

Health Certificate No. 7117612  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

AutB

5. [The animals are free of ectoparasite and originated from areas not under quarantine for Boophilus pp ticks.]

[Los animals estan libres de ectopatasitos y provienen de areas no cuarentenadas por garrapatas Boophilus spp.]

MITCHEL JAGEN D.V.M.

Name of Accredited Veterinarian

Nombre del Medico Veterinario

Acreditado

W. A. BROWN DVM

Name of Endorsing Federal Veterinarian

Nombre del Medico Veterinario

Federal que endosa.

(b)(6)

D. V. M. 04/16/11

Signature of Accredited Veterinarian and Date

Firma del Medico Veterinario Acreditado

Y Fecha

(b)(6)

24-28-11

Signature of Endorsing Federal Veterinarian  
and Date

Firma del Medico Veterinario que endosa

Y Fecha

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.)

(Valido Solamente si el sello veterinario del USDA esta sobre la firma del Medico Veterinario Federal).

amb

**AFFIDAVIT  
DECLARACIÓN JURADA**

I (print) <sup>(b)(6)</sup> declare that the horses included in this shipment and accompanied by the health certificate number 7111762 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 7111762 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 4/16/2011  
*Fecha y firma del exportador*

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

**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

26617612

TIME HORSES LOADED ON CONVEYANCE	DATE 04/16/2011	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE Waco, TX
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET NA	
CONSIGNOR (OWNER/SHIPPER) NAME (b)(6)	CONSIGNEE (RECEIVER/DESTINATION) NAME Inter Meats, S.A. de C.V.	
STREET ADDRESS (b)(6)	STREET ADDRESS Av. Universidad No. 602 Int. 19	
CITY, STATE, ZIP CODE (b)(6) TX (b)(6)	CITY, STATE, ZIP CODE Aguascalientes, AGS. CP 20130	
AREA CODE & TELEPHONE NO.	AREA CODE & TELEPHONE NO.	

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

- ☒ Pregnant mares are not likely to foal (give birth) during the trip. ☒ 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	USHB	1401				X				X				X			36 MONTHS	985170001014895
2	USHB	1402					X			X				X			84 MONTHS	985170000997753
3	USHB	1403					X			X				X			132 MONTHS	985170001011353
4	USHB	1404	X							X				X			60 MONTHS	985170001011342
5	USHB	1405					X			X						X	108 MONTHS	985170001002971
6	USHB	1406					X			X						X	72 MONTHS	985170001018422
7	USHB	1407					X			X				X			120 MONTHS	985170001015234
8	USHB	1408	X							X						X	48 MONTHS	985170000992454
9	USHB	1409		X						X				X			96 MONTHS	985170000994173
10	USHB	1410			X					X				X			108 MONTHS	985170001013515
11	USHB	1411	X							X				X			72 MONTHS	985170001024662
12	USHB	1412		X						X				X			144 MONTHS	985170000994551
13	USHB	1413						X		X						X	36 MONTHS	985170000992972
14	USHB	1414					X			X				X			120 MONTHS	985170001010358
15	USHB	1415		X						X						X	72 MONTHS	985170001025384

HORSES (b)(6)

HOURS IN

SIGNATURE

I HEREBY

COMPLETE

USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN 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)

Direct 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

77117672

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USHB	1416						X		X				X			96 MONTHS	985170000993793
17	USHB	1417				X				X				X			132 MONTHS	985170001001459
18	USHB	1418	X							X				X			60 MONTHS	985170001047624
19	USHB	1419	X							X						X	36 MONTHS	985170001009584
20	USHB	1420					X			X						X	84 MONTHS	985170001012009
21	USHB	1421					X			X						X	120 MONTHS	985170000995378
22	USHB	1422	X							X						X	60 MONTHS	985170001002582
23	USHB	1423				X				X						X	108 MONTHS	985170000992743
24	USHB	1424					X			X				X			48 MONTHS	985170001012833
25	USHB	1425	X							X				X			72 MONTHS	985170001005546
26	USHB	1426					X			X						X	156 MONTHS	985170001036772
27	USHB	1427						X		X				X			60 MONTHS	985170001044766
28	USHB	1428						X		X				X			72 MONTHS	985170000998807
29	USHB	1429					X			X				X			144 MONTHS	985170001018127
30	USHB	1430					X			X						X	120 MONTHS	985170001022405
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION CONTAINED HEREIN TO THE USDA. FALSIFICATION OF THIS DOCUMENT IS A VIOLATION OF THE FEDERAL LAWS AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR UP TO 5 YEARS.  
SIGNATURE: (b)(6) best of my knowledge.)



PRESIDIO PORT / HORSE EXPORT

Name and Address of Remitter:

Service Date

(b)(6)

Begin:4-18-2011

(b)(6) Tx (b)(6)

<u>Code</u>	<u>Description</u>	<u>Unit Cost</u>	<u># of Units</u>	<u>Total Dollars</u>
1	HC T1117610	\$52.00	(33hd) 1	\$52.00
2	HC T1117611	\$52.00	(37hd) 1	\$52.00
3	HC T1117612	\$52.00	(30hd) 1	\$52.00
4				
5				
6				
7				
8				
9				

Total Due \$156.00

Payment Information

<u>Date</u>	<u>Amount</u>	<u>Payment Type</u>	<u>Account / Check #</u>
		On Account	
4/16/2011	\$156.00	Check	512
		CASH	
		Money Order	
		Credit Card	

4801 B8015

(b)(6)

(b)(6)

512

48-59/1119

Date 04/16/2011

Pay to the Order of USDA \$ 156.00

One hundred fifty six dollars & no/100 Dollars

**Community Bank & Trust**  
 www.cbtwaco.com  
 P.O. Box 2303 • Waco, Texas • (254)753-1521

For 3000h

(b)(6)

Waco, Tx 76705

Service Date

Begin:4-18-2011

Code	Description	Unit Cost	# of Units	Total Dollars
1	HC T1117610	\$52.00	(33hd) 1	\$52.00
2	HC T1117611	\$52.00	(37hd) 1	\$52.00
3	HC T1117612	\$52.00	(30hd) 1	\$52.00
4				
5				
6				
7				
8				
9				
Total Due				\$156.00

Payment Information

Date	Amount	Payment Type	Account / Check #
		On Account	
4/16/2011	\$156.00	Check	512
		CASH	
		Money Order	
		Credit Card	

4801 B8015

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

Originating Office Phone

Control Number: 4801B8015

Office Id: 974801

Service Date(s)

Begin: 18-APR-11

End: 18-APR-11

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	1759748177 0250	52.00	3.00	156.00

Total Due \$ 156.00

Remarks: Health Certificate # T1117610, 7611, 7612

Payment Information

Nfc Id  
9999999999v

Date	Amount	Payment Type	Account/Check #
21-APR-11	\$ 156.00	Check	512

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.

1117613

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:** Mexico aceptara este envio de caballos solamente si la forma VS FORM 10-13 y la declaracion jurada estan completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El numero de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. Mexico no aceptara machos sin castrar ni monorchideos.

1. Name and Address of Exporter:

*Nombre y Direccion del Exportador:*

(b)(6)

(b)(6)

TX

(b)(6)

2. Name and Address of Importer:

*Nombre y Direccion del Importador:*

**Inter Meats, S.A.DE C.V.**

**AV. Universidad NO. 602 Int.19**

**Union Ganadera**

**Aguascalientes, AGS. C.P. 20103**

**R.F.C.: IME080619P83**

3. Identification of the animals to be exported / *Identificacion de los animales a ser exportados.*

**All Microchips are on Left side Top of Neck.**

Microchip number / <i>Numero de microchip</i>	Sex/Sexo	Approximate age/Edad <i>aproximada</i>	Microchip Number / <i>Numero de microchip</i>	Sex / Sexo	Approximate age/ Edad <i>aproximada</i>
USFS 5281 985154000286707	Mare	144 Months	USFS 5291 985154000286693	Mare	144 Months
USFS 5282 985154000286713	Mare	144 Months	USFS 5292 985154000286664	Mare	108 Months
USFS 5283 985154000286724	Mare	144 Months	USFS 5293 985154000286677	Mare	84 Months
USFS 5284 985154000286690	Mare	144 Months	USFS 5294 985154000286646	Mare	120 Months
USFS 5285 985154000286706	Mare	96 Months	USFS 5295 985154000286606	Mare	84 Months
USFS 5286 985154000286712	Mare	96 Months	USFS 5296 985154000286599	Mare	120 Months
USFS 5287 985154000286700	Mare	144 Months	USFS 5297 985154000286688	Mare	60 Months
USFS 5288 985154000286833	Mare	144 Months	USFS 5298 985154000286615	Gelding	144 Months
USFS 5289 985154000286669	Mare	144 Months	USFS 5299 985154000286676	Mare	60 Months
USFS 5290 985154000286682	Mare	60 Months	USFS 5300 985154000286675	Mare	144 Months

4/18/11



Microchip number / Numero de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Numero de microchip	Sex / Sexo	Approximate age/ Eda d aproximada
USFS 5301 985154000286683	Mare	48 Months	USFS 5306 985154000286733	Mare	120 Months
USFS 5302 985154000286694	Mare	120 Months	USFS 5307 985154000286729	Mare	144 Months
USFS 5303 985154000286732	Mare	96 Months	USFS 5308 985154000286681	Gelding	144 Months
USFS 5304 985154000286693	Mare	60 Months	USFS 5309 985154000286684	Gelding	144 Months
USFS 5305 985154000286635	Gelding	24 Months	USFS 5310 985154000286685	Gelding	108 Months

**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 inspeccion efectuada por un veterinario oficial dentro de los 30 dias previos a la exportacion, los animales no presentaron signos de enfermedades infectocontagiosas.*

Inspection date / Fecha de inspection 4/16/2011

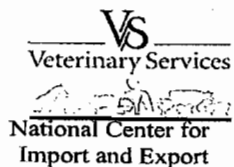
3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.

*Los vehiculos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfeccion 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 dias previos a la exportacion, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiologicamente con instalaciones o animales infectados.*

USDA



Health Certificate No. 1117613  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

cut

5. [The animals are free of ectoparasite and originated from areas not under quarantine for Boophilus pp ticks]  
[Los animales estan libres de ectopatasitos y provienen de areas no cuarentenadas por garrapatas Boophilus spp]

Khris Crowe, DVM

Name of Accredited Veterinarian  
Nombre del Medico Veterinario  
Acreditado  
Date: April 17th, 2011

(b)(6)

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

W H BROWN DVM

Name of Endorsing Federal Veterinarian  
Nombre del Medico Veterinario Federal  
que endosa.

(b)(6)

4-18-11

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

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) (Vdlido Solamente si el sello veterinario del USDA esta sobre la firma del Medico Veterinario Federal).

CLUB

**AFFIDAVIT  
DECLARACION JURADA**

I (print) \_\_\_\_\_ declare that horses

included in this shipment and accompanied by the health certificate number 77117613 have

not been fed to 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 los caballos en este embarque, acompañados por el certificado sanitario número 77117613 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 (including furazolidone), and ronidazol.

*Aristolochia sppy cualquier otra preparacion derivada de esta planta, cloranfenicol, doroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incudingfurazolidona) y rodinazole.*

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, asi com esteroides anabolicos.*

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

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

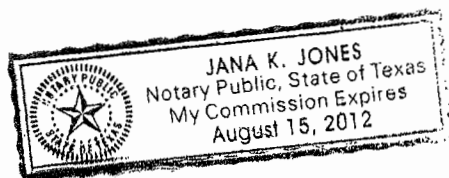
Date and Signature of exporter  
Fecha y firma del exportador

(b)(6)

Date and signature of the Notary Public  
Fecha y firma del Ntrario Publico

(b)(6)

Mexico. Slaughter horse HC



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

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

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FORM  
APPROVED  
MB NO.  
0579-0160  
7667613

TIME HORSES LOADED ON CONVEYANCE

DATE  
4/17/2011

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE  
Whitesboro, TX

NAME OF AUCTION/MARKET

CONSIGNEE (RECEIVER/DESTINATION) NAME  
Inter Meats, S.A. DE C.V.

STREET ADDRESS  
AV. Universidad NO. 602 INT. 19 Union Ganadera

CITY, STATE, ZIP CODE  
AGUASCALIENTES, AGS. C.P. 20130

AREA CODE & TELEPHONE NO.  
(626)453-3750

(b)(6)

DE (b)(6)  
TX

AREA CODE & TELEPHONE NO.  
(b)(6)

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		
16	USFS	5296	X							X				X			120 Months R-LHip	985154000286599
17	USFS	5297						X		X				X			60 Months	985154000286688
18	USFS	5298						X		X						X	144 Months	985154000286615
19	USFS	5299						X		X				X			60 Months	985154200086676
20	USFS	5300					X			X				X			144 Months R-LHip	985154000286675
21	USFS	5301	X										X	X			48 Months	985154000286683
22	USFS	5302	X							X				X			120 Months	985154000285594
23	USFS	5303	X							X				X			96 Months	985154000286732
24	USFS	5304	X							X				X			60 Months	985154000286692
25	USFS	5305	X							X						X	24 Months	985154000286635
26	USFS	5306	X							X				X			120 Months R-LHip	985154000286733
27	USFS	5307	X							X				X			144 Months 89-LHip	985154000286729
28	USFS	5308					X			X						X	144 Months	985154000286681
29	USFS	5309		X						X						X	144 Months	985154000286684
30	USFS	5310						X		X						X	108 Months	985154000286685

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

SIGNATURE (b)(6)

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF OWNER/SHIPPER (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME



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  
MB NO.  
0579-0160

761763

TIME HORSES LOADED ON CONVEYANCE

DATE:  
4/17/2011

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE  
Whitesboro, TX

(b)(6)'S NAME

NAME OF AUCTION/MARKET

(b)(6) CONSIGNOR (OWNER/SHIPPER) NAME

CONSIGNEE (RECEIVER/DESTINATION) NAME  
Inter Meats, S.A. DE C.V.

(b)(6) STREET ADDRESS

AV. Universidad NO. 602 INT. 19 Union Ganadera

(b)(6) CITY, STATE, ZIP CODE (b)(6)

CITY, STATE, ZIP CODE  
AGUASCALIENTES, AGS. C.P. 20130

(b)(6) AREA CODE & TELEPHONE NO.

AREA CODE & TELEPHONE NO.  
(626)453-3750

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	USFS	5281	X							X				X			144 Months HR1118	985154000286707
2	USFS	5282					X			X				X			144 Months HR1203	985154000286713
3	USFS	5283					X			X				X			144 Months HR1145,JNP	985154000286724
4	USFS	5284					X			X				X			144 Months	985154000286690
5	USFS	5285				X				X				X			96 Months HR1245	985154000286706
6	USFS	5286			X					X				X			96 Months HR1225	985154000286712
7	USFS	5287						X		X				X			144 Months HR1144	985154000286700
8	USFS	5288					X			X				X			144 Months HR1141	985154000286833
9	USFS	5289				X				X				X			144 Months HR1201	985154000286669
10	USFS	5290	X							X				X			60 Months	985154000286682
11	USFS	5291			X					X				X			144 Months HR924	985154000286693
12	USFS	5292						X		X				X			108 Months	985154000286664
13	USFS	5293	X							X				X			84 Months	985154000286677
14	USFS	5294					X			X				X			120 Months HR1158	985154000286646
15	USFS	5295	X							X				X			84 Months PE526	985154000286606

HORSES H  
HOURS IM

SIGNATUR

I HEREBY  
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(' certify that the information contained in this form is true and correct to  
the (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)  
EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME

(b)(6)

88-473/1123

170

(b)(6)

TX (b)(6)

DATE

4-15-11

PAY TO THE  
ORDER OF

J. S. A. A

\$52.00

Big Bend  
Banks1<sup>ST</sup> PRESIDIO  
BANK

(b)(6)

Security Features  
Back

(b)(6)

Service Date

Begin: 4-18-2011

Gainesville, TX 76240

Code	Description	Unit Cost	# of Units	Total Dollars
1	HC T1117613	\$52.00	(30hd) 1	\$52.00
2				
3				
4				
5				
6				
Total Due				\$52.00

## Payment Information

Date	Amount	Payment Type	Account / Check #
		On Account	
4/18/2011	\$52.00	Check	170
		Check	
		Money Order	
		Credit Card	

48013 8011

**PRESIDIO PORT / HORSE EXPORT**

**Name and Address of Remitter:**

**Service Date**

(b)(6)

**Begin:4-18-2011**

(b)(6)

TX

(b)(6)

<u>Code</u>	<u>Description</u>	<u>Unit Cost</u>	<u># of Units</u>	<u>Total Dollars</u>
1	HC T1117613	\$52.00	(30hd) 1	\$52.00
2				
3				
4				
5				
6				
Total Due				\$52.00

**Payment Information**

<u>Date</u>	<u>Amount</u>	<u>Payment Type</u>	<u>Account / Check #</u>
On Account			
4/18/2011	\$52.00	Check	170
Check			
Money Order			
Credit Card			

4801B 8011

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

Originating Office Phone

Control Number: 4801B8011

Office Id: 974801

Service Date(s)

Begin: 18-APR-11

End: 18-APR-11

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	1759748177 0250	52.00	1.00	52.00

Total Due \$ 52.00

Remarks: Health Certificate # T1117613

Payment Information

Nfc Id  
9999999999V

Date	Amount	Payment Type	Account/Check #
21-APR-11	\$ 52.00	Check	170

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.



