See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO. Q0679089

1. ACCESSION NUMBER ACL. 11D07

2. DATE BLOOD DRAWN 6/13/10

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

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

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

5. VETERINARY LICENSE OR ACCREDITATION NO. 1167

6. TEST TYPE ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)
N/A.
Zip Code
Tel No.
County

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

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)
C.Y. BRASMER DVM.
5900 JONES PLACE NW.
ALBUQUERQUE, NM.
Zip Code 87120
Tel No. (505) 610-4711
County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERALLY AC[redacted]ERINARIAN

11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.

12. SIGNATURE DATE 6/13/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

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

13. SIGNATURE OF OWNER OR OWNER'S AGENT

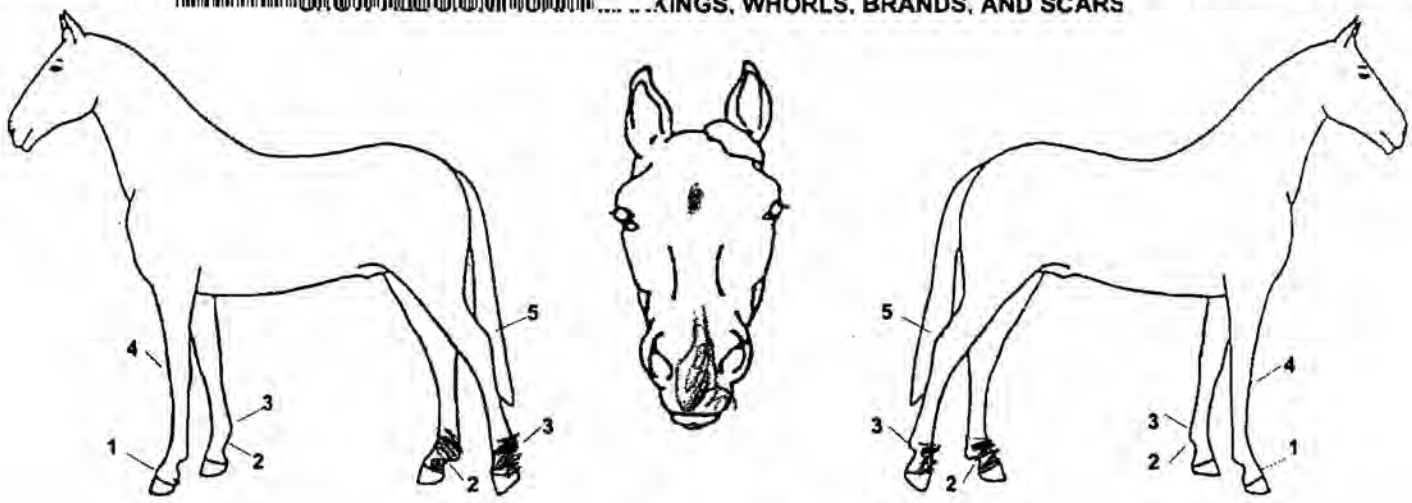
14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			985 170 000 657 390	Bucks	Quarter horse		3	G

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

...KINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD - Mr - Snip

26. OTHER MARKS AND BRANDS

27. LEFT FORELIMB

28. RIGHT FORELIMB

29. LEFT HINDLIMB - Soil

30. RIGHT HINDLIMB - Sock

FOR LABORATORY USE ONLY

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

32. DATE RECEIVED 6/13/10

33. DATE REPORTED OUT 6/13/10

34. TEST RESULTS ☒ Negative ☐ Positive ☐ AGID ☒ ELISA

36. SIGNATURE OF TECHNICIAN [redacted]

35. REMARKS

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

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
0579090	ACL 11208	6/13/10

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

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

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*: N/A. Zip Code: Tel No.: County:

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

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

8. NAME AND ADDRESS OF OWNER *(Please print or type)*:
DENNIS CHAVEZ
@ S/W. LIVESTOCK AUCTION.
LOS LUNAS. Zip Code:
Tel No.: County: NM

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*:
C.Y. BRASMER DVM.
5900 JONES PLACE NW.
ALBUQUERQUE, NM. Zip Code: 87120
Tel No.: (505) 610-4711 County: BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERAL[redacted] VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
[redacted]	C.Y. BRASMER DVM.	6/13/10

