587230	Mare	7 Years	598961	Gelding	7 Years
648144	Mare	6 Years	583868	Gelding	9 Years
559329	Gelding	8 Years	643528	Mare	8 Years
586252	Gelding	5 Years	614395	Mare	7 Years
587842	Mare	7 Years	614789	Mare	6 Years
613907	Mare	6 Years	645466	Gelding	7 Years
615182	Gelding	8 Years	557957	Mare	6 Years
613641	Gelding	6 Years	566213	Gelding	9 Years
644076	Mare	4 Years	614678	Gelding	6 Years
551154	Mare	7 Years	644809	Gelding	8 Years
583790	Gelding	9 Years	613810	Mare	7 Years
644428	Mare	8 Years	645102	Mare	8 Years
586906	Mare	7 Years	614823	Mare	8 Years
613887	Gelding	6 Years	413389	Mare	7 Years
587171	Gelding	7 Years	643585	Mare	5 Years
549687	Mare	8 Years	645058	Gelding	9 Years
600294	Gelding	9 Years	586019	Mare	9 Years
584470	Mare	5 Years	336691	Gelding	7 Years
579499	Mare	8 Years	353402	Mare	5 Years
607761	Mare	7 Years	613543	Mare	7 Years



Health Certificate No. NM10-023
 (Valid only if the USDA
 Appears over the Certifi

(b)(6)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

Los animales son originarios de Estados Unidos.

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.

A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.

Inspection date / Fecha de inspección May 25th 2010

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.

Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.

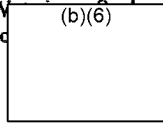
4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.

Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.

Mexico, Slaughter horse HC



Health Certificate No. NM10-023
(Valid only if the USDA Veterinary Seal
Appears over the Certificate)



(Delete as appropriate / *Remueva lo que no aplique*)

5. [The animals are free of ectoparasite and originated from areas not under quarantine for *Boophilus* spp ticks.][

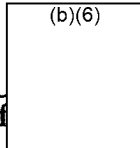
[*Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.*][

C.Y Brasmer

Name of Accredited Veterinarian
*Nombre del Médico Veterinario
Acreditado*



Name of Endorsing Federal Veterinarian
*Nombre del Médico Veterinario
Federal que endosa.*



Signature of Accredited Veterinarian and Date
*Firma del Médico Veterinario Acreditado
y Fecha*

5/25/2010



Signature and Date of Endorsing Federal Veterinarian
*Firma del Médico Veterinario que endosa
y Fecha*

5/26/2010

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) (*Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal.*)

NM 10-023
(b)(6)

**AFFIDAVIT
DECLARACIÓN JURADA**

I (print) Dennis Chavez declare that the horses included in this shipment have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

Por este medio declaro que los caballos en este embarque no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

1. *Aristolochia spp* and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.

Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.

Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.

3. The following thirosthatatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.

Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.

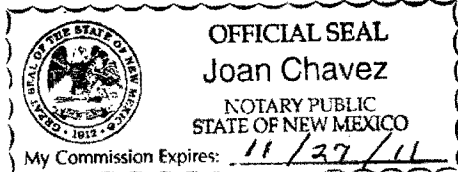
Date and signature of the exporter
Fecha y firma del exportador

(b)(6)

5/25/2010

Date and signature of the Notary P
Fecha y firma del Notario Público

5/25/2010



**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

NM10-023

TIME HORSES LOADED ON CONVEYANCE <u>5:00am</u>	DATE <u>5/25/10</u>	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <u>Los Lunas, New Mexico</u>
VEHICLE LICENSE NO. AND DRIVER'S NAME (b)(6)	NAME OF AUCTION/MARKET <u>Southwest Livestock</u>	CONSIGNEE (RECEIVER/DESTINATION) NAME <u>Bertha Ruiz Pacheco</u>
STREET ADDRESS <u>Dennis Chavez</u> <u>24 Dalies Rd</u>	STREET ADDRESS <u>Elisa Arlesen 7741</u> <u>Col. Independencia 2</u>	CITY, STATE, ZIP CODE <u>Juarez, Chihuahua mx</u>
CITY, STATE, ZIP CODE <u>Los Lunas, nm 87031</u>	CITY, STATE, ZIP CODE <u>Juarez, Chihuahua mx</u>	AREA CODE & TELEPHONE NO. <u>915-252-6614</u>
AREA CODE & TELEPHONE NO. <u>505-865-4600</u>	AREA CODE & TELEPHONE NO. <u>915-252-6614</u>	