(b)(6)

1057  
88-1406/1123

(b)(6) TX (b)(6)

4-17-11  
Date

Pay to the Order of

USDA  
Two Hundred Sixty Dollars

\$260.00

FORT DAVIS  
STATE BANK  
PRESIDIO, TEXAS 79845

(b)(6)

For (b)(6)

Service Date  
4/18/2011

(b)(6)

(b)(6) N (b)(6)

Code	Description	Unit Cost	# of Units	Total Dollars
1	HCT 1117604	\$52.00	(31hd) 1	\$52.00
2	HCT 1117605	\$52.00	(35hd) 1	\$52.00
3	HCT 1117606	\$52.00	(33hd) 1	\$52.00
4	HCT 1117607	\$52.00	(32hd) 1	\$52.00
5				
6				

Total Due \$208.00

52.00

T 1117603

\$ 260.00

Payment Information

Date	Amount	Payment Type	Account / Check #
		On Account	
4/17/2011	\$104.00	Check	1057
		CASH	
		Money Order	
		Credit Card	

4801B 8014

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

Originating Office Phone

(b)(6)

Control Number: 4801B8014

Office Id: 974801

Service Date(s)

Begin: 18-APR-11

End: 18-APR-11

TX

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	1759748177 0250	52.00	5.00	260.00

Total Due \$ 260.00

Remarks: Health Certificate # T1117603,7604, 7605, 7606, 7607,

Payment Information

Nfc Id  
9999999999V

Date	Amount	Payment Type	Account/Check #
21-APR-11	\$ 260.00	Check	1057

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

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

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

FORM  
APPROVED  
MB NO.  
0579-0160  
1117614

TIME HORSES LOADED ON CONVEYANCE

DATE  
4/17/2011

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE  
Gainesville, TX

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

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME  
(b)(6)

CONSIGNEE (RECEIVER/DESTINATION) NAME  
Inter Meats, S.A. DE C.V.

STREET ADDRESS  
AV. Universidad NO. 602 INT. 19 Union Ganadera

CITY, STATE, ZIP CODE  
AGUASCALIENTES, AGS. C.P. 20130

AREA CODE & TELEPHONE NO.  
(626)453-3750

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		
16	USFS	5266	X							X						X	48 Months	985170001053708
17	USFS	5267	X							X						X	48 Months	985170001081126
18	USFS	5268	X							X						X	48 Months	985170001048497
19	USFS	5269						X		X				X			144 Months	985170001053461
20	USFS	5270						X		X				X			24 Months	985170001047954
21	USFS	5271					X			X						X	60 Months	985170001104532
22	USFS	5272	X							X				X			96 Months	985170001099068
23	USFS	5273	X							X				X			60 Months	985170001083893
24	USFS	5274						X		x						X	60 Months	985170001098264
25	USFS	5275						X		X				X			48 Months	985170001060626
26	USFS	5276					X			X				X			72 Months	985170001060232
27	USFS	5277					X			X						X	72 Months	985170001040107
28	USFS	5278	X							X						X	96 Months	985170001055271
29	USFS	5279					X			X						X	96 Months	985170001074200
30	USFS	5280	X							X				X			84 Months	985170001055054

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

SIGNATURE  
(b)(6)

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF OWNER/SHIPPER (certify that the information contained in this form is true and correct to the best of my knowledge and belief)  
(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10

ous editions are obsolete

PAGE 2 of 2

**PRESIDIO I PORT / HORSE EXPORT**

**Name and Address of Remitter:**

**Service Date**

(b)(6)

**4/18/2011**

(b)(6)

TX

(b)(6)

<u>Code</u>	<u>Description</u>	<u>Unit Cost</u>	<u># of Units</u>	<u>Total Dollars</u>
1	HC T 111614	\$52.00	(30hd) 1	\$52.00
2				
3				
4				
5				
6				
Total Due				\$52.00

**Payment Information**

<u>Date</u>	<u>Amount</u>	<u>Payment Type</u>	<u>Account / Check #</u>
		On Account	
4/18/2011	\$52.00	Check	171
		CASH	
		Money Order	
		Credit Card	



(b)(6)

88-473/1123

171

(b)(6) TX (b)(6)

DATE 4-18-11

PAY TO THE ORDER OF J. S. D. A.

\$522

DOLLARS

Big Bend Banks 1ST PRESIDIO BANK

MEMO (b)(6)

(b)(6)

(b)(6)

if the USDA Veterinary Seal  
ver the Certificate Number)

CMB

ORSES EXPORTED  
XICO  
1R CABALLOS PARA  
CO

completed and presented at the border with the Form 10-13 must have  
HC number written in the right upper corner. Mexico will not accept sexually intact males and  
monorchid animals.

*Nota: Mexico aceptara este envio de caballos solamente si la forma VS FORM 10-13 y la  
declaracion jurada estan completadas y se presentan en la frontera con este Certificado  
Zoosanitario (CZ). El numero de este CZ debe estar escrito en la parte superior derecha de la  
forma VS FORM 10-13. Mexico no aceptara machos sin castrar ni monorchideos.*

1. Name and Address of Exporter:  
Nombre y Direccion del Exportador: (b)(6) TX (b)(6)
2. Name and Address of Importer: Inter Meats, S.A.DE C.V.  
Nombre y Direccion del Importador: AV. Universidad NO. 602 Int.19  
Union Ganadera  
Aguascalientes,AGS. C.P. 20103  
R.F.C.: IME080619P83

3. Identification of the animals to be exported / Identification de los animales a ser  
exportados. All Microchips are on Left side Top of Neck.

Microchip number / Numero de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Numero de microchip	Sex / Sexo	Approximate age/ Edad aproximada
USFS 5251 985170001081930	Mare	48 Months	USFS 5261 985170001104655	Mare	48 Months
USFS 5252 985170001086255	Mare	48 Months	USFS 5262 985170001062802	Gelding	48 Months
USFS 5253 985170001057864	Mare	144 Months	USFS 5263 985170001097319	Gelding	24 Months
USFS 5254 985170001052006	Mare	48 Months	USFS 5264 985170001043463	Mare	120 Months
USFS 5255 985170001090634	Mare	36 Months	USFS 5265 985170001056460	Mare	24 Months
USFS 5256 985170001055758	Mare	36 Months	USFS 5266 985170001053708	Gelding	48 Months
USFS 5257 985170001045170	Mare	144 Months	USFS 5267 985170001081126	Gelding	48 Months
USFS 5258 985170001040497	Mare	48 Months	USFS 5268 985170001048497	Gelding	48 Months
USFS 5259 985170001043278	Gelding	48 Months	USFS 5269 985170001053461	Mare	144 Months
USFS 5260 985170001040713	Mare	60 Months	USFS 5270 985170001047954	Mare	24 Months

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

Originating Office Phone

512-383-2411

Control Number: 4801B8013

Office Id: 974801

Service Date(s)

Begin: 18-APR-11

End: 18-APR-11

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	1759748177 0250	52.00	1.00	52.00

Total Due \$ 52.00

Remarks: Health Certificate # T117614

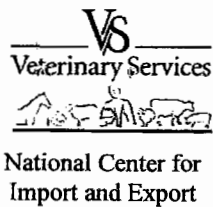
Payment Information

Nfc Id  
9999999999V

Date	Amount	Payment Type	Account/Check #
21-APR-11	\$ 52.00	Check	171

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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Health Certificate No. T11-18295  
(Valid Only if the USDA Veterinary Seal  
Appears over the Certificate Number)

**UNITED STATES OF AMERICA INTERNATIONAL HEALTH CERTIFICATE TO  
EXPORT SLAUGHTER SHEEP AND GOATS TO MEXICO  
CERTIFICADO INTERNACIONAL DE LOS ESTADOS UNIDOS DE AMERICA PARA  
EXPORTAR OVINOS Y CAPRINOS PARA SACRIFICIO A MEXICO**

1. Name and Address of Consignor: (b)(6)  
*Nombre y Dirección de Consignador:* (b)(6) TEXAS (b)(6)
2. Name and Address of Consignee: GANADERIAS DE MEXICO SA DE CV  
*Nombre y Dirección del Destinatario:* EMPACADORA EL ARBOLITO SA DE CV TIF 422  
CALLE DEL ARBOL ESQUINA CON AVE ZUMPANGO  
S/N TEOLOYUCAN EDO DE MEXICO
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados*

Ear tag /Arete	Breed / Raza	Sex / Sexo
75001-75100	COLUMBIA	FEMALE
75101-75350	RAMBOUILLET	FEMALE
75351-75370	SUFFOLK	FEMALE
75371-75385	DORPER/SAINT	FEMALE
75386-75400	CORRIEDALE	FEMALE
TOTAL:400 SHEEP		

Average age of flock (estimated): 72 MONTHS

*Edad promedio del rebaño (estimado):* 72 MONTHS

In addition, the animals are identified by indelible paint brand, specifically an "X", approximately 5 inches x 5 inches in size, located dorsocaudally (in the tail head area).

*Adicionalmente presentan una "X" estampada con tinta indeleble en la parte dorsal del maslo de la cola, de un tamaño de 5 pulgadas de ancho por 5 pulgadas de altura.*

**CERTIFICATION STATEMENTS / CERTIFICACIONES**

1. Prior to the exportation, the animals were inspected and no signs of infectious and contagious diseases were observed.

*A la inspección previa a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.*

2. The animals did not show evidence of traumatism, lacerations, or visible tumors.

*Los animales no presentaron traumatismos, laceraciones ni tumoraciones visibles.*

MEXICO/HC Sheep goats for Slaughter  
October 12 2007

4/15/11



National Center for  
Import and Export

Health Certificate No. T11-18295  
(Valid Only if the USDA Veterinary Seal  
Appears over the Certificate Number)

3. (Include pertinent statement) [The animals were treated for ectoparasites.  
Date: 4/10/11. Product used: PROLATE/LINTOX

(Incluya la declaración indicada) animales se trataron contra ectoparásitos.  
Fecha: 4/10/11. Producto usado: PROLATE/LINTOX

4. The sheep were sheared within 30 days prior to exportation.  
*Los ovinos fueron trasquilados dentro de los 30 días previos a la exportación.*

5. The males to be exported were castrated.  
*Los machos a exportar fueron castrados.*

6. In the United States of America there are sanitary regulations in force that prohibit the feeding of ruminants with meat and bone meal or greaves of ruminant origin.  
*En los Estados Unidos de América existe reglamentación zoosanitaria vigente que prohíbe alimentar a los rumiantes con harinas de carne y hueso o con chicharrones (greaves) de origen rumiante.*

7. The day of the exportation the animals did not show any clinical signs of Scrapie or Maedi/Visna.  
*El día de su exportación, los animales no mostraron signos clínicos de Scrapie Maedi/Visna.*

8. The vehicles used for transportation of animals were cleaned and disinfected prior to the loading of animals and were kept sealed from the place of origin to the point of entrance into Mexico.  
*Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque y fueron flejados desde el lugar de origen hasta el punto de ingreso a México.*

RATHKE, HERMAN, L. DVM

Name of Accredited Veterinarian  
*Nombre del Médico  
Acreditado*

(b)(6)

*Firma del Médico Veterinario Acreditado*  
4/14/11

MEXICO/HC Sheep goats for Slaughter

VOGT, H.L. DVM

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

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). 4/15/11



Health Certificate No. T11-18296  
(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:

*Nombre y Dirección del Exportador:*

**McDaniel & Son  
1572 CR 35020  
Brookston, TX 75421**

2. Name and Address of Importer:

*Nombre y Dirección del Importador:*

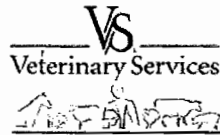
**Carnicos de Jerez, S.A. de C.V.  
Carratera Jerez Sanchez Roman KM 27.5  
Jerez, Zacatecas, Mexico C.P. 99380**

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 / <i>Sexo</i>	Approximate age/ <i>Edad aproximada</i>
USGV 8401 985170000985715	NEUTER	48 MONTHS	USGV 8409 985170001036624	NEUTER	96 MONTHS
8402 985170000996875	FEMALE	72 MONTHS	8410 985170000991819	FEMALE	108 MONTHS
8403 985170001008753	NEUTER	60 MONTHS	8411 985170001026625	FEMALE	156 MONTHS
8404 985170000992958	FEMALE	72 MONTHS	8412 985170000988108	FEMALE	144 MONTHS
8405 985170001011577	NEUTER	60 MONTHS	8413 985170000998579	NEUTER	72 MONTHS
8406 985170000993065	NEUTER	72 MONTHS	8414 985170001013809	FEMALE	108 MONTHS
8407 985170000986318	FEMALE	96 MONTHS	8415 985170000994661	NEUTER	96 MONTHS
8408 985170001017635	NEUTER	72 MONTHS	8416 985170000991708	FEMALE	108 MONTHS

Mexico, Slaughter horse HC





Health Certificate No. **T11-18296**  
(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
USGV 8417 985170000993105	FEMALE	96 MONTHS	USGV 8424 985170001018188	FEMALE	120 MONTHS
8418 981100002589884	FEMALE	72 MONTHS	8425 985170001028121	FEMALE	24 MONTHS
8419 985170000993776	NEUTER	72 MONTHS	8426 985170001039091	FEMALE	72 MONTHS
8420 985170000994857	FEMALE	108 MONTHS	8427 985170000991600	FEMALE	108 MONTHS
8421 985170001038666	FEMALE	60 MONTHS	8428 985170000994612	FEMALE	60 MONTHS
8422 985170001009966	NEUTER	108 MONTHS	8429 985170001013907	NEUTER	72 MONTHS
8423 985170000992565	FEMALE	72 MONTHS	8430 985170001047864	FEMALE	60 MONTHS

**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 4/15/11

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. T11-18296  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

[illegible]

Mexico Slaughter Horses Health Certificate  
April 2, 2009



Health Certificate No. T11-18296  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

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.*].

CORUM, HERB DVM

Name of Accredited Veterinarian  
*Nombre del Médico Veterinario  
Acreditado*

VOGT, H. L. DVM

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

(b)(6)

S  
Veterinarian  
*Firma del Médico Veterinario Acreditado  
y Fecha 4/15/11*

(b)(6)

15 Apr 11  
Signature of Endorsing Federal Veterinarian  
*Firma del Médico Veterinario que endosa  
y Fecha 4/15/11*

(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) (b)(6) declare that the horses included in this shipment and accompanied by the health certificate number T11-18296 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 T11-18296 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 thirosthaties 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)

4-12-2011

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

(b)(6)

4/12/11



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

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

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

FORM  
APPROVED  
OMB NO.  
0579-0160  
T11-18296

TIME HORSES LOADED ON CONVEYANCE  
8:30 P.M.

DATE  
4-11-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE  
Brookston, Texas 75421

(b)(6)

NAME OF AUCTION/MARKET  
N/A

CONSIGNOR (OWNER/SHIPPER) NAME  
McDaniel & Son

CONSIGNEE (RECEIVER/DESTINATION) NAME  
Carnicos de Jerez, S.A. de C.V.