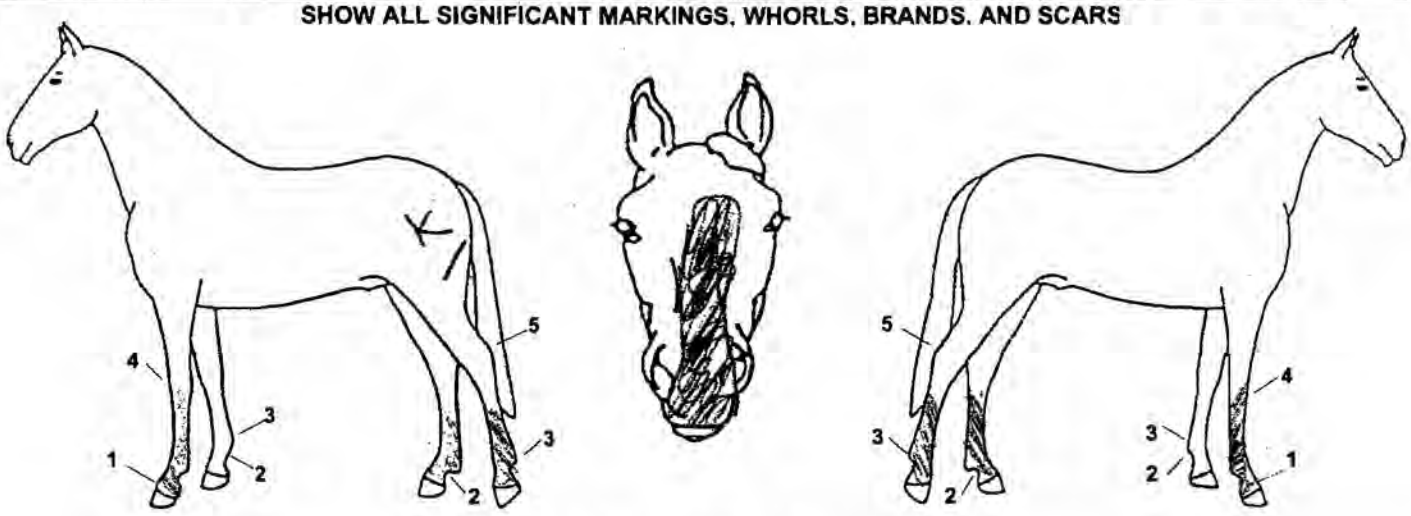
CERTIFICATION OF OWNER OR OWNER'S AGENT

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

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

16. Tube No.	Official Tag	18. Tattoo/B		20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
			985 170 000 654 136	Gray	Quarter horse		3	6	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
[illegible]	K//LH
27. LEFT FORELIMB	**28. RIGHT FORELIMB**
[illegible]	
29. LEFT HINDLIMB	**30. RIGHT HINDLIMB**
[illegible]	[illegible]

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	6/13/10	6/13/10	☒ Negative ☐ Positive ☐ AGID ☐ ELISA
	36. SIGNATURE OF TECHNICIAN		35. REMARKS
	[redacted]		

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

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
a0679091	ACC. 112099	6/3/10

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

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

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

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*: N/A. Zip Code: Tel No.: County:

8. NAME AND ADDRESS OF OWNER *(Please print or type)*:
DENNIS CHAVEZ
@ S/W. LIVESTOCK AUCTION.
LOS LUNAS. Zip Code
Tel No. County NM.

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*:
C.Y. BRASMER DVM.
5900 JONES PLACE NW.
ALBUQUERQUE, NM. Zip Code 87120
Tel No. (505) 610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
[redacted]	C.Y. BRASMER DVM.	6/3/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

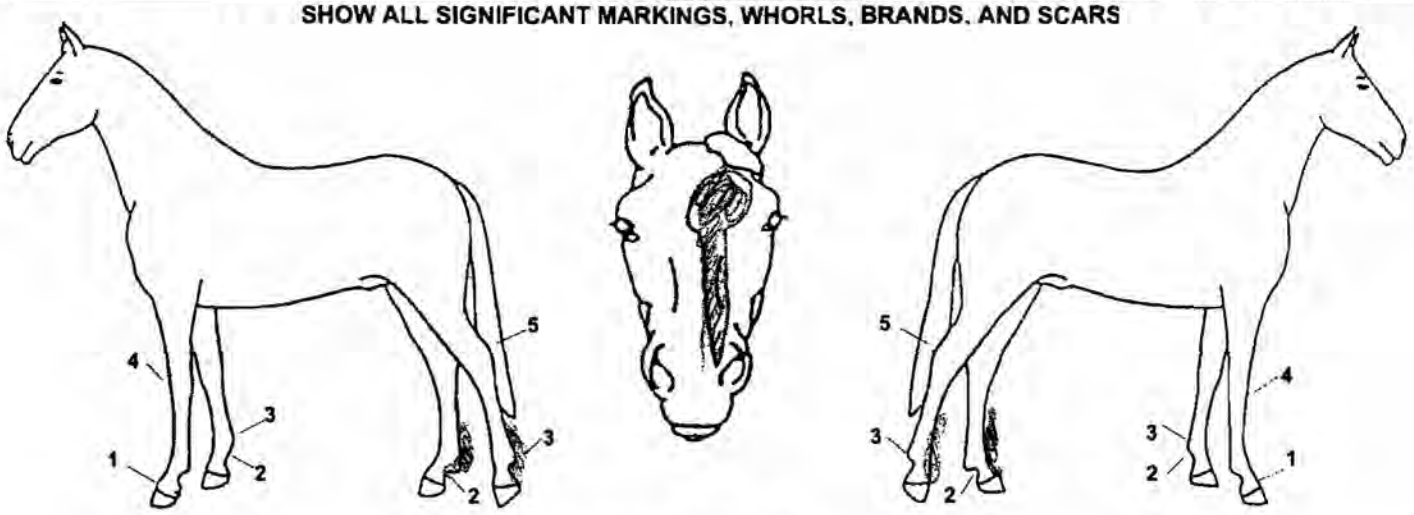
I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