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

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	USFD2201			/					/				/				584608	
2		02	/						/				/				645040	
3		03	/						/				/			/	643404	
4		04					SR		/				/				644889	
5		05					SR		/				/			/	645186	
6		06	/						/				/				643256	
7		07	/						/				/				586793	
8		08			/				/				/				587800	
9		09					nan		/				/				585510	
10		10	/						/				/				585498	
11		11					SR		/				/			/	548740	
12		12	/						/				/			/	64110	
13		13	/						/				/			/	557641	
14		14	/						/				/				374052	
15		15	/						/				/				567751	

HORSES HAVE HAD A HOURS IMMEDIATELY	(b)(6)	NUM OF 6 CONSECUTIVE	CANADIAN FOOD INSPECTION AGENCY (CFIA) EST. _____ DATE _____ TIME _____
SIGNATURE	(b)(6)	contained in this form is true and correct to	DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF) EST. _____ DATE _____ TIME _____
I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).			
SIGNATURE OF OWNER the best of my knowledge	(b)(6)		

**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.

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NM10-023

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		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
USFO	22116	/															586987	
	17		/														558267	
	18		/														374899	
	19	/															600297	
	20																586343	
	21																3441669	
	22	/															587830	
	23																557760	
	24				/												584090	
	25																615130	
	26	/															584517	
	27				/												584556	
	28																586347	
	29																614891	
	30																587930	
	31																615819	
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	33																599125	
	34				/												559283	
	35				/												559520	
	36																376280	
	37	/															587230	
	38				/												598961	
	39	/															648144	
	40		/														583868	
	41																559329	
	42	/															643528	
	43				/												586252	
	44				/												614395	
	45																587842	

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.

SIGNATURE OF OWNER/SHIPPER

(b)(6)

is true and correct to the best of my knowledge.)

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

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OMB NO.
0579-0160

NM10-023

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	650 2216						SR		/				/				614789	
17	47						SR		/				/				613907	
18	48			/					/						/		6154166	
19	49						SR		/						/		615182	
20	50	/							/				/				557957	
21	51			/					/						/		613641	
22	52		/						/						/		5166213	
23	53			/					/				/				6144576	
24	54						SR		/						/		614678	
25	55	/							/				/				551154	
26	56						SR		/						/		6144809	
27	57						SR		/						/		583790	
28	58						SR		/				/				613810	
29	59	/							/				/				6144428	
30	60			/					/				/				615102	
31	61						SR		/				/				586906	
32	62			/					/				/				614823	
33	63			/					/						/		613887	
34	64	/							/				/				413389	
35	65			/					/						/		587171	
36	66			/								mul	/				6143585	
37	67			/					/				/				549687	
38	68	/							/						/		6145058	
39	69						SR		/						/		6100294	
40	70						SR		/				/				586019	
41	8265	/							/				/				584470	
42	66						SR		/			mul			/		336691	
43	67						SR		/				/				579499	
44	1897						SR		/				/				353402	
45	98						SR		/				/				6107761	

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 FALSIFIED FORMS IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS.

SIGNATURE OF OWNER/SHIPPER (I certify that)

is correct to the best of my knowledge.)

**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.

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APPROVED
OMB NO.
0579-0160

NM10-023

Tag NO.	TAG PREFIX	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	USED	1899				/				/				/			1013543	
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SIGNATURE OF OWNER/SHIPPER

(Signature area) is true and correct to the best of my knowledge.)