STREET ADDRESS  
1572 CR 35020

STREET ADDRESS  
Carretera Jerez Sanchez Roman KM 27.5

CITY, STATE, ZIP CODE  
Brookston, Texas 75421

CITY, STATE, ZIP CODE  
Jerez, Zacatecas, Mexico, C.P. 99380

AREA CODE & TELEPHONE NO.  
903-784-6862

AREA CODE & TELEPHONE NO.  
011 52 81 81 58 1700

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	USGV	8401						Dn		X						X	48	985170000985715
2	USGV	8402						Bn		X				X			72	985170000996875
3	USGV	8403	X							X						X	60	985170001008753
4	USGV	8404						Sr		X				X			72	985170000992958
5	USGV	8405						Sr		X						X	60	985170001011577
6	USGV	8406						Pt		X						X	72	985170000993065
7	USGV	8407						Rn		X				X			96	985170000986318
8	USGV	8408						Sr		X						X	72	985170001017635
9	USGV	8409						Wh		X						X	96	985170001036624
10	USGV	8410	X							X				X			108	985170000991819
11	USGV	8411						Pl		X				X			156	985170001026625
12	USGV	8412						Sr		X				X			144	985170000988108
13	USGV	8413	X							X						X	72	985170000998579
14	USGV	8414						Sr		X				X			108	985170001013809
15	USGV	8415						Ap		X						X	96	985170000994661

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

SIGNATURE (b)(6)

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)  
EST. \_\_\_\_\_  
DATE \_\_\_\_\_  
TIME \_\_\_\_\_

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

VS FORM 10-13 (SEP 2002)

Previous editions are obsolete

PAGE 1 OF



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

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

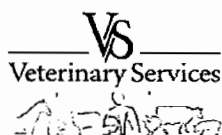
FORM  
APPROVED  
OMB NO.  
0579-0160  
T11-18296

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGV	8416						Bs		X				X			108	985170000991708
17	USGV	8417						Bs		X				X			96	985170000993105
18	USGV	8418	X							X				X			72	981100002589884
19	USGV	8419	X							X						X	72	985170000993776
20	USGV	8420			X					X				X			108	985170000994857
21	USGV	8421	X							X				X			60	985170001038666
22	USGV	8422						Sr		X						X	108	985170001009966
23	USGV	8423		X						X				X			72	985170000992565
24	USGV	8424	X							X				X			120	985170001018188
25	USGV	8425	X							X				X			24	985170001028121
26	USGV	8426						Sr		X				X			72	985170001039091
27	USGV	8427						Pt		X				X			108	985170000991600
28	USGV	8428			X					X				X			60	985170000994612
29	USGV	8429	X							X						X	72	985170001013907
30	USGV	8430	X							X				X			60	985170001047864
31	USGV	8431	X							X						X	108	985170001002959
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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

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

(b)(6)



Health Certificate No. **T11-18297**  
(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:

*Nombre y Dirección del Exportador:*

**B & B Trading Co**  
**996 Vista Hermosa**  
**Eagle Pass, Texas 78852**

2. Name and Address of Importer:

*Nombre y Dirección del Importador:*

**Carnicos de Jerez, S.A. de C.V.**  
**Carratera Jerez Sanchez Roman KM 27.5**  
**Jerez, Zacatecas, Mexico C.P. 99380**

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
USGN 9541 985170001008619	NEUTER	72 MONTHS	USGN 9549 985170000999734	FEMALE	36 MONTHS
9542 985170001022347	FEMALE	48 MONTHS	9550 985170001023921	NEUTER	48 MONTHS
9543 985170001036082	FEMALE	48 MONTHS	9551 985170001008405	NEUTER	48 MONTHS
9544 985170001022533	NEUTER	36 MONTHS	9552 985170001010122	NEUTER	60 MONTHS
9545 985170001039413	FEMALE	72 MONTHS	9553 985170001022935	FEMALE	48 MONTHS
9546 985170001000718	FEMALE	60 MONTHS	9554 985170000996884	FEMALE	36 MONTHS
9547 985170001000125	FEMALE	96 MONTHS	9555 985170001008418	FEMALE	24 MONTHS
9548 985170001008523	FEMALE	36 MONTHS	9556 985170001005621	FEMALE	48 MONTHS

Mexico, Slaughter horse HC



Health Certificate No. **T11-18297**  
(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
USGN 9557 985170001024549	FEMALE	48 MONTHS	USGN 9564 985170001008170	FEMALE	60 MONTHS
9558 985170001007073	FEMALE	24 MONTHS	9565 985170001008202	NEUTER	60 MONTHS
9559 985170001005291	NEUTER	48 MONTHS	9566 985170001017967	NEUTER	36 MONTHS
9560 985170000986541	NEUTER	48 MONTHS	9567 985170001000001	FEMALE	60 MONTHS
9561 985170000988334	NEUTER	36 MONTHS	9568 985170000983904	NEUTER	60 MONTHS
9562 985170001000684	NEUTER	60 MONTHS	9569 985170001002969	NEUTER	24 MONTHS
9563 985170001022970	NEUTER	36 MONTHS	9570 985170000999267	NEUTER	48 MONTHS

### 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 4/14/11

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 metritis was diagnosed, neither have they been in contact with infected premises or animals.

*Durante los 90 días previos a la exportación, los animales no estuvieron en las instalaciones donde se diagnosticó metritis, ni estuvieron en contacto con instalaciones o animales infectados.*



Health Certificate No. **T11-18297**  
(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
USGN 9557 985170001024549	FEMALE	48 MONTHS	USGN 9564 985170001008170	FEMALE	60 MONTHS
9558 985170001007073	FEMALE	24 MONTHS	9565 985170001008202	NEUTER	60 MONTHS
9559 985170001005291	NEUTER	48 MONTHS	9566 985170001017967	NEUTER	36 MONTHS
9560 985170000986541	NEUTER	48 MONTHS	9567 985170001000001	FEMALE	60 MONTHS
9561 985170000988334	NEUTER	36 MONTHS	9568 985170000983904	NEUTER	60 MONTHS
9562 985170001000684	NEUTER	60 MONTHS	9569 985170001002969	NEUTER	24 MONTHS
9563 985170001022970	NEUTER	36 MONTHS	9570 985170000999267	NEUTER	48 MONTHS

**CERTIFICATION STATEMENTS / CERTIFICACIONES**

1. Horses originate from the United States.  
*Los animales son originarios de Estados Unidos.*

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*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* 4/14/11

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.*

Identification number/Número de identificación	Sex/Sexo	Breed/Raza	Age /Edad	Color/Color
USGN 9571 985170001024120	FEMALE		60 MONTHS	
9572 985170001022197	FEMALE		60 MONTHS	
9573 985170000983339	NEUTER		48 MONTHS	
9574 985170001006603	NEUTER		48 MONTHS	
9575 985170001005861	FEMALE		36 MONTHS	
TOTAL:35 HORSES				



Health Certificate No. T11-18297  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

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.].

RATHKE, HERMAN, L. DVM

Name of Accredited Veterinarian  
*Nombre del Médico Veterinario  
Acreditado*

(b)(6)

Signature of Accredited Veterinarian and Date  
Veterinarian  
*Firma del Médico Veterinario Acreditado  
y Fecha 4/15/11*

VOGT, H. L. DVM

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

(b)(6)

Signature of Endorsing Federal Veterinarian  
*Firma del Médico Veterinario que endosa  
y Fecha 4/15/11*

(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)

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FORM  
APPROVED  
OMB NO.  
0579-0160

DATE HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

(b)(6)

DESIGNOR (OWNER/SHIPPER) NAME

DESIGNEE (RECEIVER/DESTINATION) NAME

STREET ADDRESS

STREET ADDRESS

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

AREA CODE & TELEPHONE NO.

AREA CODE & TELEPHONE NO.

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

☒ Pregnant mares are not likely to foal (give birth) during the trip.

☒ 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	Bk.	White	Other	Other	Other	TB	OT	Other	Other	Other	Male	Stall	Geld		
1	41		<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>							985 170 001 008 619	
2	42	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>							985 170 001 022 347	
3	43			<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>							985 170 001 036 082	
4	44						<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>							985 170 001 022 533	
5	45				<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>							985 170 001 039 413	
6	46					<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>				985 170 001 000 718	
7	47					<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>							985 170 001 000 125	
8	48			<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>							985 170 001 008 523	
9	49	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>							985 170 000 999 734	
10	50	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>							985 170 001 023 921	
11	51						<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>							985 170 001 008 405	
12	52			<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>							985 170 001 010 122	
13	53			<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>							985 170 001 022 935	
14	54	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>							985 170 000 996 884	
15	55						<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>							985 170 001 008 418	

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

SIGNATURE

CANADIAN FOOD INSPECTION AGENCY (CFA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME

THE INFORMATION CONTAINED IN THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

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

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

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

FORM  
APPROVED  
OMB NO.  
0579-0160

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
		Bay	Gray	Blk	Pinto	Chests	Other	TB	QT	Doel	Pony	Other	Male	Stall	Gold			
16	64						✓		✓				✓			4/24	985 170 001 005 621	
17	67						✓		✓				✓			4/24	985 170 001 024 549	
18	58						✓		✓				✓			2/10	985 170 001 007 073	
19	69					✓			✓							4/24	985 170 001 005 291	
20	60						✓		✓							✓ 4/24	985 170 000 986 541	
21	61				✓				✓							✓ 4/24	985 170 000 988 334	
22	62						✓				white					✓ 4/24	985 170 001 000 684	
23	63						✓		✓							✓ 4/24	985 170 001 022 970	
24	64						✓				white		✓			✓ 4/24	985 170 001 008 170	
25	65						✓				white					✓ 4/24	985 170 001 008 202	
26	66				✓				✓							✓ 4/24	985 170 001 017 967	
27	67						✓				white		✓			✓ 6/04	985 170 001 000 001	
28	68						✓				white					✓ 6/04	985 170 000 983 904	
29	69				✓				✓							✓ 2/11	985 170 001 002 969	
30	70						✓				white					✓ 4/24	985 170 000 999 267	
31	71			✓			✓						✓			✓ 6/04	985 170 001 024 120	
32	72				✓				✓				✓			✓ 6/04	985 170 001 022 197	
33	73						✓		✓							✓ 4/14	985 170 000 983 339	
34	74						✓		✓							✓ 4/24	985 170 001 006 603	
35	75				✓				✓				✓			✓ 4/24	985 170 001 005 861	
36																		
37																		
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39																		
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41																		
42																		
43																		
44																		
45																		

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

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



National Center for  
Import and Export

Health Certificate No. T11-18298  
(Valid Only if the USDA Veterinary Seal  
Appears over the Certificate Number)

**UNITED STATES OF AMERICA INTERNATIONAL HEALTH CERTIFICATE TO  
EXPORT SLAUGHTER SHEEP AND GOATS TO MEXICO  
CERTIFICADO INTERNACIONAL DE LOS ESTADOS UNIDOS DE AMERICA PARA  
EXPORTAR OVINOS Y CAPRINOS PARA SACRIFICIO A MEXICO**

1. Name and Address of Consignor:

*Nombre y Dirección de Consignador:*

(b)(6)

TEXAS

(b)(6)

2. Name and Address of Consignee:

*Nombre y Dirección del Destinatario:*

GANADERIAS DE MEXICO SA DE CV  
EMPACADORA EL ARBOLITO SA DE CV TIF 422  
CALLE DEL ARBOL ESQUINA CON AVE ZUMPANGO  
S/N TEOLOYUCAN EDO DE MEXICO

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados*

Ear tag /Arete	Breed / Raza	Sex / Sexo
75401-75500	COLUMBIA	FEMALE
75501-75750	RAMBOUILLET	FEMALE
75751-75765	SUFFOLK	FEMALE
75766-75775	DORPER/SAINT	FEMALE
TOTAL: 375 SHEEP		

Average age of flock (estimated): 72 MONTHS

*Edad promedio del rebaño (estimado):* 72 MONTHS

In addition, the animals are identified by indelible paint brand, specifically an "X", approximately 5 inches x 5 inches in size, located dorsocaudally (in the tail head area).

*Adicionalmente presentan una "X" estampada con tinta indeleble en la parte dorsal del maslo de la cola, de un tamaño de 5 pulgadas de ancho por 5 pulgadas de altura.*

**CERTIFICATION STATEMENTS / CERTIFICACIONES**

1. Prior to the exportation, the animals were inspected and no signs of infectious and contagious diseases were observed.

*A la inspección previa a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.*

2. The animals did not show evidence of traumatism, lacerations, or visible tumors.

*Los animales no presentaron traumatismos, laceraciones ni tumoraciones visibles.*

MEXICO/HC Sheep goats for Slaughter  
October 12 2007





Health Certificate No. T11-18298  
(Valid Only if the USDA Veterinary Seal  
Appears over the Certificate Number)

3. (Include pertinent statement) [The animals were treated for ectoparasites.  
Date: 4/14/11 . Product used: PROLATE/LINTOX

(Incluya la declaración indicada) animales se trataron contra ectoparásitos.  
Fecha: 4/14/11 . Producto usado: PROLATE/LINTOX

4. The sheep were sheared within 30 days prior to exportation.  
*Los ovinos fueron trasquilados dentro de los 30 días previos a la exportación.*

5. The males to be exported were castrated.  
*Los machos a exportar fueron castrados.*

6. In the United States of America there are sanitary regulations in force that prohibit the feeding of ruminants with meat and bone meal or greaves of ruminant origin.  
*En los Estados Unidos de América existe reglamentación zoosanitaria vigente que prohíbe alimentar a los rumiantes con harinas de carne y hueso o con chicharrones (greaves) de origen rumiante.*

7. The day of the exportation the animals did not show any clinical signs of Scrapie or Maedi/Visna.  
*El día de su exportación, los animales no mostraron signos clínicos de Scrapie Maedi/Visna.*

8. The vehicles used for transportation of animals were cleaned and disinfected prior to the loading of animals and were kept sealed from the place of origin to the point of entrance into Mexico.  
*Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque y fueron flejados desde el lugar de origen hasta el punto de ingreso a México.*

CORUM, HERB DVM

Name of Accredited Veterinarian  
*Nombre del Médico  
Acreditado*

(b)(6)

Signature of Accredited Veterinarian  
*Firma del Médico Veterinario Acreditado*  
4/18/11

VOGT, H.L. DVM

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

(b)(6)

Date Endorsed and Signature  
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.*) 4/18/11

MEXICO/HC Sheep goats for Slaughter



Health Certificate No. T11-18299  
(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:

*Nombre y Dirección del Exportador:*

**B & B Trading Co  
996 Vista Hermosa  
Eagle Pass, Texas 78852**

2. Name and Address of Importer:

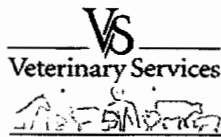
*Nombre y Dirección del Importador:*

**Carnicos de Jerez, S.A. de C.V.  
Carratera Jerez Sanchez Roman KM 27.5  
Jerez, Zacatecas, Mexico C.P. 99380**

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
USGN 9576 985170001008105	FEMALE	24 MONTHS	USGN 9584 985170000999795	NEUTER	108 MONTHS
9577 985170001011217	NEUTER	60 MONTHS	9585 985170001009634	NEUTER	108 MONTHS
9578 985170001023121	NEUTER	60 MONTHS	9586 985170001005703	FEMALE	84 MONTHS
9579 985170001022872	FEMALE	108 MONTHS	9587 985170000995926	NEUTER	96 MONTHS
9580 985170000995991	FEMALE	108 MONTHS	9588 985170001023495	FEMALE	108 MONTHS
9581 985170001008493	FEMALE	96 MONTHS	9589 985170001024656	FEMALE	96 MONTHS
9582 985170001010205	FEMALE	108 MONTHS	9590 985170001010471	NEUTER	96 MONTHS
9583 985170001005894	NEUTER	120 MONTHS	9591 985170001002937	NEUTER	60 MONTHS

Mexico, Slaughter horse HC



Health Certificate No. T11-18299  
(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
USGN 9592 98517000985150	FEMALE	72 MONTHS	USGN 9599 985170001023170	FEMALE	96 MONTHS
9593 985170001008663	NEUTER	108 MONTHS	9600 985170001007322	FEMALE	96 MONTHS
9594 985170001037813	FEMALE	120 MONTHS	9068 985170001006946	FEMALE	96 MONTHS
9595 985170001001107	FEMALE	120 MONTHS	9069 985170001024963	FEMALE	108 MONTHS
9596 985170001023553	FEMALE	96 MONTHS	9070 985170001005301	NEUTER	84 MONTHS
9597 985170001006673	NEUTER	108 MONTHS	TOTAL:28 HORSES		
9598 985170001017307	NEUTER	120 MONTHS			

**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 4/16/11

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. T11-18299  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

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.*].

CORUM, HERB DVM

Name of Accredited Veterinarian  
*Nombre del Médico Veterinario  
Acreditado*

(b)(6)

Signature of Accredited Veterinarian and Date  
Veterinarian  
*Firma del Médico Veterinario Acreditado  
y Fecha 4/18/11*

VOGT, H.L. DVM

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

(b)(6)

Signature of Endorsing Federal Veterinarian  
*Firma del Médico Veterinario que endosa  
y Fecha 4/18/11*

(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

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

OWNERSHIP CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY  
(Please type or print in ink)

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

ONE HORSE LOADED ON CONVEYANCE  
*100 P.M.*  
DATE  
*4-15-11*

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE  
*Nashville TN*

(b)(6)

NAME OF AUCTION/MARKET  
*N/A*

OWNER(S) (SHIPPER) NAME  
*340 Trading Co*  
STREET ADDRESS  
*946 Union, Herndon*  
CITY, STATE, ZIP CODE  
*Engle Mass TN 79152*  
AREA CODE & TELEPHONE NO.  
*730 757-6404*

CONSIGNEE (RECEIVER/DESTINATION) NAME  
*Chavez de Jeter S.A. de C.V.*  
STREET ADDRESS  
*Chavez de Jeter Sanchez, Aguascalientes*  
CITY, STATE, ZIP CODE  
*Jeter Llaneros, Mexico C.P. 99380*  
AREA CODE & TELEPHONE NO.  
*449 45-40-44*

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	Chest	Other	TB	QT	Orlt	Pony	Other	Mare	Stall	Gold		
1	1564	86	✓						✓				✓			244	985 170 001 008 105
2		77			✓				✓							104	985 170 001 011 217
3		78	✓						✓							104	985 170 001 023 121
4		79	✓						✓				✓			104	985 170 001 022 872
5		80			✓				✓				✓			104	985 170 000 995 991
6		81				✓			✓				✓			104	985 170 001 008 493
7		82				✓			✓				✓			104	985 170 001 010 205
8		83					✓		✓							104	985 170 001 005 894
9		84			✓				✓							104	985 170 000 999 795
10		85	✓						✓							104	985 170 001 009 634
11		86				✓			✓				✓			844	985 170 001 005 703
12		87			✓				✓							104	985 170 000 995 926
13		88				✓			✓				✓			104	985 170 001 023 495
14		89			✓				✓				✓			104	985 170 001 024 656
15	1564	90	✓						✓							104	985 170 001 010 471

HORSES HAVE BEEN INSPECTED FOR A MINIMUM OF 6 CONSECUTIVE HOURS

SIGNATURE  
(b)(6)

HEREBY AUTHORIZING THE CFA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFA 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 \$50,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE  
(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFA)  
EST.  
DATE  
TIME

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

AS FORM

Previous editions are obsolete

PAGE 1 OF

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

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

(Please type or print in ink)

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

FORM  
APPROVED  
OMB NO.  
0579-0160

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
		Bay	Gray	Blk	Pink	White	Other		TB	QT	Draft	Pony	Other	Male	Stall	Gold		
4164	91						✓			✓							✓	985 170 001 002 937
	92				✓					✓					✓		✓	985 170 000 985 150
	93					✓				✓							✓	985 170 001 008 663
	94	✓								✓					✓		✓	985 170 001 037 813
	95					✓				✓					✓		✓	985 170 001 001 107
	96		✓							✓					✓		✓	985 170 001 023 553
	97						✓			✓							✓	985 170 001 006 673
	98					✓				✓							✓	985 170 001 017 307
	99					✓				✓					✓		✓	985 170 001 023 170
	100						✓			✓					✓		✓	985 170 001 007 322
	101						✓			✓					✓		✓	985 170 001 006 946
	102									✓					✓		✓	985 170 001 024 963
4164	70					✓				✓							✓	985 170 001 005 301

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

(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

Control Number: 8101B0364

210-719-0000

Office Id: 978101

Rathke'S Vet Clinic

Service Date(s)

404 Converse

Begin: 15-APR-11

Del Rio

TX 78840

End: 19-APR-11

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	1759781177 0250	52.00	5.00	260.00

Total Due \$ 260.00

Remarks: 17-140's T11-18295 @ T11-18299

Payment Information

Nfc Id  
451522562VA

Date	Amount	Payment Type	Account/Check #
19-APR-11	\$ 260.00	Credit Acct	

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.