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

16. Tube No.	Official Tag	18. Tattoo/Brand		20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			985 170 000 637 481		APPALOOSA		5	G

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
SMALL SPOT	
27. LEFT FORELIMB	**28. RIGHT FORELIMB**
29. LEFT HINDLIMB	**30. RIGHT HINDLIMB**
[illegible]	[illegible]

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	6/3/10	6/3/10	☒ Negative ☐ Positive ☐ AGID ☒ ELISA
	36. SIGNATURE OF TECHNICIAN [redacted]		35. REMARKS

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

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q0679092	ACL 11210	6/13/10

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

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

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

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type): N/A. Zip Code Tel No. County

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

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type):
C.Y. BRASMER DVM
5900 JONES PLACE NW.
ALBUQUERQUE, NM Zip Code 87120
Tel No. (505) 610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDER[redacted] VETERINARIAN

11. TYPE OR PRINT SIGNATURE NAME: C.Y. BRASMER DVM.

12. SIGNATURE DATE: 6/13/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

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

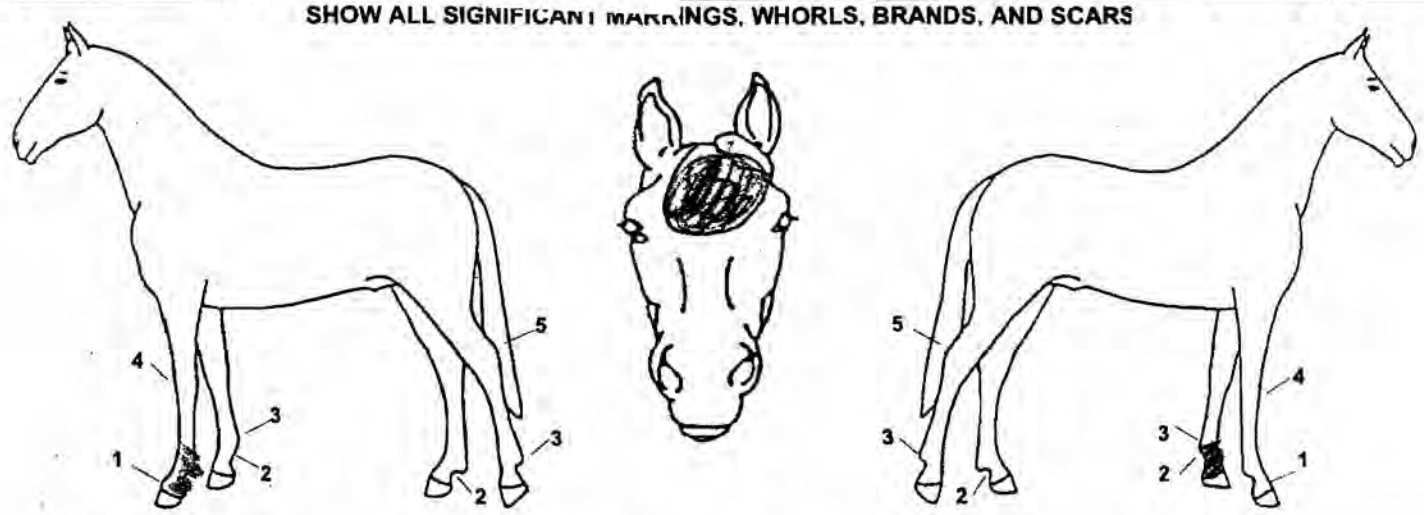
13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
			985 170 000 654 754	Roan	Appaloosa		4	G	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD: Star

26. OTHER MARKS AND BRANDS

27. LEFT FORELIMB: Sock

28. RIGHT FORELIMB

29. LEFT HINDLIMB

30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

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

32. DATE RECEIVED: 6/13/10

33. DATE REPORTED/OUT: 6/13/10

34. TEST RESULTS: ☒ Negative ☐ Positive ☐ AGID ☒ ELISA

36. SIGNATURE OF TECHNICIAN: [redacted]

35. REMARKS

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

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
a0679093	ACC. 11211	6/13/10

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

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

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

5. VETERINARY LICENSE OR ACCREDITATION NO. 1167

6. TEST TYPE ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
N/A.
Zip Code
Tel No. County

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

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
C.Y. BRASMER DVM.
5960 JONES PLACE NW.
ALBUQUERQUE, NM. Zip Code 8712
Tel No. (505) 610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
[redacted]	C.Y. BRASMER DVM.	6/13/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

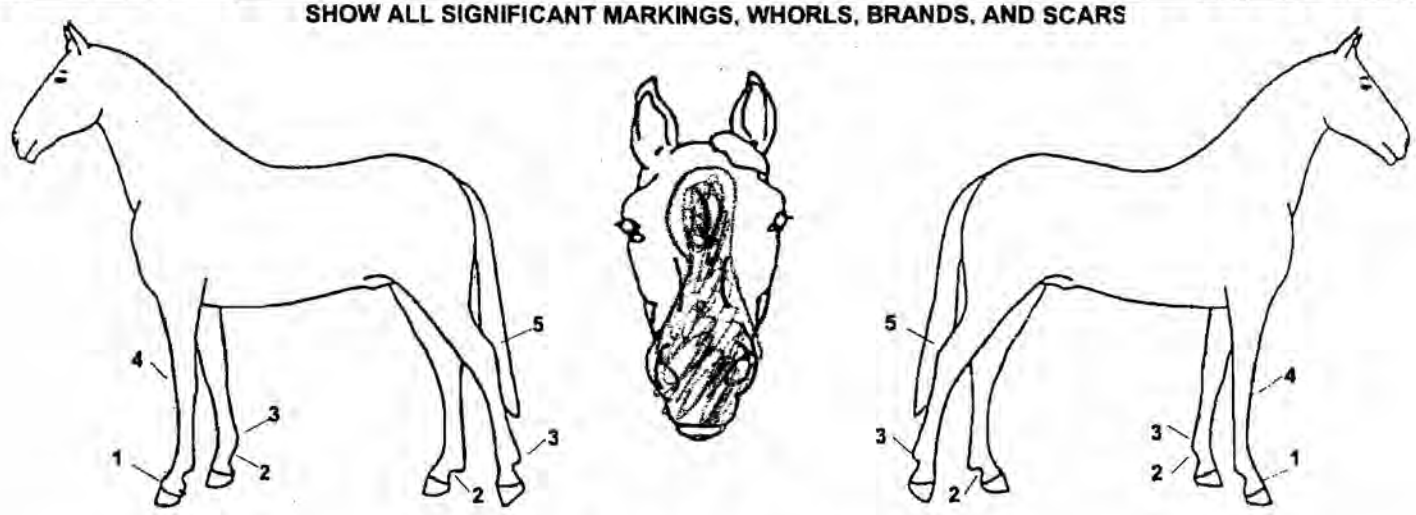
I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

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

16. Tube No.	Official Tag	18. Tattoo	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
		985 170 000 654 202	gray	Paint		5	F

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

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

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	6/13/10	6/13/10	☒ Negative ☐ Positive ☐ AGID ☒ ELISA
	36. SIGNATURE OF TECHNICIAN [redacted]		35. REMARKS

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

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
0679094	AC 11212	6/12/10

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

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

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

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*: N/A. Zip Code; Tel No.; County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*:
DENNIS CHAVEZ
@ S/W. LIVESTOCK AUCTION.
LOS LUNAS. Zip Code
Tel No. County NM.

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*:
C.Y. BRASMER DVM.
5900 JONES PLACE NW.
ALBUQUERQUE, NM. Zip Code 87120
Tel No. (505) 610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