481B8013



Microchip number / Numero de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Numero de microchip	Sex / Sexo	Approximate age/Edad aproximada
USFS 5271 985170001104532	Gelding	60 Months	USFS 5276 985170001060232	Mare	72 Months
USFS 5272 985170001099068	Mare	96 Months	USFS 5277 985170001040107	Gelding	72 Months
USFS 5273 985170001083893	Mare	60 Months	USFS 5278 985170001055271	Gelding	96 Months
USFS 5274 985170001098264	Gelding	60 Months	USFS 5279 985170001074200	Gelding	96 Months
USFS 5275 985170001060626	Mare	48 Months	USFS 5280 985170001055054	Mare	84 Months

**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 inspection efectuada por un veterinario oficial dentro de los 30 dias previos a la exportacion, los animales no presentaron signos de enfermedades infectocontagiosas.*

Inspection date / Fecha de inspection 4/16/2011

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

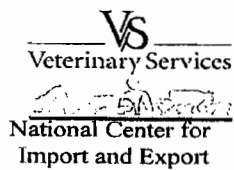
*Los vehiculos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfeccion antes del embarque.*

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 dias previos a la exportacion, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiologicamente con instalaciones o animales infectados.*



USDA



Health Certificate No. 7117618  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

CENB

5. [The animals are free of ectoparasite and originated from areas not under quarantine for Boophilus pp ticks]  
[Los animales estan libres de ectopatasitos y provienen de areas no cuarentenadas por garrapatas Boophilus spp]

**Khris Crowe, DVM**

Name of Accredited Veterinarian  
*Nombre del Medico Veterinario  
Acreditado*

*Date: April 17th, 2011*

(b)(6)

[Redacted signature area]

4/17/2011

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

**W H BROWN DVM**

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

(b)(6)

[Redacted signature area]

4-18-11

Signature of Endorsing Federal Veterinarian and Date  
*Firma del Medico 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 esta sobre la firma del Medico Veterinario Federal*).

Mexico, Slaughter horse HC

**AFFIDAVIT  
DECLARACION JURADA**

I (print) \_\_\_\_\_ declare that horses

included in this shipment and accompanied by the health certificate number 7117614 have

not been fed to 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 los caballos en este embarque, acompanados por el certificado sanitario numero 7117614 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta (180) dias 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 ronidazol.

*Aristolochia sppy cualquier otra preparacion derivada de esta planta, cloranfenicol, doroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incuding furazolidona) y rodinazole.*

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, asi com esteroides anabolicos.*

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

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

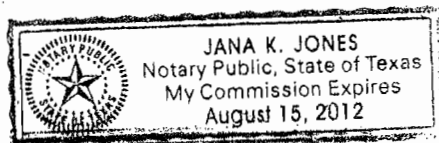
Date and Signature of exporter  
Fecha y firma del exportador

(b)(6)

Date and signature of the Notary Public  
Fecha y firma del Ntrario Publico

(b)(6)

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  
MB NO.  
0579-0160

7117618

TIME HORSES LOADED ON CONVEYANCE	DATE: 4/17/2011	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE Gainesville, TX
(b)(6) NAME	NAME OF AUCTION/MARKET	
(b)(6) CONSIGNOR (OWNER/SHIPPER) NAME	CONSIGNEE (RECEIVER/DESTINATION) NAME Inter Meats, S.A. DE C.V.	
(b)(6)	STREET ADDRESS AV. Universidad NO. 602 INT. 19 Union Ganadera	
(b)(6) CODE (b)(6) TX	CITY, STATE, ZIP CODE AGUASCALIENTES, AGS. C.P. 20130	
AREA CODE & TELEPHONE NO. (b)(6)	AREA CODE & TELEPHONE NO. (626)453-3750	

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	USFS	5251				X				X				X			48 Months	985170001081930
2	USFS	5252				X				X				X			48 Months	985170001086255
3	USFS	5253						X		X				X			144 Months	985170001057864
4	USFS	5254					X			X				X			48 Months	985170001052006
5	USFS	5255	X							X				X			36 Months	985170001090634
6	USFS	5256	X							X				X			36 Months	985170001055758
7	USFS	5257					X			X				X			144 Months	985170001045170
8	USFS	5258				X				X				X			48 Months	985170001040497
9	USFS	5259	X							X						X	48 Months	985170001043278
10	USFS	5260				X				X				X			60 Months	985170001040713
11	USFS	5261					X			X				X			48 Months	985170001104655
12	USFS	5262	X							X						X	48 Months	985170001062802
13	USFS	5263					X			X						X	24 Months	985170001097319
14	USFS	5264				X				X				X			120 Months	985170001043463
15	USFS	5265					X			X				X			24 Months	985170001056460

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE	CANADIAN FOOD INSPECTION AGENCY (CFIA)
SIGNATURE (b)(6)	EST.
	DATE
	TIME
I HEREBY AUTHORIZE THE SIGNATURE 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 OWNER/SHIPPER(' certify that the information contained in this form is true and correct to the best of my knowledge.)	EST.
(b)(6)	DATE
	TIME

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  
MB NO.  
0679-0160

1117614

TIME HORSES LOADED ON CONVEYANCE

DATE  
4/17/2011

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Gainesville, TX

NAME OF AUCTION/MARKET

CONSIGNEE (RECEIVER/DESTINATION) NAME  
Inter Meats, S.A. DE C.V.

STREET ADDRESS

AV. Universidad NO. 602 INT. 19 Union Ganadera

CITY, STATE, ZIP CODE

AGUASCALIENTES, AGS. C.P. 20130

AREA CODE & TELEPHONE NO.

AREA CODE & TELEPHONE NO.

(626)453-3750

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		
16	USFS	5266	X							X						X	48 Months	985170001053708
17	USFS	5267	X							X						X	48 Months	985170001081126
18	USFS	5268	X							X						X	48 Months	985170001048497
19	USFS	5269					X			X				X			144 Months	985170001053461
20	USFS	5270					X			X				X			24 Months	985170001047954
21	USFS	5271				X				X						X	60 Months	985170001104532
22	USFS	5272	X							X				X			96 Months	985170001099068
23	USFS	5273	X							X				X			60 Months	985170001083893
24	USFS	5274					X			x						X	60 Months	985170001098264
25	USFS	5275					X			X				X			48 Months	985170001060626
26	USFS	5276				X				X				X			72 Months	985170001060232
27	USFS	5277				X				X						X	72 Months	985170001040107
28	USFS	5278	X							X						X	96 Months	985170001055271
29	USFS	5279				X				X						X	96 Months	985170001074200
30	USFS	5280	X							X				X			84 Months	985170001055054

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

SIGNATURE

I HEREBY CERTIFY THAT 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 SIGNER IS TRUE TO THE BEST OF HIS OR HER KNOWLEDGE. USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME

PRESIDIO I PORT / HORSE EXPORT

Name and Address of Remitter:

Service Date

(b)(6)

4/18/2011

(b)(6), TX (b)(6)

<u>Code</u>	<u>Description</u>	<u>Unit Cost</u>	<u># of Units</u>	<u>Total Dollars</u>
1	HC T 111614	\$52.00	(30hd) 1	\$52.00
2				
3				
4				
5				
6				
Total Due				\$52.00

Payment Information

<u>Date</u>	<u>Amount</u>	<u>Payment Type</u>	<u>Account / Check #</u>
		On Account	
4/18/2011	\$52.00	Check	171
		CASH	
		Money Order	
		Credit Card	



(b)(6)

88-473/1123

171

(b)(6)

TX (b)(6)

DATE 4-18-11

PAY TO THE ORDER OF

U. S. D. A.

\$522

DOLLARS

Big Bend Banks

1ST PRESIDIO BANK

(b)(6)

MEMO (b)(6)

if the USDA Veterinary Seal  
ver the Certificate Number)

CWB

ORSES EXPORTED  
XICO  
1R CABALLOS PARA  
CO

for residue are  
Form 10-13 must have

completed and presented at the border with the following information: HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

*Nota: Mexico aceptara este envio de caballos solamente si la forma VS FORM 10-13 y la declaracion jurada estan completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El numero de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. Mexico no aceptara machos sin castrar ni monorchideos.*

1. Name and Address of Exporter:

Nombre y Direccion del Exportador:

(b)(6)

TX (b)(6)
2. Name and Address of Importer:

Nombre y Direccion del Importador:

Inter Meats, S.A.DE C.V.

AV. Universidad NO. 602 Int.19

Union Ganadera

Aguascalientes,AGS. C.P. 20103

R.F.C.: IME080619P83

3. Identification of the animals to be exported / Identificacion de los animales a ser exportados.
- All Microchips are on Left side Top of Neck.

Microchip number / Numero de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Numero de microchip	Sex / Sexo	Approximate age/ Edad aproximada
USFS 5251 985170001081930	Mare	48 Months	USFS 5261 985170001104655	Mare	48 Months
USFS 5252 985170001086255	Mare	48 Months	USFS 5262 985170001062802	Gelding	48 Months
USFS 5253 985170001057864	Mare	144 Months	USFS 5263 985170001097319	Gelding	24 Months
USFS 5254 985170001052006	Mare	48 Months	USFS 5264 985170001043463	Mare	120 Months
USFS 5255 985170001090634	Mare	36 Months	USFS 5265 985170001056460	Mare	24 Months
USFS 5256 985170001055758	Mare	36 Months	USFS 5266 985170001053708	Gelding	48 Months
USFS 5257 985170001045170	Mare	144 Months	USFS 5267 985170001081126	Gelding	48 Months
USFS 5258 985170001040497	Mare	48 Months	USFS 5268 985170001048497	Gelding	48 Months
USFS 5259 985170001043278	Gelding	48 Months	USFS 5269 985170001053461	Mare	144 Months
USFS 5260 985170001040713	Mare	60 Months	USFS 5270 985170001047954	Mare	24 Months

Mexico. Slaughter horse HC

481B8013



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

Originating Office Phone

Control Number: 4801B8013

Office Id: 974801

Service Date(s)

Begin: 18-APR-11

End: 18-APR-11

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	1759748177 0250	52.00	1.00	52.00

Total Due \$ 52.00

Remarks: Health Certificate # T117614

Payment Information

Nfc Id  
9999999999V

Date	Amount	Payment Type	Account/Check #
21-APR-11	\$ 52.00	Check	171

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.



37  
Health Certificate No. 7117490  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

WHS

**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**

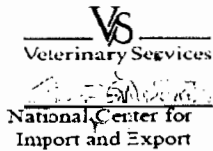
**Note:** Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

**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:  
*Nombre y Dirección del Exportador:* [REDACTED] TX (a)(n) (g)(q) (g)(q)
2. Name and Address of Importer:  
*Nombre y Dirección del Importador:* Carnicos de Jerez, S.A. de C.V.  
Eusebio Kino No. 204 Roble Norte  
Nuevo Leon, N.L. 66446
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
USFV 5851 985170000995054	MARE	24 MONTHS	USFV 5852 985170000995940	MARE	96 MONTHS
USFV 5853 985170000991289	GELDING	72 MONTHS	USFV 5854 985170000998698	GELDING	132 MONTHS
USFV 5855 985170001044693	MARE	84 MONTHS	USFV 5856 985170001046313	GELDING	108 MONTHS
USFV 5857 985170001004793	GELDING	48 MONTHS	USFV 5858 985170000998794	MARE	96 MONTHS
USFV 5859 985170000994730	GELDING	132 MONTHS	USFV 5860 985170001045484	GELDING	60 MONTHS
USFV 5861 985170001002296	MARE	36 MONTHS	USFV 5862 985170000991877	GELDING	144 MONTHS
USFV 5863 985170000997102	GELDING	96 MONTHS	USFV 5864 985170000990499	GELDING	84 MONTHS
USFV 5865 985170000999931	GELDING	120 MONTHS	USFV 5866 985170000990945	MARE	72 MONTHS

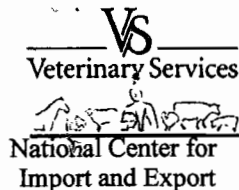
3/8/11



Health Certificate No. 71117490  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

ceatB

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>
USFV 5867 985170000996138	GELDING	48 MONTHS	USFV 5868 985170001003359	MARE	60 MONTHS
USFV 5869 985170001017695	MARE	132 MONTHS	USFV 5870 985170001004514	MARE	36 MONTHS
USFV 5871 985170000991138	MARE	84 MONTHS	USFV 5872 985170000991551	GELDING	24 MONTHS
USFV 5873 985170001004611	MARE	72 MONTHS	USFV 5874 985170000987741	GELDING	132 MONTHS
USFV 5875 985170000990092	GELDING	108 MONTHS	USFV 5876 985170000989081	MARE	132 MONTHS
USFV 5877 985170000999767	MARE	96 MONTHS	USFV 5878 985170000989380	MARE	60 MONTHS
USFV 5879 985170000990755	MARE	72 MONTHS	USFV 5880 985170000987392	MARE	36 MONTHS
USFV 5881 985170001047371	MARE	120 MONTHS	USFV 5882 985170000998130	MARE	144 MONTHS
USFV 5883 985170000998070	MARE	96 MONTHS	USFV 5884 985170001022665	MARE	144 MONTHS
USFV 5885 985170000990859	MARE	60 MONTHS	USFV 5886 985170000997258	MARE	36 MONTHS
USFV 5887 985170000998240	MARE	156 MONTHS			



Health Certificate No. 71117490 *CLWB*  
(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

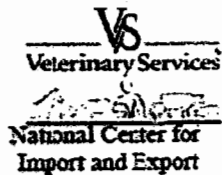
**CERTIFICATION STATEMENTS / CERTIFICACIONES**

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 03/05/2011

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. 7117490  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

WAS

5. [The animals are free of ectoparasite and originated from areas not under quarantine for Boophilus pp ticks.]

[Los animals estan libres de ectopatasitos y provienen de areas no cuarentenadas por garrapatas Boophilus spp.]

Nitchel Jager DVM

Name of Accredited Veterinarian

*Nombre del Medico Veterinario*

*Acreditado*

W B BROWN DVM

Name of Endorsing Federal Veterinarian

*Nombre del Medico Veterinario*

*Federal que endosa.*

(b)(6)

3/5/11

Signature of Accredited Veterinarian and Date

*Firma del Medico Veterinario Acreditado*

*Y Fecha*

(b)(6)

3-8-11

Signature of Endorsing Federal Veterinarian

and Date

*Firma del Medico Veterinario que endosa*

*Y Fecha*

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.)

(Valido Solamente si el sello veterinario del USDA esta sobre la firma del Medico Veterinario Federal).

u43

**AFFIDAVIT  
DECLARACIÓN JURADA**

I (print) (b)(6) declare that the horses included in this shipment and accompanied by the health certificate number 7117490 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 7117490 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 03/05/20  
*Fecha y firma del exportador*

(b)(6)

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



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

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

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FORM  
APPROVED  
OMB NO.  
0579-0160  
77117490

TIME HORSES LOADED ON CONVEYANCE	DATE 03/05/2011	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE Waco, TX
VEHICLE LICENSE NO. AND DRIVER'S NAME		NAME OF AUCTION/MARKET NA
CONSIGNOR (OWNER/SHIPPER) NAME (b)(6)		CONSIGNEE (RECEIVER/DESTINATION) NAME Carnicos de Jerez, S.A. de C.V.
		STREET ADDRESS Eusebio Kino No. 204 Roble Norte
CITY, STATE, ZIP CODE (b)(6) TX (b)(6)		CITY, STATE, ZIP CODE Nuevo Leon, N.L. 66446
AREA CODE & TELEPHONE NO. (b)(6)		AREA CODE & TELEPHONE NO.