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

CERTIFICATION OF OWNER OR OWNER'S AGENT

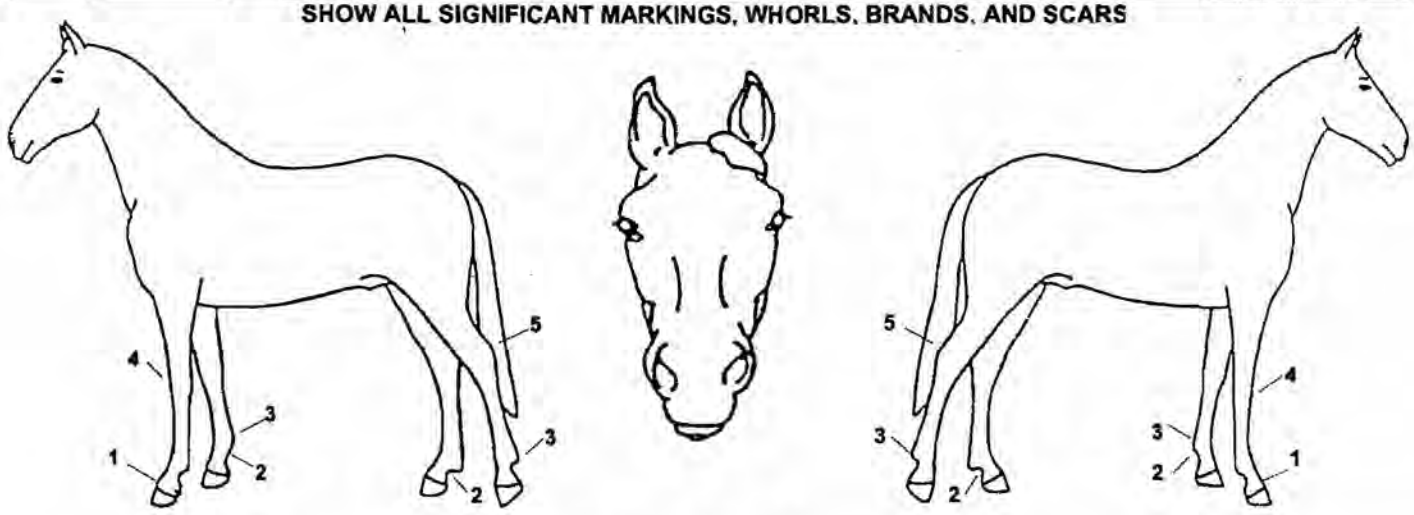
I certify that I examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

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

16. Tube No.	Official Tag	18. Tattoo	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
		985 170 000 664 530	Grey	Quarter horse		6	G

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

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

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	6/12/10	6/12/10	☒ Negative ☐ Positive ☐ AGID ☐ ELISA
	36. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS

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

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
a0679095	ACC 1162	6/13/10

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

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

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

5. VETERINARY LICENSE OR ACCREDITATION NO. 1167

6. TEST TYPE ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
N/A.
Zip Code
Tel No. County

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

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
C.Y. BRASMER DVM.
5900 JONES PLACE NW
ALBUQUERQUE, NM Zip Code 87120
Tel No. (505) 610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN [redacted]

11. TYPE OR PRINT SIGNATURE NAME: C.Y. BRASMER DVM.

12. SIGNATURE DATE: 6/13/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

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

13. SIGNATURE OF OWNER OR OWNER'S AGENT

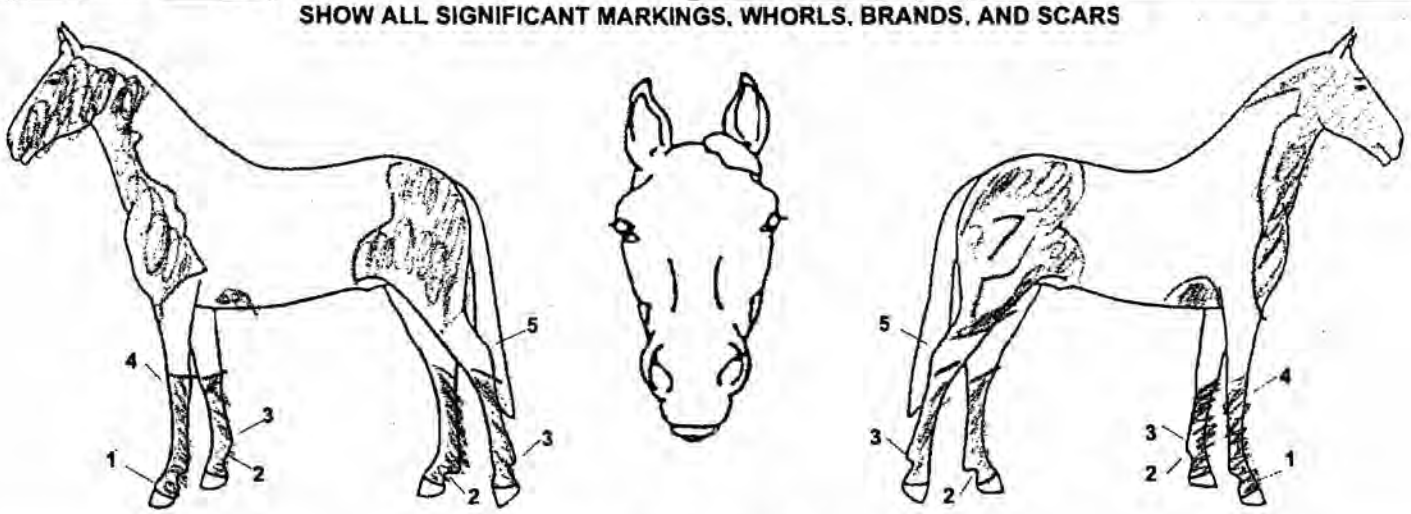
14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/I	19.	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			985 170 000 653 332	Red white	Paint		4	G

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
Red white	7/L
27. LEFT FORELIMB	28. RIGHT FORELIMB
white pastern	Red white pastern
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	6/13/10	6/13/10	☒ Negative ☐ Positive ☐ AGID ☐ ELISA
	36. SIGNATURE OF [redacted]		35. REMARKS

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

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
0679096	ACL 11214	6/10/10

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

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

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

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

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

N/A.

Zip Code

Tel No. County

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

DENNIS CHAVEZ
@ S/W. LIVESTOCK AUCTION.
LOS LUNAS. Zip Code
Tel No. County NM.

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

C. Y. BRASMER DVM.
5900 JONES PLACE NW.
ALBUQUERQUE, NM. Zip Code 87120
Tel No. (505) 610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
[redacted]	C.Y. BRASMER DVM.	6/10/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

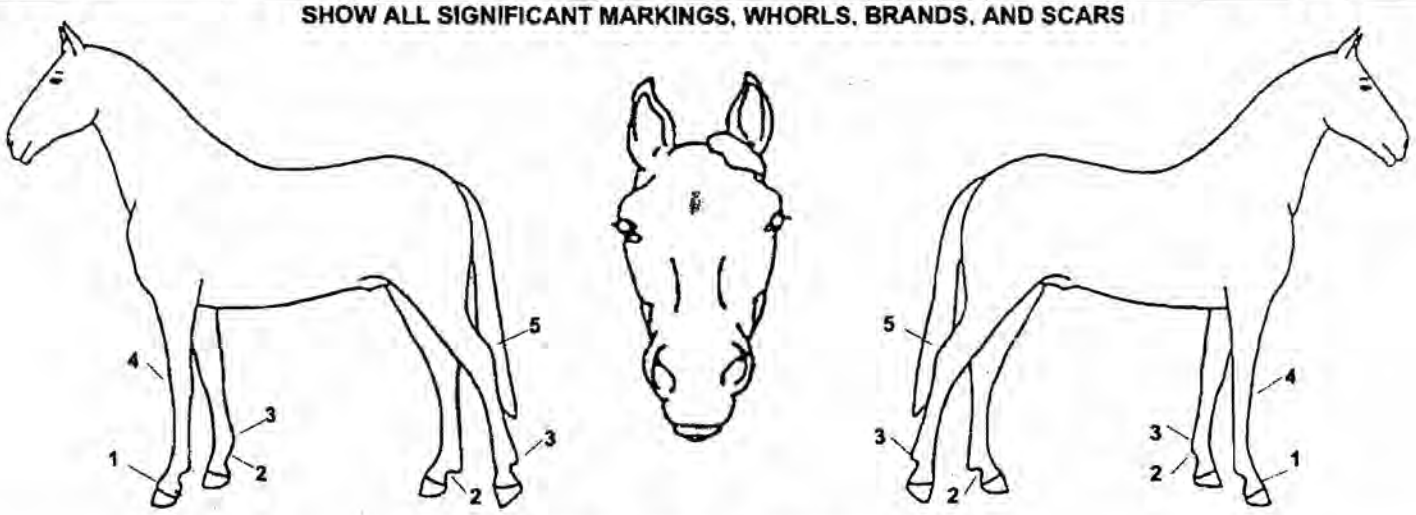
I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

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

16. Tube No.	Official Tag	17. Tattoo	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			Sorrel	Quarter horse	985 170 000 652 146	4	G

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

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

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	6/11/10	6/13/10	☒ Negative ☐ Positive ☐ AGID ☐ ELISA
	36. SIGNATURE OF TECHNICIAN [redacted]		35. REMARKS

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

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
a0679097	AGL. 112/5	6/13/10

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

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

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

5. VETERINARY LICENSE OR ACCREDITATION NO. 1167

6. TEST TYPE ☒ ELISA ☐ AGID

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

N/A.

Zip Code

Tel No. County

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

DENNIS CHAVEZ
@ S/W. LIVESTOCK AUCTION
LOS LUNAS.

Zip Code

Tel No. County NM

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

~~C.Y. BRASHER DVM.~~
~~5900 JONES PLACE NW.~~
~~ALBUQUERQUE, NM.~~ 87120

Zip Code

Tel No. (505) 610-4711 County ~~BERNALILLO~~

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
(b)(6)	C.Y. BRASHER DVM.	6/13/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