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE																		
<input checked="" type="checkbox"/> Pregnant mares are not likely to foal (give birth) during the trip.									<input checked="" type="checkbox"/> Horses are able to bear weight on all 4 limbs.									
<input checked="" type="checkbox"/> Foals are older than 6 months of age.									<input checked="" type="checkbox"/> Horses are not blind in both eyes.									<input checked="" type="checkbox"/> Horses are able to walk unassisted.
	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFV	5851	X							X				X			24 MONTHS	985170000995054
2	USFV	5852					X			X				X			96 MONTHS	985170000995940
3	USFV	5853				X				X						X	72 MONTHS	985170000991289
4	USFV	5854	X							X						X	132 MONTHS	985170000998698
5	USFV	5855					X			X				X			84 MONTHS	985170001044693
6	USFV	5856		X						X						X	108 MONTHS	985170001046313
7	USFV	5857					X			X						X	48 MONTHS	985170001004793
8	USFV	5858						ROAN		X				X			96 MONTHS	985170000998794
9	USFV	5859			X					X						X	132 MONTHS	985170000994730
10	USFV	5860	X							X						X	60 MONTHS	985170001045484
11	USFV	5861		X						X				X			36 MONTHS	985170001002296
12	USFV	5862					X			X						X	144 MONTHS	985170000991877
13	USFV	5863					X			X						X	96 MONTHS	985170000997102
14	USFV	5864					X			X						X	84 MONTHS	985170000990499
15	USFV	5865	X							X						X	120 MONTHS	985170000999931

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 8 CONSECUTIVE HOURS IN (b)(6) PLACE.	CANADIAN FOOD INSPECTION AGENCY (CFIA) EST. _____ DATE _____ TIME _____	
SIGNATURE _____		DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF) EST. _____ DATE _____ TIME _____
I HEREBY CERTIFY THAT THE DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).		
SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge) (b)(6)		

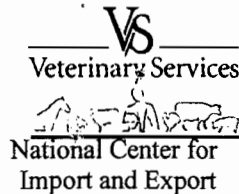
**OWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY  
(CONTINUATION SHEET)**  
*(Please type or print in ink)*

FORM  
APPROVED  
OMB NO.  
0579-0160

71117490

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).

VS FORM 10-107  
(SEP 2002)



35

Health Certificate No. 7117491  
(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:

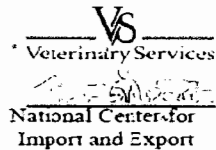
Nombre y Dirección del Exportador: (b)(6) TX (b)(6)

2. Name and Address of Importer:

Nombre y Dirección del Importador: Carnicos de Jerez, S.A. de C.V.  
Eusebio Kino No. 204 Roble Norte  
Nuevo Leon, N.L. 66446

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
USFV 1001 981020005354277	GELDING	132 MONTHS	USFV 1002 981020005345141	MARE	60 MONTHS
USFV 1003 981020005349018	GELDING	108 MONTHS	USFV 1004 981020005337026	GELDING	72 MONTHS
USFV 1005 981020005342488	MARE	96 MONTHS	USFV 1006 981020005336100	GELDING	36 MONTHS
USFV 1007 981020005335910	GELDING	84 MONTHS	USFV 1008 981020005350505	GELDING	60 MONTHS
USFV 1009 981020005335089	GELDING	48 MONTHS	USFV 1010 981020005355554	MARE	72 MONTHS
USFV 1011 981020005341446	GELDING	132 MONTHS	USFV 1012 981020005349248	GELDING	108 MONTHS
USFV 1013 981020005352864	MARE	144 MONTHS	USFV 1014 981020005354296	MARE	120 MONTHS
USFV 1015 981020005350068	MARE	36 MONTHS	USFV 1016 981020005330412	MARE	72 MONTHS



Health Certificate No. 7111749  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

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>
USFV 1017 981020005334654	GELDING	96 MONTHS	USFV 1018 981020005354761	MARE	108 MONTHS
USFV 1019 981020005333333	GELDING	132 MONTHS	USFV 1020 981020005337634	MARE	156 MONTHS
USFV 1021 981020005351030	MARE	60 MONTHS	USFV 1022 981020005360170	GELDING	48 MONTHS
USFV 1023 981020005341150	MARE	96 MONTHS	USFV 1024 981020005354314	GELDING	120 MONTHS
USFV 1025 981020005353583	MARE	72 MONTHS	USFV 1026 981020005340889	MARE	48 MONTHS
USFV 1027 981020005341192	MARE	60 MONTHS	USFV 1028 981020005357949	GELDING	132 MONTHS
USFV 1029 981020005349808	MARE	108 MONTHS	USFV 1030 981020005353854	MARE	72 MONTHS
USFV 1031 981020005360278	MARE	144 MONTHS	USFV 1032 981020005328996	MARE	120 MONTHS
USFV 1033 981020005347164	MARE	60 MONTHS	USFV 1034 981020005330373	MARE	84 MONTHS
USFV 1035 981020005350071	MARE	36 MONTHS			



Health Certificate No. 71117491  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

CENS

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

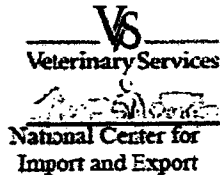
1. Horses originate from the United States.  
*Los animales son originarios de Estados Unidos.*

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 03/04/2011

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. 71117491  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

CLAS

5. [The animals are free of ectoparasite and originated from areas not under quarantine for Boophilus pp ticks.]  
[Los animals estan libres de ectopatasitos y provienen de areas no cuarentenadas por garrapatas Boophilus spp.]

Nitchel J. J. DVM

Name of Accredited Veterinarian  
*Nombre del Medico Veterinario*  
*Acreditado*

W. BROWN DVM

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

(b)(6)

3/4/11

*Firma del Medico Veterinario Acreditado*  
*Y Fecha*

(b)(6)

3-8-11

Signature of Endorsing Federal Veterinarian  
and Date  
*Firma del Medico Veterinario que endosa*  
*Y Fecha*

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.)  
(Valido Solamente si el sello veterinario del USDA esta sobre la firma del Medico Veterinario Federal).

2683

AFFIDAVIT  
DECLARACIÓN JURADA

I (print) (b)(6) declare that the horses included in this shipment and accompanied by the health certificate number 7117491 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 7117491 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, demetridazol, 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 03/04/2011  
Fecha y firma del exportador

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

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

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

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

FORM  
APPROVED  
OMB NO.  
0579-0160

71117491

TIME HORSES LOADED ON CONVEYANCE	DATE 03/04/2011	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE Waco, TX
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET NA	
CONSIGNOR (OWNER/SHIPPER) NAME (b)(6)	CONSIGNEE (RECEIVER/DESTINATION) NAME Carnicos de Jerez, S.A. de C.V.	
	STREET ADDRESS Eusebio Kino No. 204 Roble Norte	
STATE, ZIP CODE (b)(6) TX (b)(6)	CITY, STATE, ZIP CODE Nuevo Leon, N.L. 66446	
AREA CODE & TELEPHONE NO. (b)(6)	AREA CODE & TELEPHONE NO.	

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFV	1001						DUN		X						X	132 MONTHS	981020005354277
2	USFV	1002	X							X				X			60 MONTHS	981020005345141
3	USFV	1003		X						X						X	108 MONTHS	981020005349018
4	USFV	1004					X			X						X	72 MONTHS	981020005337026
5	USFV	1005					X			X				X			96 MONTHS	981020005342488
6	USFV	1006	X							X						X	36 MONTHS	981020005336100
7	USFV	1007						PAL		X						X	84 MONTHS	981020005335910
8	USFV	1008	X							X						X	60 MONTHS	981020005350505
9	USFV	1009						PAL		X						X	48 MONTHS	981020005335089
10	USFV	1010					X			X				X			72 MONTHS	981020005355554
11	USFV	1011					X			X						X	132 MONTHS	981020005341446
12	USFV	1012					X			X						X	108 MONTHS	981020005349248
13	USFV	1013					X			X				X			144 MONTHS	981020005352864
14	USFV	1014					X			X				X			120 MONTHS	981020005354296
15	USFV	1015					X			X				X			36 MONTHS	981020005350068

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  
the best

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

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

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

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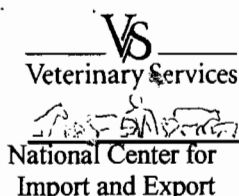
FORM  
APPROVED  
OMB NO.  
0579-0160

7117491

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFV	1016	X							X				X			72 MONTHS	981020005330412
17	USFV	1017		X						X						X	96 MONTHS	981020005334654
18	USFV	1018					X			X				X			108 MONTHS	981020005354761
19	USFV	1019	X							X						X	132 MONTHS	981020005333333
20	USFV	1020					X			X				X			156 MONTHS	981020005337634
21	USFV	1021	X							X				X			60 MONTHS	981020005351030
22	USFV	1022					X			X						X	48 MONTHS	981020005360170
23	USFV	1023						PAL		X				X			96 MONTHS	981020005341150
24	USFV	1024		X						X						X	120 MONTHS	981020005354314
25	USFV	1025					X			X				X			72 MONTHS	981020005353583
26	USFV	1026	X							X				X			48 MONTHS	981020005340889
27	USFV	1027	X							X				X			60 MONTHS	981020005341192
28	USFV	1028	X							X						X	132 MONTHS	981020005357949
29	USFV	1029	X							X				X			108 MONTHS	981020005349808
30	USFV	1030	X							X				X			72 MONTHS	981020005353854
31	USFV	1031	X							X				X			144 MONTHS	981020005360278
32	USFV	1032	X							X				X			120 MONTHS	981020005328996
33	USFV	1033						PAL		X				X			60 MONTHS	981020005347164
34	USFV	1034	X							X				X			84 MONTHS	981020005330373
35	USFV	1035	X							X				X			36 MONTHS	981020005350071
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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SIGNATURE (b)(6) \_\_\_\_\_ned in this form is true and correct to the best of my knowledge.)



34

Health Certificate No. 7117492  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

CL53

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:

Nombre y Dirección del Exportador:

(b)(6)  
(b)(6)  
(b)(6)

2. Name and Address of Importer:

Nombre y Dirección del Importador:

Carnicos de Jerez, S.A. de C.V.  
Eusebio Kino No. 204 Roble Norte  
Nuevo Leon, N.L. 66446

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
USHB 1101 985170000988873	MARE	36 MONTHS	USHB 1102 985170001004507	GELDING	132 MONTHS
USHB 1103 985170001045378	GELDING	60 MONTHS	USHB 1104 985170001047142	GELDING	84 MONTHS
USHB 1105 985170001047572	MARE	120 MONTHS	USHB 1106 985170000991508	MARE	72 MONTHS
USHB 1107 9851700010013888	MARE	48 MONTHS	USHB 1108 985170001015462	MARE	96 MONTHS
USHB 1109 985170000991921	GELDIING	144 MONTHS	USHB 1110 985170001001577	GELDING	108 MONTHS
USHB 1111 985170001003931	MARE	72 MONTHS	USHB 1112 985170001006640	MARE	96 MONTHS
USHB 1113 985170000984073	MARE	60 MONTHS	USHB 1114 985170001023911	MARE	108 MONTHS
USHB 1115 985170000994132	GELDING	120 MONTHS	USHB 1116 985170001044427	MARE	132 MONTHS



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

Originating Office Phone

Control Number: 4801B6721

Office Id: 974801

Service Date(s)

Begin: 08-MAR-11

End: 08-MAR-11

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	1759748177 0250	52.00	4.00	208.00

Total Due \$ 208.00

Remarks: Health Certificate # T1117490, 7491, 7492, 7493

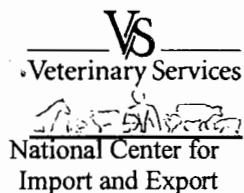
Payment Information

Nfc Id  
9999999999V

Date	Amount	Payment Type	Account/Check #
23-MAR-11	\$ 208.00	Check	1603

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. 71117579  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

4423

**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:

Nombre y Dirección del Exportador:

(b)(6)  
(b)(6) x (b)(6)

2. Name and Address of Importer:

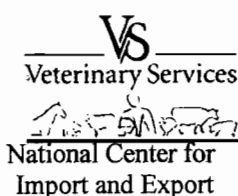
Nombre y Dirección del Importador:

Carnicos de Jerez, S.A. de C.V.  
Eusebio Kino No. 204 Roble Norte  
Nuevo Leon, N.L. 66446

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
USHB 1651 985170000993415	MARE	96 MONTHS	USHB 1652 985170001004858	MARE	132 MONTHS
USHB 1653 985170001045535	MARE	60 MONTHS	USHB 1654 985170000998420	MARE	84 MONTHS
USHB 1655 985170001009221	MARE	36 MONTHS	USHB 1656 985170001047008	GELDING	120 MONTHS
USHB 1657 985170001045591	GELDING	72 MONTHS	USHB 1658 985170001044613	MARE	24 MONTHS
USHB 1659 985170001046974	MARE	108 MONTHS	USHB 1660 985170001004761	GELDING	144 MONTHS
USHB 1661 985170001024858	MARE	60 MONTHS	USHB 1662 985170001038101	MARE	36 MONTHS
USHB 1663 985170001004144	MARE	84 MONTHS	USHB 1664 985170001045354	GELDING	120 MONTHS
USHB 1665 985170000994315	MARE	96 MONTHS	USHB 1666 985170001046222	GELDING	132 MONTHS

3/24/11



Health Certificate No. 2117579  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

CUB

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
USHB 1667 985170000993673	MARE	36 MONTHS	USHB 1668 985170001036178	GELDING	60 MONTHS
USHB 1669 985170001047244	GELDING	108 MONTHS	USHB 1670 985170001029198	MARE	72 MONTHS
USHB 1671 985100102707670	MARE	48 MONTHS	USHB 1672 985170001046685	MARE	144 MONTHS
USHB 1673 985170001044634	MARE	72 MONTHS	USHB 1674 985170001004030	GELDING	96 MONTHS
USHB 1675 985170001047013	GELDING	36 MONTHS	USHB 1676 985170001046516	MARE	60 MONTHS
USHB 1677 985170001017073	GELDING	48 MONTHS	USHB 1678 985170000998506	MARE	144 MONTHS
USHB 1679 985170001011044	MARE	108 MONTHS	USHB 1680 985170001002104	GELDING	60 MONTHS

#### 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 03/20/2011

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.*

CentB



Health Certificate No. 76117519  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

5. [The animals are free of ectoparasite and originated from areas not under quarantine for Boophilus pp ticks.]

[Los animals estan libres de ectopatasitos y provienen de areas no cuarentenadas por garrapatas Boophilus spp.]

Nitchel J. Lopez DVM

Name of Accredited Veterinarian

*Nombre del Medico Veterinario*

*Acreditado*

W H BROWN DVM

Name of Endorsing Federal Veterinarian

*Nombre del Medico Veterinario*

*Federal que endosa.*

(b)(6)

3/20/11

ate

*Firma del Medico Veterinario Acreditado*

*Y Fecha*

(b)(6)

3-24-11

Signature of Endorsing Federal Veterinarian  
and Date

*Firma del Medico Veterinario que endosa*

*Y Fecha*

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.)

(Valido Solamente si el sello veterinario del USDA esta sobre la firma del Medico Veterinario Federal).

CENB

AFFIDAVIT  
DECLARACIÓN JURADA

I (print) (b)(6) declare that the horses included in this shipment and accompanied by the health certificate number 71117579 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 71117519 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, demetridazol, 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 03/01/00  
*Fecha y firma del exportador*

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



U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE										According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.										FORM APPROVED OMB NO. 0579-0160 26117519									
OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (Please type or print in ink)																													
TIME HORSES LOADED ON CONVEYANCE										DATE 03/20/2011										CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE Waco, TX									
VEHICLE LICENSE NO. AND DRIVER'S NAME										NAME OF AUCTION/MARKET NA																			
CONSIGNOR (OWNER/SHIPPER) NAME (b)(6)										CONSIGNEE (RECEIVER/DESTINATION) NAME Carnicos de Jerez, S.A. de C.V.																			
										STREET ADDRESS Eusebio Kino No. 204 Roble Norte																			
CITY, STATE, ZIP CODE (b)(6) TX (b)(6)										CITY, STATE, ZIP CODE Nuevo Leon, N.L. 66446																			
AREA CODE & TELEPHONE NO. (b)(6)										AREA CODE & TELEPHONE NO.																			
CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE																													
<input checked="" type="checkbox"/> Pregnant mares are not likely to foal (give birth) during the trip.										<input checked="" type="checkbox"/> Horses are able to bear weight on all 4 limbs.										<input checked="" type="checkbox"/> Horses are able to walk unassisted.									
<input checked="" type="checkbox"/> Foals are older than 6 months of age.										<input checked="" type="checkbox"/> 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	USHB	1651	X							X				X			96 MONTHS	985170000993415											
2	USHB	1652	X							X				X			132 MONTHS	985170001004858											
3	USHB	1653						X		X				X			60 MONTHS	985170001045535											
4	USHB	1654					X			X				X			84 MONTHS	985170000998420											
5	USHB	1655		X						X				X			36 MONTHS	985170001009221											
6	USHB	1656					X			X						X	120 MONTHS	985170001047008											
7	USHB	1657						X		X						X	72 MONTHS	985170001045591											
8	USHB	1658						X		X				X			24 MONTHS	985170001044613											
9	USHB	1659		X						X				X			108 MONTHS	985170001046974											
10	USHB	1660					X			X						X	144 MONTHS	985170001004761											
11	USHB	1661		X						X				X			60 MONTHS	985170001024858											
12	USHB	1662	X							X				X			36 MONTHS	985170001038101											
13	USHB	1663						X		X				X			84 MONTHS	985170001004144											
14	USHB	1664					X			X						X	120 MONTHS	985170001045354											
15	USHB	1665	X							X				X			96 MONTHS	985170000994315											
HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE. (b)(6)															CANADIAN FOOD INSPECTION AGENCY (CFIA) EST. _____ DATE _____ TIME _____														
SIGNATUR (b)(6)															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/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge) (b)(6)																													

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

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

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

FORM  
APPROVED  
OMB NO.  
0579-0160

7617519

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USHB	1666					X			X						X	132 MONTHS	985170001046222
17	USHB	1667	X							X				X			36 MONTHS	985170000993673
18	USHB	1668	X							X						X	60 MONTHS	985170001036178
19	USHB	1669				X				X						X	108 MONTHS	985170001047244
20	USHB	1670	X							X				X			72 MONTHS	985170001029198
21	USHB	1671						X		X				X			48 MONTHS	985170001027076
22	USHB	1672				X				X				X			144 MONTHS	985170001046685
23	USHB	1673					X			X				X			72 MONTHS	985170001044634
24	USHB	1674						X		X						X	96 MONTHS	985170001004030
25	USHB	1675					X			X						X	36 MONTHS	985170001047013
26	USHB	1676						X		X				X			60 MONTHS	985170001046516
27	USHB	1677						X		X						X	48 MONTHS	985170001017073
28	USHB	1678	X							X				X			144 MONTHS	985170000998506
29	USHB	1679	X							X				X			108 MONTHS	985170001011044
30	USHB	1680			X					X						X	60 MONTHS	985170001002104
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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

SIGNATURE OF OV(b)(6) this form is true and correct to the best of my knowledge.)