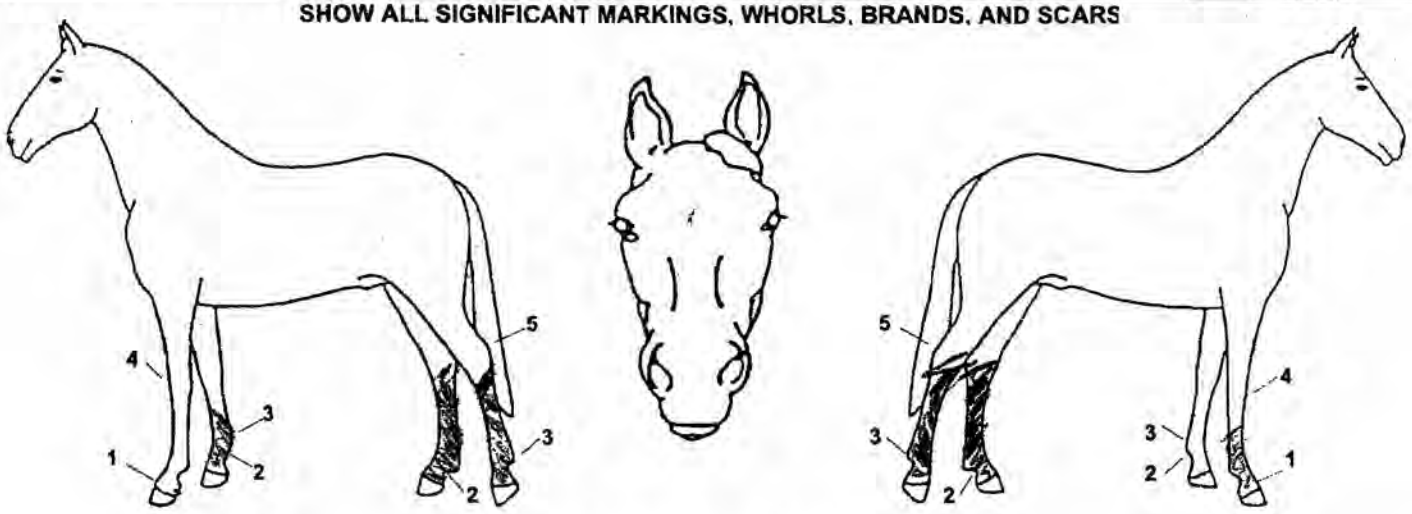
I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

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

16. Tube No.	Official Tag	18. Tattoo/B	985 170 000 654 746	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
				Sorrel	Quarter Horse		5	G

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

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

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	6/14/10	6/14/10	☒ Negative ☐ Positive ☐ AGID ☐ ELISA
	36. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS

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

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
0679098	ACL 11a1k	6/2/10

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

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

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

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*: N/A. Zip Code: Tel No.: County:

8. NAME AND ADDRESS OF OWNER *(Please print or type)*
DENNIS CHAVEZ
C/O S/W. LIVESTOCK AUCTION.
LOS LUNAS. Zip Code
Tel No. County NM.

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
C.Y. BRASMER DVM
5900 JONES PLACE NW.
ALBUQUERQUE, NM. Zip Code 87120
Tel No. (505) 610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
[redacted]	C.Y. BRASMER DVM.	6/2/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

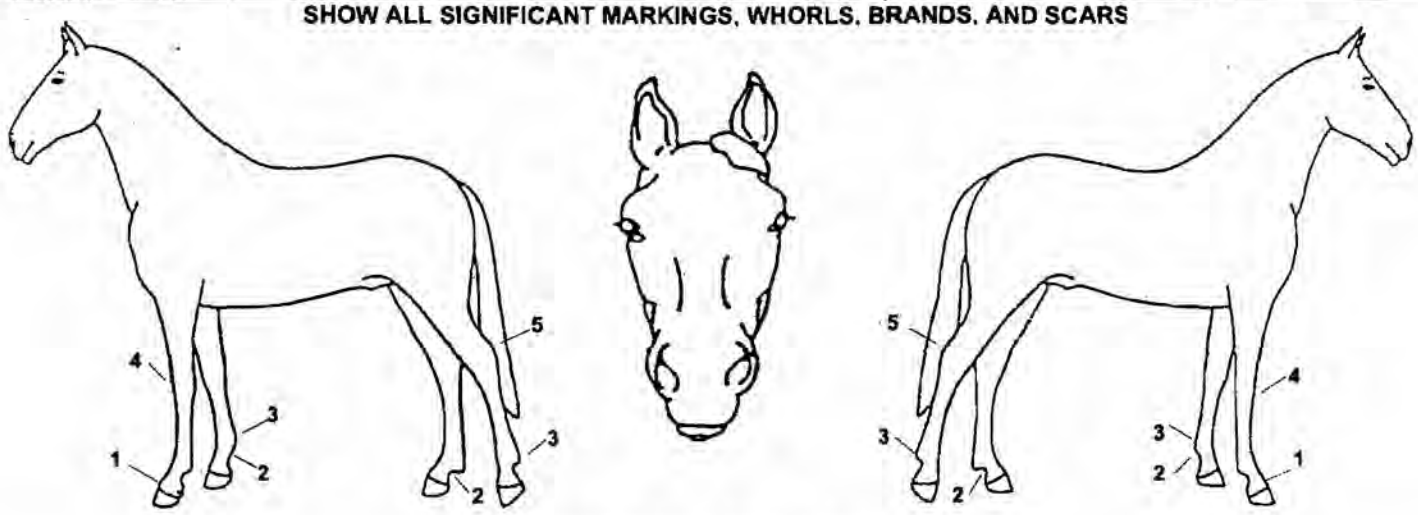
I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