(b)(6)

3/22/2011

1279

35-1054/1130  
38301

Date

1c of USA

\$ 52.00

by two dollars + 100

Dollars



Security  
Features  
Details on  
Back

Compass

Compass Bank  
Waco, TX

(b)(6)

Service Date

Begin:3-24-11

(b)(6)

Waco, Tx 76705

Code	Description	Unit Cost	# of Units	Total Dollars
1	HC T1117519	\$52.00	(30hd) 1	\$52.00
2				
3				
4				
5				
6				
Total Due				\$52.00

Payment Information

Date	Amount	Payment Type	Account / Check #
On Account			
3/24/011	\$52.00	Check	1279
Check			
Money Order			
Credit Card			

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

Originating Office Phone

Control Number: 4801B7101

(b)(6)  
(b)(6) TX (b)(6)

Office Id: 974801

Service Date(s)

Begin: 24-MAR-11

End: 24-MAR-11

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	1759748177 0250	52.00	1.00	52.00

Total Due \$ 52.00

Remarks: Health Certificate # 1117519

Payment Information

Nfc Id  
9999999999V

Date	Amount	Payment Type	Account/Check #
31-MAR-11	\$ 52.00	Check	1279

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.

**PRESIDIO PORT / HORSE EXPORT**

**Name and Address of Remitter:**

**Service Date**

(b)(6)

**Begin:3-24-11**

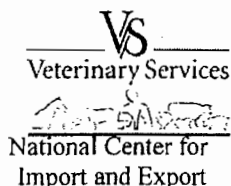
(b)(6) To (b)(6)

<u>Code</u>	<u>Description</u>	<u>Unit Cost</u>	<u># of Units</u>	<u>Total Dollars</u>
1	HC T1117519	\$52.00	(30hd) 1	\$52.00
2				
3				
4				
5				
6				
Total Due				\$52.00

**Payment Information**

<u>Date</u>	<u>Amount</u>	<u>Payment Type</u>	<u>Account / Check #</u>
On Account			
3/24/011	\$52.00	Check	1279
Check			
Money Order			
Credit Card			





Health Certificate No. 7117521  
(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:

Nombre y Dirección del Exportador:

(b)(6)  
(b)(6) TX(b)(6)

2. Name and Address of Importer:

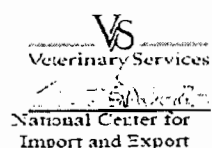
Nombre y Dirección del Importador:

Inter Meats S.A. de C.V.  
Av. Universidad No. 602 Int. 19  
Aguascalientes, Ags. CP 20130

3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

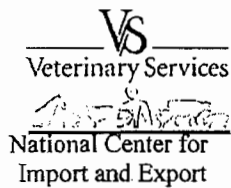
Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
USFV 6751 985170000949894	GELDING	60 MONTHS	USFV 6752 985170000935992	MARE	144 MONTHS
USFV 6753 985170000949812	MARE	48 MONTHS	USFV 6754 985170000954214	MARE	72 MONTHS
USFV 6755 985170000959175	MARE	108 MONTHS	USFV 6756 985170000954704	MARE	136 MONTHS
USFV 6757 985170000955188	MARE	84 MONTHS	USFV 6758 985170000967570	GELDING	120 MONTHS
USFV 6759 985170000936853	MARE	48 MONTHS	USFV 6760 985170000960396	GELDING	132 MONTHS
USFV 6761 985170000942047	MARE	60 MONTHS	USFV 6762 985170000959209	MARE	48 MONTHS
USFV 6763 985170000939960	MARE	72 MONTHS	USFV 6764 985170000978119	MARE	120 MONTHS
USFV 6765 985170000955919	MARE	3636 MONTHS	USFV 6766 985170000947667	MARE	60 MONTHS

3/24/11



Health Certificate No. 7117521  
(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
USFV 6767 985170000974410	MARE	84 MONTHS	USFV 6768 985170000939876	MARE	36 MONTHS
USFV 6769 985170000952459	MARE	144 MONTHS	USFV 6770 985170000919656	GELDING	60 MONTHS
USFV 6771 985170000957573	MARE	96 MONTHS	USFV 6772 985170000963059	MARE	120 MONTHS
USFV 6773 985170000951661	MARE	36 MONTHS	USFV 6774 985170000919796	MARE	84 MONTHS
USFV 6775 985170000973076	MARE	156 MONTHS	USFV 6776 985170000975520	GELDING	72 MONTHS
USFV 6777 985170000947542	MARE	84 MONTHS	USFV 6778 985170000981408	MARE	84 MONTHS
USFV 6779 985170000968741	GELDING	120 MONTHS	USFV 6780 985170000948998	GELDING	96 MONTHS
USFV 6781 985170000947650	GELDING	36 MONTHS	USFV 6782 985170000956862	GELDING	60 MONTHS
USFV 6783 985170000971980	GELDING	108 MONTHS			



Health Certificate No. 7117521  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

Clut3

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**

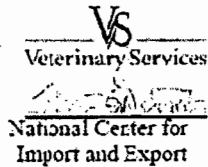
1. Horses originate from the United States.  
*Los animales son originarios de Estados Unidos.*

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 03/19/2011

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. 7117521  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

Client:

5. [The animals are free of ectoparasite and originated from areas not under quarantine for Boophilus pp ticks.]

[Los animals estan libres de ectopatasitos y provienen de areas no cuarentenadas por garrapatas Boophilus spp.]

MITCHEL JAGEN D.V.M.

Name of Accredited Veterinarian

*Nombre del Medico Veterinario*

*Acreditado*

W H BROWN DVM

Name of Endorsing Federal Veterinarian

*Nombre del Medico Veterinario*

*Federal que endosa.*

(b)(6)

Signature of Accredited Veterinarian and Date

*Firma del Medico Veterinario Acreditado*

*Y Fecha*

(b)(6)

Signature of Endorsing Federal Veterinarian  
and Date

*Firma del Medico Veterinario que endosa*

*Y Fecha*

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.)

(Valido Solamente si el sello veterinario del USDA esta sobre la firma del Medico Veterinario Federal).

**AFFIDAVIT**  
**DECLARACIÓN JURADA**

Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número 7117521 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

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

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

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

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



**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  
661225-21

TIME HORSES LOADED ON CONVEYANCE  
10:00 pm

DATE  
03/19/2011

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE  
Presidio, TX

(b)(6)

NAME OF AUCTION/MARKET  
NA

CONSIGNEE (RECEIVER/DESTINATION) NAME  
Inter Meats S.A. de C.V.

STREET ADDRESS  
Av. Universidad No. 602 Int. 19

CITY, STATE, ZIP CODE  
(b)(6)

CITY, STATE, ZIP CODE  
Aguascalientes, Ags. CP 20130

AREA CODE & TELEPHONE NO.  
(b)(6)

AREA CODE & TELEPHONE NO.

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

☒ Pregnant mares are not likely to foal (give birth) during the trip.

☒ Horses are able to bear weight on all 4 limbs.

☒ Foals are older than 6 months of age.

☒ Horses are not blind in both eyes.

☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stai	Geid		
1	USFV	6751			X					X						X	60 MONTHS	985170000949894
2	USFV	6752						DUN		X				X			144 MONTHS	985170000935992
3	USFV	6753					X			X				X			48 MONTHS	985170000949812
4	USFV	6754		X						X				X			72 MONTHS	985170000954214
5	USFV	6755					X			X				X			108 MONTHS	985170000959175
6	USFV	6756					X			X				X			136 MONTHS	985170000954704
7	USFV	6757	X							X				X			84 MONTHS	985170000955188
8	USFV	6758			X					X						X	120 MONTHS	985170000967570
9	USFV	6759					X				X			X			48 MONTHS	985170000936853
10	USFV	6760					X			X						X	132 MONTHS	985170000960396
11	USFV	6761					X			X				X			60 MONTHS	985170000942047
12	USFV	6762				X				X				X			48 MONTHS	985170000959209
13	USFV	6763	X							X				X			72 MONTHS	985170000939960
14	USFV	6764		X						X				X			120 MONTHS	985170000978119
15	USFV	6765				X				X							36 MONTHS	985170000955919

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

SIGNATURE

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM  
APPROVED  
OMB NO.  
0579-0160

76117521

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFV	6766				X			X				X			60 MONTHS	985170000947667	
17	USFV	6767					PAL		X				X			84 MONTHS	985170000974410	
18	USFV	6768					X		X				X			36 MONTHS	985170000939876	
19	USFV	6769						BUCK	X				X			144 MONTHS	985170000952459	
20	USFV	6770		X					X						X	60 MONTHS	985170000919656	
21	USFV	6771						BUCK	X				X			96 MONTHS	985170000957573	
22	USFV	6772	X						X				X			120 MONTHS	985170000963059	
23	USFV	6773					X		X				X			36 MONTHS	985170000951661	
24	USFV	6774						BUCK	X				X			84 MONTHS	985170000919796	
25	USFV	6775				X			X				X			156 MONTHS	985170000973076	
26	USFV	6776	X						X						X	72 MONTHS	985170000975520	
27	USFV	6777				X			X				X			84 MONTHS	985170000947542	
28	USFV	6778	X						X				X			84 MONTHS	985170000981408	
29	USFV	6779	X						X						X	120 MONTHS	985170000968741	
30	USFV	6780					X		X						X	96 MONTHS	985170000948998	
31	USFV	6781						PAL	X						X	36 MONTHS	985170000947650	
32	USFV	6782		X					X						X	60 MONTHS	985170000956862	
33	USFV	6783						DUN							X	108 MONTHS	985170000971980	
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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

PRESIDIO PORT / HORSE EXPORT

Name and Address of Remitter:

Service Date

(b)(6)

Begin: 3-24-11

(b)(6), Tx. (b)(6)

<u>Code</u>	<u>Description</u>	<u>Unit Cost</u>	<u># of Units</u>	<u>Total Dollars</u>
1	HC T1117520	\$52.00	(30hd) 1	\$52.00
2	HC T1117521	\$52.00	(33hd) 1	\$52.00
3				
4				
5				
6				
Total Due				\$104.00

<u>Date</u>	<u>Amount</u>	<u>Payment Type</u>	<u>Account / Check #</u>
On Account			
3/24/2011	\$104.00	Check	211
CASH			
	\$52.00	Money Order	
Credit Card			

48013 7102

(b)(6) 88-473/1123 211  
 DATE May 24/11  
 PAY TO THE ORDER OF J. S. A. A \$ 104.00  
Ciento Quatro y 00/100 DOLLARS  
**Big Bend Banks** **1<sup>ST</sup> PRESIDIO BANK**  
 P.O. BOX 2229  
 PRESIDIO, TEXAS 79845  
 MEMO (b)(6)  
 Date 3-24-11

Presidio, Tx. 79845

Code	Description	Unit Cost	# of Units	Total Dollars
1	HCT1117520	\$52.00	(30hd) 1	\$52.00
2	HCT1117521	\$52.00	(33hd) 1	\$52.00
3				
4				
5				
6				
Total Due				\$104.00

Date	Amount	Payment Type	Account / Check #
On Account			
3/24/2011	\$104.00	Check	211
CASH			
	\$52.00	Money Order	
Credit Card			

48013 7102

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

Originating Office Phone

(b)(6)

Control Number: 4801B7102

Office Id: 974801

Service Date(s)

Begin: 24-MAR-11

End: 24-MAR-11

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	1759748177 0250	52.00	2.00	104.00

Total Due \$ 104.00

Remarks: Health Certificate # T1117520, 7521

Payment Information

Nfc Id  
9999999999v

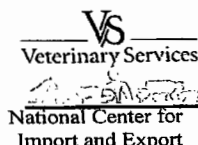
Date	Amount	Payment Type	Account/Check #
31-MAR-11	\$ 104.00	Check	211

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.



USDA



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

71117522

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:** Mexico aceptara este envio de caballos solamente si la forma VS FORM 10-13 y la declaracion jurada estan completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El numero de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. Mexico no aceptara machos sin castrar ni monorchideos.

1. Name and Address of Exporter:  
Nombre y Direccion del Exportador:

(b)(6)  
(b)(6) TX (b)(6)

2. Name and Address of Importer:  
Nombre y Direccion del Importador:

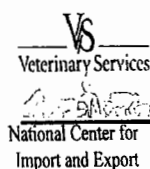
Inter Meats, S.A.DE C.V.  
AV. Universidad NO. 602 Int.19  
Union Ganadera  
Aguascalientes, AGS. C.P. 20103  
R.F.C.: IME080619P83

3. Identification of the animals to be exported / Identificacion de los animales a ser exportados. **All Microchips are on Left side Top of Neck.**

Microchip number / Numero de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Numero de microchip	Sex / Sexo	Approximate age/ Edad aproximada
USFS 7951 985170001084399	Mare	120 Months	USFS 7961 985170001090268	Mare	24 Months
USFS 7952 985170001094462	Mare	120 Months	USFS 7962 985170001089087	Gelding	120 Months
USFS 7953 985170001042506	Mare	120 Months	USFS 7963 985170001084640	Gelding	120 Months
USFS 7954 985170001055973	Mare	120 Months	USFS 7964 985170001096978	Gelding	96 Months
USFS 7955 985170001098844	Gelding	96 Months	USFS 7965 985170001044970	Mare	120 Months
USFS 7956 985170001092423	Mare	24 Months	USFS 7966 985170001081586	Mare	120 Months
USFS 7957 985170001091836	Mare	96 Months	USFS 7967 985170001089718	Mare	96 Months
USFS 7958 985170001091035	Mare	24 Months	USFS 7968 985170001088833	Mare	120 Months
USFS 7959 985170001089313	Mare	120 Months	USFS 7969 985170001099475	Gelding	96 Months
USFS 7960 985170001086917	Mare	24 Months	USFS 7970 985170001104048	Gelding	120 Months

3/24/11

USDA



Health Certificate No. \_\_\_\_\_  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

CL 100

Microchip number / Numero de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Numero de microchip	Sex / Sexo	Approximate age/ Eda d aproximada
USFS 7971 985170001087460	Gelding	120 Months	USFS 7976 985170001045044	Mare	48 Months
USFS 7972 985170001091951	Mare	96 Months	USFS 7977 985170001059652	Mare	120 Months
USFS 7973 985170001048861	Gelding	72 Months	USFS 7978 985170001100438	Mare	96 Months
USFS 7974 985170001100578	Gelding	72 Months	USFS 7979 985170001084239	Mare	96 Months
USFS 7975 985170001095646	Mare	96 Months	USFS 7980 985170001091899	Mare	144 Months

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 inspection efectuada por un veterinario oficial dentro de los 30 dias previos a la exportation, los animales no presentaron signos de enfermedades infectocontagiosas.*

Inspection date / Fecha de inspection 3/19/2011

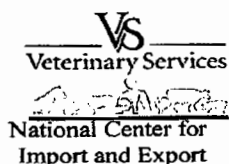
3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.

*Los vehiculos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfeccion 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 dias previos a la exportacion, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiologicamente con instalaciones o animales infectados.*

USDA



Health Certificate No. 71117522  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

i. [The animals are free of ectoparasite and originated from areas not under quarantine for Boophilus pp ticks]  
*Los animales estan libres de ectopatasitos y provienen de areas no cuarentenadas por garrapatas Boophilus spp]*

**Khris Crowe, DVM**  
Name of Accredited Veterinarian  
*Nombre del Medico Veterinario  
Acreditado*  
Date: March 20th, 2011

W H BROWN DVM  
Name of Endorsing Federal Veterinarian  
*Nombre del Medico Veterinario Federal  
que endosa.*

(b)(6)  
[Redacted Signature]  
Signature of Accredited Veterinarian and Date  
*Firma del Medico Veterinario Acreditado y  
Fecha*

(b)(6)  
[Redacted Signature]  
Signature of Endorsing Federal Veterinarian and Date  
*Firma del Medico Veterinario que endosa y Fecha*

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

CLAT

**AFFIDAVIT  
DECLARACION JURADA**

I (print) \_\_\_\_\_ declare that horses  
included in this shipment and accompanied by the health certificate number 71117522 have

not been fed to 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 los caballos en este embarque, acompañados por el certificado sanitario número 71117522 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 (including furazolidone), and ronidazol.

*Aristolochia sppy cualquier otra preparacion derivada de esta planta, cloranfenicol, doroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incuding furazolidona) y rodinazole.*

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, asi com esteroides anabolicos.*

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

*Que no fueron empleados los sigu* (b)(6) *propiltiuracilo.*

Date and Signature of exporter  
Fecha y firma del exportador

Date and signature of the Notary Public  
Fecha y firma del Ntrario Publico

(b)(6)

03008432 Exp 6-11-11

3-21-11

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
**OWNER/SHIPPER CERTIFICATE**  
**FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**  
(Please type or print in ink)

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

FORM  
APPROVED  
MB NO.  
0579-0160

7117522

TIME HORSES LOADED ON CONVEYANCE	DATE: 3/20/2011	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <b>Whitesboro, TX</b>
VEHICLE LICENSE NO. AND DRIVER'S NAME (b)(6)		NAME OF AUCTION/MARKET
OWNER'S NAME (b)(6)		CONSIGNEE (RECEIVER/DESTINATION) NAME <b>Inter Meats, S.A. DE C.V.</b>
ADDRESS (b)(6)		STREET ADDRESS <b>AV. Universidad NO. 602 INT. 19 Union Ganadera</b>
CITY, STATE, ZIP CODE <b>TX (b)(6)</b>		CITY, STATE, ZIP CODE <b>AGUASCALIENTES, AGS. C.P. 20130</b>
AREA CODE & TELEPHONE NO. (b)(6)		AREA CODE & TELEPHONE NO. <b>(626)453-3750</b>

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	USFS	7951						X		X				X			120 Months	985170001084399
2	USFS	7952					X			X				X			120 Months	985170001094462
3	USFS	7953					X			X				X			120 Months	985170001042506
4	USFS	7954		X						X				X			120 Months	985170001055973
5	USFS	7955				X				X						X	96 Months	985170001098844
6	USFS	7956					X			X				X			24 Months	985170001092423
7	USFS	7957					X			X				X			96 Months	985170001091836
8	USFS	7958	X							X				X			24 Months	985170001091035
9	USFS	7959	X							X				X			120 Months	985170001089313
10	USFS	7960	X							X				X			24 Months	985170001086917
11	USFS	7961					X			X				X			24 Months	985170001090268
12	USFS	7962						X		X						X	120 Months	985170001089087
13	USFS	7963	X							X						X	120 Months	985170001084640
14	USFS	7964					X			X						X	96 Months	985170001096978
15	USFS	7965				X				X				X			120 Months	985170001044970

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

SIGNATURE (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME



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

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

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FORM APPROVED  
MB NO. 0579-0160  
7117522

TIME HORSES LOADED ON CONVEYANCE

DATE  
3/20/2011

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE  
Whitesboro, TX

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME  
(b)(6)

CONSIGNEE (RECEIVER/DESTINATION) NAME  
Inter Meats, S.A. DE C.V.

STREET ADDRESS  
AV. Universidad NO. 602 INT. 19 Union Ganadera

CITY, STATE, ZIP CODE  
AGUASCALIENTES, AGS. C.P. 20130

AREA CODE & TELEPHONE NO.  
(b)(6)

AREA CODE & TELEPHONE NO.  
(626)453-3750

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		
16	USFS	7966					X			X				X			120 Months	985170001081586
17	USFS	7967	X							X				X			96 Months	985170001089718
18	USFS	7968					X			X				X			120 Months	985170001088833
19	USFS	7969	X							X						X	96 Months	985170001099475
20	USFS	7970			X					X						X	120 Months	985170001104048
21	USFS	7971				X				X						X	120 Months	985170001087460
22	USFS	7972						X		X				X			96 Months	985170001091951
23	USFS	7973						X		X						X	72 Months	985170001048861
24	USFS	7974					X			X						X	72 Months	985170001100578
25	USFS	7975					X			X				X			96 Months	985170001095646
26	USFS	7976						X		X				X			48 Months	985170001045044
27	USFS	7977					X			X				X			120 Months	985170001059652
28	USFS	7978				X				X				X			96 Months	985170001100438
29	USFS	7979						X		X				X			96 Months	985170001084239
30	USFS	7980					X			X				X			144 Months	985170001091899

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IM

SIGNATURE

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSEPCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

**PRESIDIO I PORT / HORSE EXPORT**

**Name and Address of Remitter:**

**Service Date**

(b)(6)  
(b)(6) TX (b)(6)

**3/24/2011**

<u>Code</u>	<u>Description</u>	<u>Unit Cost</u>	<u># of Units</u>	<u>Total Dollars</u>
1	HCT 1117522	\$52.00	(30hd) 1	\$52.00
2				
3				
4				
5				
6				
Total Due				\$52.00

**Payment Information**

<u>Date</u>	<u>Amount</u>	<u>Payment Type</u>	<u>Account / Check #</u>
On Account			
3/24/2011	\$52.00	Check	210
CASH			
Money Order			
Credit Card			

48013 7104

88-473/1123 210

DATE Mar/24/11

PAY TO THE ORDER OF J.S.A.A. \$52<sup>00</sup>

Quincenta y Dos 0/100 DOLLARS

Big Bend Banks 1<sup>ST</sup> PRESIDIO BANK  
PO BOX 2228

Whitesboro, TX 76273

Service Date 3/24/2011

Code	Description	Unit Cost	# of Units	Total Dollars
1	HCT 1117522	\$52.00	(30hd) 1	\$52.00
2				
3				
4				
5				
6				
Total Due				\$52.00

Payment Information

Date	Amount	Payment Type	Account / Check #
		On Account	
3/24/2011	\$52.00	Check	210
		CASH	
		Money Order	
		Credit Card	

48013 7104

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

Originating Office Phone

(b)(6)

Control Number: 4801B7104

Office Id: 974801

Service Date(s)

Begin: 24-MAR-11

End: 24-MAR-11

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	1759748177 0250	52.00	1.00	52.00

Total Due \$ 52.00

Remarks: Health Certificate # T1117522

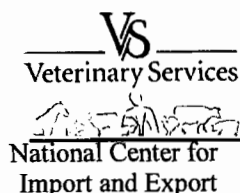
Payment Information

Nfc Id  
9999999999V

Date	Amount	Payment Type	Account/Check #
31-MAR-11	\$ 52.00	Check	210

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. 571117523  
(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:

Nombre y Dirección del Exportador:

(b)(6)  
(b)(6) TX(b)(6)

2. Name and Address of Importer:

Nombre y Dirección del Importador:

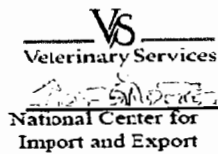
Carnicos de Jerez, S.A. de C.V.  
Eusebio Kino No. 204 Roble Norte  
Nuevo Leon, N.L. 66446

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
USHB 1501 985170001003081	MARE	144 MONTHS	USHB 1502 985170001028365	MARE	120 MONTHS
USHB 1503 985170001025607	GELDING	96 MONTHS	USHB 1504 985170001023556	MARE	144 MONTHS
USHB 1505 985170000997052	MARE	48 MONTHS	USHB 1506 985170001039646	MARE	96 MONTHS
USHB 1507 985170001039778	MARE	144 MONTHS	USHB 1508 985170000995123	MARE	120 MONTHS
USHB 1509 985170001044650	MARE	60 MONTHS	USHB 1510 985170000995297	MARE	96 MONTHS
USHB 1511 985170001015027	MARE	120 MONTHS	USHB 1512 985170001012444	MARE	96 MONTHS
USHB 1513 985170000993594	MARE	120 MONTHS	USHB 1514 985170001026129	GELDING	144 MONTHS
USHB 1515 985170001010131	MARE	120 MONTHS	USHB 1516 985170001010288	MARE	144 MONTHS

3/24/11

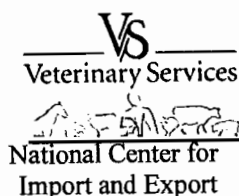




Health Certificate  
(Valid only if  
Appears over

71112523  
A Veterinary Seal  
(Certificate Number)

Microchip number / Número de microchip	Sex/ Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
USHB 1517 985170001010367	MARE	144 MONTHS	USHB 1518 985170001046642	GELDING	96 MONTHS
USHB 1519 985170000995200	MARE	120 MONTHS	USHB 1520 985170001026795	MARE	144 MONTHS
USHB 1521 985170000993148	MARE	96 MONTHS	USHB 1522 985170001013496	MARE	120 MONTHS
USHB 1523 985170001025379	MARE	144 MONTHS	USHB 1524 985170000996282	MARE	96 MONTHS
USHB 1525 985170001013883	MARE	120 MONTHS	USHB 1526 985170000997495	MARE	48 MONTHS
USHB 1527 985170001011931	MARE	48 MONTHS	USHB 1528 985170001005688	MARE	48 MONTHS
USHB 1529 985170000993804	MARE	120 MONTHS	USHB 1530 985170000986125	MARE	96 MONTHS
USHB 1531 985170001010170	MARE	72 MONTHS	USHB 1532 985170001023241	GELDING	132 MONTHS
USHB 2383 985170000993994	MARE	48 MONTHS			



Health Certificate No. 7117523  
(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

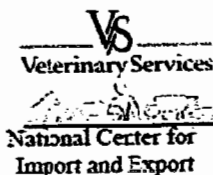
CERTIFICATION STATEMENTS / CERTIFICACIONES

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 03/23/2011

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. 71117523  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

5. [The animals are free of ectoparasite and originated from areas not under quarantine for *Boophilus* pp ticks.]  
[Los animals estan libres de ectopatasitos y provienen de areas no cuarentenadas por garrapatas *Boophilus* spp.]

Nitchel J. J. R. DVM

Name of Accredited Veterinarian

*Nombre del Medico Veterinario*

*Acreditado*

W H BROWN DVM

Name of Endorsing Federal Veterinarian

*Nombre del Medico Veterinario*

*Federal que endosa.*

(b)(6)  
3/23/11

*Firma del Medico Veterinario Acreditado*

*Y Fecha*

(b)(6)  
3-24-11

Signature of Endorsing Federal Veterinarian  
and Date

*Firma del Medico Veterinario que endosa*

*Y Fecha*

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.)

(Valido Solamente si el sello veterinario del USDA esta sobre la firma del Medico Veterinario Federal).

CEB

**AFFIDAVIT  
DECLARACIÓN JURADA**

I (print) (b)(6) declare that the horses included in this shipment and accompanied by the health certificate number 7117523 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 7117523 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 03/23/11  
*Fecha y firma del exportador*

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

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

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

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

FORM  
APPROVED  
OMB NO.  
0579-0160

71117523

TIME HORSES LOADED ON CONVEYANCE	DATE 03/23/2011	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE Waco, TX
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET NA	
CONSIGNOR (OWNER/SHIPPER) NAME (b)(6)	CONSIGNEE (RECEIVER/DESTINATION) NAME Carnicos de Jerez, S.A. de C.V.	
	STREET ADDRESS Eusebio Kino No. 204 Roble Norte	
CITY, STATE, ZIP CODE (b)(6) TX (b)(6)	CITY, STATE, ZIP CODE Nuevo Leon, N.L. 66446	
AREA CODE & TELEPHONE NO. (b)(6)	AREA CODE & TELEPHONE NO.	

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USHB	1501		X						X				X			144 MONTHS	985170001003081
2	USHB	1502	X							X				X			120 MONTHS	985170001028365
3	USHB	1503	X							X						X	96 MONTHS	985170001025607
4	USHB	1504	X							X				X			144 MONTHS	985170001023556
5	USHB	1505					X						MULE	X			48 MONTHS	985170000997052
6	USHB	1506			X					X				X			96 MONTHS	985170001039646
7	USHB	1507		X						X				X			144 MONTHS	985170001039778
8	USHB	1508				X				X				X			120 MONTHS	985170000995123
9	USHB	1509						X		X				X			60 MONTHS	985170001044650
10	USHB	1510						X		X				X			96 MONTHS	985170000995297
11	USHB	1511					X			X				X			120 MONTHS	985170001015027
12	USHB	1512			X					X				X			96 MONTHS	985170001012444
13	USHB	1513					X			X				X			120 MONTHS	985170000993594
14	USHB	1514					X			X						X	144 MONTHS	985170001026129
15	USHB	1515					X			X				X			120 MONTHS	985170001010131

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS (b)(6)

SIGNATURE

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME



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

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

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

FORM  
APPROVED  
OMB NO.  
0579-0160

71117523

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USHB	1516	X							X				X			144 MONTHS	985170001010288
17	USHB	1517	X							X				X			144 MONTHS	985170001010367
18	USHB	1518				X				X						X	96 MONTHS	985170001046642
19	USHB	1519	X							X				X			120 MONTHS	985170000995200
20	USHB	1520	X							X				X			144 MONTHS	985170001026795
21	USHB	1521					X			X				X			96 MONTHS	985170000993148
22	USHB	1522	X							X				X			120 MONTHS	985170001013496
23	USHB	1523	X							X				X			144 MONTHS	985170001025379
24	USHB	1524					X			X				X			96 MONTHS	985170000996282
25	USHB	1525	X							X				X			120 MONTHS	985170001013883
26	USHB	1526					X			X				X			48 MONTHS	985170000997495
27	USHB	1527					X			X				X			48 MONTHS	985170001011931
28	USHB	1528					X			X				X			48 MONTHS	985170001005688
29	USHB	1529	X							X				X			120 MONTHS	985170000993804
30	USHB	1530	X							X				X			96 MONTHS	985170000986125
31	USHB	1531					X			X				X			72 MONTHS	985170001010170
32	USHB	1532	X							X						X	132 MONTHS	985170001023241
33	USHB	2383				X				X				X			48 MONTHS	985170000993994
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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

SIGNATURE OF (b)(6)

this form is true and correct to the best of my knowledge.)

**PRESIDIO PORT / HORSE EXPORT**

**Name and Address of Remitter:**

**Service Date**

(b)(6)

**Begin:3-24-11**

(b)(6)

Tx

(b)(6)

<u>Code</u>	<u>Description</u>	<u>Unit Cost</u>	<u># of Units</u>	<u>Total Dollars</u>
1	HC T1117523	\$52.00	(33hd) 1	\$52.00
2				
3				
4				
5				
6				
Total Due				\$52.00

**Payment Information**

<u>Date</u>	<u>Amount</u>	<u>Payment Type</u>	<u>Account / Check #</u>
On Account			
3/24/011	\$52.00	Check	1282
Check			
Money Order			
Credit Card			

48013 7105

(b)(6)

(b)(6)

1282

35-1054/1130  
38301

3/23/11

Date

Pay to the Order of USDA

Fifty dollars & 00/100

\$ 52.00

Dollars

Security Features Details on Back

BBVA Compass

Compass Bank  
Waco, TX

(b)(6)

For road

(b)(6)

MP

Service Date  
Begin:3-24-11

Waco, Tx 76705

<u>Code</u>	<u>Description</u>	<u>Unit Cost</u>	<u># of Units</u>	<u>Total Dollars</u>
1	HC T1117523	\$52.00	(33hd) 1	\$52.00
2				
3				
4				
5				
6				
Total Due				\$52.00

Payment Information

<u>Date</u>	<u>Amount</u>	<u>Payment Type</u>	<u>Account / Check #</u>
		On Account	
3/24/011	\$52.00	Check	1282
		Check	
		Money Order	
		Credit Card	

48013 7105

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

Originating Office Phone , ,

(b)(6)

Control Number: 4801B7105

Office Id: 974801

Service Date(s)

Begin: 24-MAR-11

End: 24-MAR-11

(b)(6)

TX

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	1759748177 0250	52.00	1.00	52.00

Total Due \$ 52.00

Remarks: Health Certificate # T1117523

Payment Information

Nfc Id  
9999999999V

Date	Amount	Payment Type	Account/Check #
31-MAR-11	\$ 52.00	Check	1282

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. 21117508  
(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: Beltex Corporation  
Nombre y Dirección del Exportador: 3801 N Grove  
Fort Worth, Texas 76106
2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV  
Nombre y Dirección del Importador: Avenida Plateros #480, Zona Centro  
Fresnillo, Zacatecas  
Mexico, C.P. 99000
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
602036	mare	24months	097469	mare	24months
097562	gelding	24months	097468	mare	24months
097553	gelding	24months	097464	mare	24months
097470	gelding	24months	097478	mare	24months
097483	gelding	36months	097476	mare	36months
097481	gelding	48months	097466	mare	132months
097477	gelding	120months	097475	mare	144months
097529	mare	84months	097523	mare	24months

3/23/11



Health Certificate No. 71117508  
(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
097530	gelding	48months	097526	mare	36months
097474	gelding	72months	097482	gelding	96months
097532	mare	36months	097479	gelding	24months
097480	mare	24months	097463	mare	120months
097531	mare	96months	097473	mare	144months
097467	gelding	84months	097465	mare	96months
097525	mare	36months	097528	mare	132months

Total: 30hd

# **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 March 18, 2011

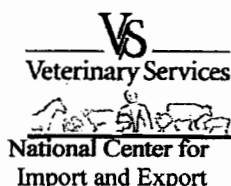
3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.

*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. 71117508  
(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.] [The animals were treated with ivermectin (NOM-019-ZOO-1994)]

*[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] [Los animales fueron tratados con ivermectina (NOM-019-ZOO-i994)]*

Chris Larson, D.V.M.  
Name of Accredited Veterinarian  
Nombre del Médico Veterinario  
Acreditado

W H BROWN, DVM  
Name of Endorsing Federal Veterinarian  
Nombre del Médico Veterinario  
Federal que endosa.

(b)(6)

[Redacted Signature]

3-18-11

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

(b)(6)

[Redacted Signature]

3-23-11

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).

CUB

AFFIDAVIT  
DECLARACIÓN JURADA

I (print) (b)(6) Beltex Corp declare that the horses included in this shipment and accompanied by the health certificate number TL17508 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 TL17508 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

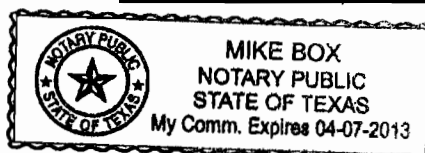
(b)(6)

3/19/2011

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

(b)(6)

3/19/2011



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

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

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

FORM  
APPROVED  
OMB NO.  
0579-0160

711758

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME

Beltex Feedlot

STREET ADDRESS

2180 CR 120

CITY, STATE, ZIP CODE

Morton Texas 79346

AREA CODE & TELEPHONE NO.

(806) 525-4221

CONSIGNEE (RECEIVER/DESTINATION) NAME

Baeza Cattle Co

STREET ADDRESS

Cattle Drive

CITY, STATE, ZIP CODE

Presidio, TX

AREA CODE & TELEPHONE NO.

(626) 453-1001

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	USGV	4029						Dun					✓	✓				Ant hip	02036
2		4031	✓										✓	✓					097469
3		4032						Pal					✓			✓			097562
4		4033						Buck					✓	✓					097468
5		4035					✓						✓			✓			097553
6		4036		✓									✓	✓					097464
7		4037						Roan					✓			✓			097470
8		4038					✓						✓	✓					097478
9		4039			✓								✓			✓			097483
10		4040					✓						✓	✓					097476
11		4041	✓										✓			✓			097481
12		4042					✓						✓	✓					097466
13		4043						Dun					✓			✓			097477
14		4044	✓										✓	✓					097475
15	USGV	4045						Dun					✓	✓				Ant hip	097559

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

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME

VS

ditions are obsolete

PAGE 1 OF 2

PART 1 - INSPECTOR

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

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

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

FORM  
APPROVED  
OMB NO.  
0579-0160

71117508

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE				SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGV	4040			✓								✓	✓			Pat Hip	097523
17		4047					✓						✓			✓		097530
18		4048	✓										✓	✓				097526
19		4049	✓										✓			✓		097474
20		4050	✓										✓			✓		097482
21		4051					✓						✓	✓				097532
22		4052					✓						✓			✓		097479
23		4053					✓						✓	✓				097480
24		4054			✓								✓	✓				097463
25		4055	✓										✓	✓				097531
26		4050		✓									✓	✓				097473
27		4057						Own					✓			✓		097467
28		4058			✓								✓	✓				097465
29		4059						Roen					✓	✓				097525
30	USGV	4060						Buck					✓	✓			Pat Hip	097528
31																		
32																		
33																		
34																		
35																		
36																		
37																		
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45																		

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

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

(b)(6)



Health Certificate No. 71117509  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

page 1 of 4

C. 12

**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: Beltex Corporation  
Nombre y Dirección del Exportador: 3801 N Grove  
Fort Worth, Texas 76106
2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV  
Nombre y Dirección del Importador: Avenida Plateros #480, Zona Centro  
Fresnillo, Zacatecas  
Mexico, C.P. 99000
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
043487	mare	24months	041729	mare	84months
069647	mare	144months	059783	mare	36months
084220	mare	24months	053231	gelding	144months
053714	gelding	96months	043706	mare	120months
098808	mare	36months	091601	mare	48months
040723	gelding	84months	052975	gelding	120months
100052	gelding	72months	082476	gelding	48months
032606	gelding	36months	096961	mare	36months

CLV



Health Certificate No. 71117509  
(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
097039	mare	120months	097074	mare	84months
602490	mare	60months	601929	mare	72months
945250	mare	24months	335233	mare	36months
959624	gelding	60months	289200	mare	72months
262396	mare	144months	443636D01	mare	96months
603629	gelding	144months	034527	gelding	36months
603444	mare	96months	603275	mare	144months
603262	gelding	48months			
total: 31hd					





Health Certificate No. 71112509  
(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 March 22, 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. 72117509  
(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.] [The animals were treated with ivermectin (NOM-019-ZOO-1994)]

[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] [Los animales fueron tratados con ivermectina (NOM-019-ZOO-1994)]

Chris Larson, D.V.M.  
Name of Accredited Veterinarian  
Nombre del Médico Veterinario  
Acreditado

W H BIZOWN DVM  
Name of Endorsing Federal Veterinarian  
Nombre del Médico Veterinario  
Federal que endosa.

(b)(6)

[Redacted Signature]

3-22-11

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

(b)(6)

[Redacted Signature]

3-23-11

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).

cello

AFFIDAVIT  
DECLARACIÓN JURADA

I (print) <sup>(b)(6)</sup> [redacted] Beltex Corp declare that the horses included in this shipment and accompanied by the health certificate number TLU7509 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 TLU7509 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*

<sup>(b)(6)</sup> [redacted]

3/22/2011

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

<sup>(b)(6)</sup> [redacted]

3/22/2011



R3

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

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

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

FORM APPROVED  
OMB NO. 0579-0160  
77112529

TIME HORSES LOADED ON CONVEYANCE  
29

DATE  
3/21/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE  
Morton Texas

NAME OF AUCTION/MARKET  
No 29

(b)(6)

Bella feedlot  
2180 CR 120  
Morton Texas 79346  
CR 61525-4221

Balsa cattle Co  
Cattle Drive  
Presidio TX  
(626) 453-1001

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	USGV	4198					✓						✓	✓			✓	043487
2		4199					✓						✓	✓				041729
3		4200	✓										✓	✓				064647
4		4201	✓										✓	✓				059783
5		4202					✓						✓	✓				084220
6		4203	✓										✓			✓		053231
7		4204	✓										✓			✓		053714
8		4205					✓						✓	✓				043706
9		4206	✓										✓	✓				098888
10		4207						PAL					✓	✓				091601
11		4208					✓						✓			✓		040723
12		4209					✓						✓			✓		052975
13		4210	✓										✓			✓		100052
14		4211					✓						✓			✓		082476
15	USGV	4212	✓										✓			✓	✓	032606

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

SIGNATURE  
(b)(6)

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)  
EST.  
DATE  
TIME

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

VS FORM

Previous editions are obsolete

PAGE 1 OF 2

PART 1 - INSPECTOR

R3  
U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
**OWNER/SHIPPER CERTIFICATE**  
**FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**  
**(CONTINUATION SHEET)**  
(Please type or print in ink)

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

FORM  
APPROVED  
OMB NO.  
0579-0160  
77117509

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	WJGV	4213					✓						✓	✓			✓	096961
17		4214					✓						✓	✓				097039
18		4215					✓						✓	✓				097074
19		4216						BRN					✓	✓				602490
20		4217						BRN					✓	✓				601929
21		4218					✓						✓	✓				945250
22		4219					✓						✓	✓				335233
23		4220		✓									✓			✓		959624
24		4221						BRN					✓	✓				289200
25		4222		✓			✓						✓	✓				262396
26		4223					✓						✓	✓				362001
27		4224					✓						✓			✓		605629
28		4225					✓						✓			✓		034527
29		4226					✓						✓	✓				603444
30		4227	✓										✓	✓				603275
31	WJGV	4228	✓													✓	✓	603262
32																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)  
(b)(6)  
VS P  
(SEP 2002)



CUB



Health Certificate No. 71117510  
(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: Beltex Corporation  
3801 N Grove  
Nombre y Dirección del Exportador: Fort Worth, Texas 76106
2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV  
Avenida Plateros #480, Zona Centro  
Nombre y Dirección del Importador: Fresnillo, Zacatecas  
Mexico, C.P. 99000
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
986118	mare	120months	022770	gelding	120months
025114	gelding	144months	996018	gelding	120months
000133	gelding	108months	007158	mare	120months
007778	mare	144months	005379	mare	120months
030002	mare	120months	203609	mare	96months
998599	mare	120months	010174	mare	72months
007715	mare	120months	068068	mare	144months
022960	mare	144months	008572	gelding	120months



CEB



Health Certificate No. 7117510  
(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
005142	gelding	144months	011346	gelding	120months
022478	mare	108months	023255	mare	120months
034983	mare	144months	009892	mare	72months
023639	gelding	72months	024991	gelding	48months
022270	mare	144months	010720	mare	120months
023956	mare	36months	033965	gelding	96months
023490	gelding	120months	987622	gelding	60months

total: 30 hd

**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.*

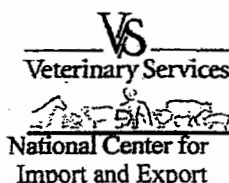
Inspection date / Fecha de inspección March 22, 2011

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. TL117510  
(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.] [The animals were treated with ivermectin (NOM-019-ZOO-1994)]

[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] [Los animales fueron tratados con ivermectina (NOM-019-ZOO-1994)]

Chris Larson, D.V.M.  
Name of Accredited Veterinarian  
Nombre del Médico Veterinario  
Acreditado

W H BROWN DVM  
Name of Endorsing Federal Veterinarian  
Nombre del Médico Veterinario  
Federal que endosa.

(b)(6)  
[Redacted Signature]  
3-22-11  
Signature of Accredited Veterinarian and Date  
Firma del Médico Veterinario Acreditado  
y Fecha

(b)(6)  
[Redacted Signature]  
3-23-11  
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).

CUT

AFFIDAVIT  
DECLARACIÓN JURADA

I (print <sup>(b)(6)</sup> [redacted] Beltex Corp declare that the horses included in this shipment and accompanied by the health certificate number 7117510 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 7117510 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.*

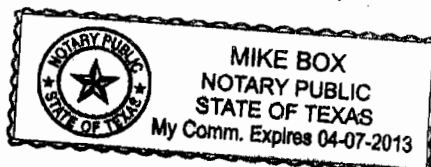
Date and signature of the exporter  
Fecha y firma del exportador

<sup>(b)(6)</sup> [redacted]

3/22/2011

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

Mike Box 3/22/2011



R4

U.S. DEPARTMENT OF AGRICULTURE

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

71117510

FORM

APPROVED

OMB NO.

0579-0160

PEN

27

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

130 Am

3-23-11

Morton Texas

(b)(6)

NAME OF AUCTION/MARKET

INSIGNEE (RECEIVER/DESTINATION) NAME

Baega Cattle Co

Beltex Feedlot

STREET ADDRESS

CITY, STATE, ZIP CODE

AREA CODE & TELEPHONE NO.

2180 CR 120

Cattle Drive

Morton Texas 79346

Presidio, TX

CITY, STATE, ZIP CODE

AREA CODE & TELEPHONE NO.

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

☒ Pregnant mares are not likely to foal (give birth) during the trip.

☒ 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	Stall	Geld		
1	USGV	4480				✓							✓	✓			Pnt hip	986118
2		4481					✓						✓			✓		022770
3		4482	✓										✓			✓		025114
4		4483						Buck					✓			✓		996018
5		4484	✓										✓			✓		000133
6		4485					✓						✓	✓				007158
7		4486						awn					✓	✓				007778
8		4487	✓										✓	✓				005379
9		4488	✓										✓	✓				030002
10		4489					✓						✓	✓				023609
11		4490					✓						✓	✓				998599
12		4491						awn					✓	✓				010174
13		4492						Pal					✓	✓				007715
14		4493						Renn					✓	✓				068068
15	USGV	4494						Pal					✓	✓			Pnt hip	022960

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

SIGNATURE

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

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

FORM  
APPROVED  
OMB NO.  
0579-0160

TL117510

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USCV	4495	✓									✓				✓	Ant hip	008572	
17		4496	✓									✓				✓		005142	
18		4497					✓					✓				✓		011346	
19		4498	✓									✓	✓					022478	
20		4499	✓									✓	✓					023255	
21		4500			✓							✓	✓					034983	
22		4501					✓					✓	✓					009892	
23		4502					✓					✓				✓		023639	
24		4503						dm				✓				✓		024991	
25		4504	✓									✓	✓					022270	
26		4505						dm				✓	✓					010720	
27		4506					✓					✓	✓					023956	
28		4507						dm				✓				✓		033965	
29		4508			✓							✓				✓		023490	
30	USGV	4509				✓						✓				✓	Ant hip	987622	
31																			
32																			
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(b)(6)





page 1 of 3

Health Certificate No. 711754  
(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: Beltex Corporation  
Nombre y Dirección del Exportador: 3801 N Grove  
Fort Worth, Texas 76106
2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV  
Nombre y Dirección del Importador: Avenida Plateros #480, Zona Centro  
Fresnillo, Zacatecas  
Mexico, C.P. 99000
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
069446	gelding	48months	087431	gelding	72months
105559	mare	120months	097538	mare	144months
043076	gelding	96months	043786	mare	72months
098229	mare	48months	082314	gelding	108months
092304	mare	108months	057993	gelding	72months
095518	mare	120months	100907	mare	84months
096210	gelding	144months	092433	mare	120months
094720	gelding	72months	042244	gelding	36months



CLM



Health Certificate No. 71117811  
(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
058001	mare	96months	058188	mare	72months
104171	gelding	96months	084262	gelding	132months
102205	gelding	72months	083600	gelding	84months
101054	gelding	144months	092538	gelding	144months
093245	mare	144months	101137	mare	84months
056455	gelding	120months	041709	mare	144months
105245	mare	84months	008763	gelding	120months

total: 30hd  
**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 efectuado por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.*

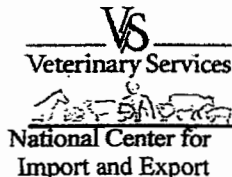
Inspection date / Fecha de inspección March 22, 2011

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. T1117511  
(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.] [The animals were treated with ivermectin (NOM-019-ZOO-1994)]

*[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] [Los animales fueron tratados con ivermectina (NOM-019-ZOO-1994)]*

Chris Larson, D.V.M.  
Name of Accredited Veterinarian  
Nombre del Médico Veterinario  
Acreditado

W. BROWN, DVM  
Name of Endorsing Federal Veterinarian  
Nombre del Médico Veterinario  
Federal que endosa.

(b)(6)

3-22-11  
Signature of Accredited Veterinarian and Date  
Firma del Médico Veterinario Acreditado  
y Fecha

(b)(6)

3-23-11  
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).

1117511  
CUB

AFFIDAVIT  
DECLARACIÓN JURADA

I (print) <sup>(b)(6)</sup> Beltex Corp declare that the horses included in this shipment and accompanied by the health certificate number 1117511 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 1117511 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, metihuracilo, feniltiuracilo y propiltiuracilo.*

Date and signature of the exporter  
*Fecha y firma del exportador*

<sup>(b)(6)</sup>

3/22/2011

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

Mike Box

3/22/2011



R3

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICEOWNER/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

7711751

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

2:00

(3)

3-23-11

Morton, Texas

NAME OF AUCTION/MARKET

PEN 26

CONSIGNEE (RECEIVER/DESTINATION) NAME

HD 30

CONSIGNOR (OWNER/SHIPPER) NAME  
Beltex Feedlot

STREET ADDRESS

2180 CR 120

CITY, STATE, ZIP CODE

Morton Texas 79346

AREA CODE &amp; TELEPHONE NO.

(806)-525-4221

STREET ADDRESS

Cattle Drive

CITY, STATE, ZIP CODE

Pecos, TX

AREA CODE &amp; TELEPHONE NO.

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGV	4447					✓						✓				✓	Pnt. hip 069446
2		4448					✓						✓				✓	087431
3		4449				✓							✓	✓				105559
4		4450					✓						✓	✓				097538
5		4451						Pnt					✓			✓		043076
6		4452					✓						✓	✓				043786
7		4453						Alb					✓	✓				098229
8		4454 ✓											✓			✓		082314
9		4455 ✓											✓	✓				092304
10		4456				✓							✓			✓		057993
11		4457 ✓											✓	✓				095518
12		4458						Alb					✓	✓				100907
13		4459				✓							✓			✓		096210
14		4460 ✓											✓	✓				092433
15	USGV	4461		✓									✓				✓	Pnt. hip 094720

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

SIGNATURE

I HEREBY CERTIFY THAT 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 OWNER/SHIPPER OR THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME

VS F

Previous editions are obsolete

PAGE 1 OF 2

PART 1 - INSPECTOR