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

16. Tube No.	Official Tag	18. Tattoo/Brand	19.	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			981100002373174	Black	Quarter horse		4	G

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

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

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	6/3/10	6/3/10	☒ Negative ☐ Positive ☐ AGID ☒ ELISA
	36. SIGNATURE OF TECHNICIAN [redacted]		35. REMARKS

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

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO. Q0679099

1. ACCESSION NUMBER: ACL 11217

2. DATE BLOOD DRAWN: 6/13/10

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

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

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

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type): N/A. Zip Code: Tel No.: County:

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

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type):
C.Y. BRASMER DVM.
5900 JONES PLACE NW.
ALBUQUERQUE, NM. Zip Code: 27120
Tel No.: (505) 610-4711 County: BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERALLY A[redacted]ERINARIAN

11. TYPE OR PRINT SIGNATURE NAME: C.Y. BRASMER DVM.

12. SIGNATURE DATE: 6/13/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

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

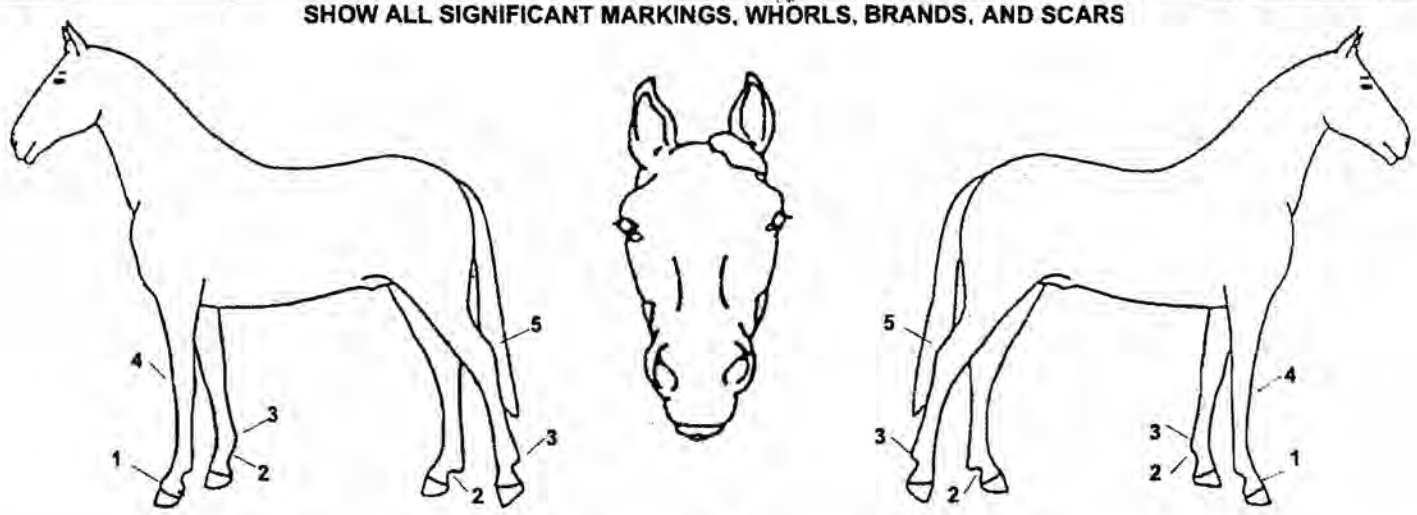
13. SIGNATURE OF OWNER OR OWNER'S AGENT

14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/Brand		20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
			981100002368224	Gray Dun	Quarter horse		5	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD

26. OTHER MARKS AND BRANDS

27. LEFT FORELIMB

28. RIGHT FORELIMB

29. LEFT HINDLIMB

30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

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

32. DATE RECEIVED: 6/13/10

33. DATE REPORTED OUT: 6/13/10

34. TEST RESULTS: ☒ Negative ☐ Positive ☐ AGID ☐ ELISA

36. SIGNATURE OF TECHNICIAN: [redacted]

35. REMARKS

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

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

See reverse for more OMB information.

FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
0679100	ACL 11018	6/8/10

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

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

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

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*: N/A. Zip Code: Tel No.: County:

8. NAME AND ADDRESS OF OWNER *(Please print or type)*
DENNIS CHAVEZ
C/O S/W. LIVESTOCK AUCTION.
LOS LUNAS. Zip Code
Tel No. County NM.

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
C.Y. BRASMER DVM.
5900 JONES PLACE NW.
ALBUQUERQUE, NM. Zip Code 87120
Tel No. (505) 610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

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

CERTIFICATION OF OWNER OR OWNER'S AGENT

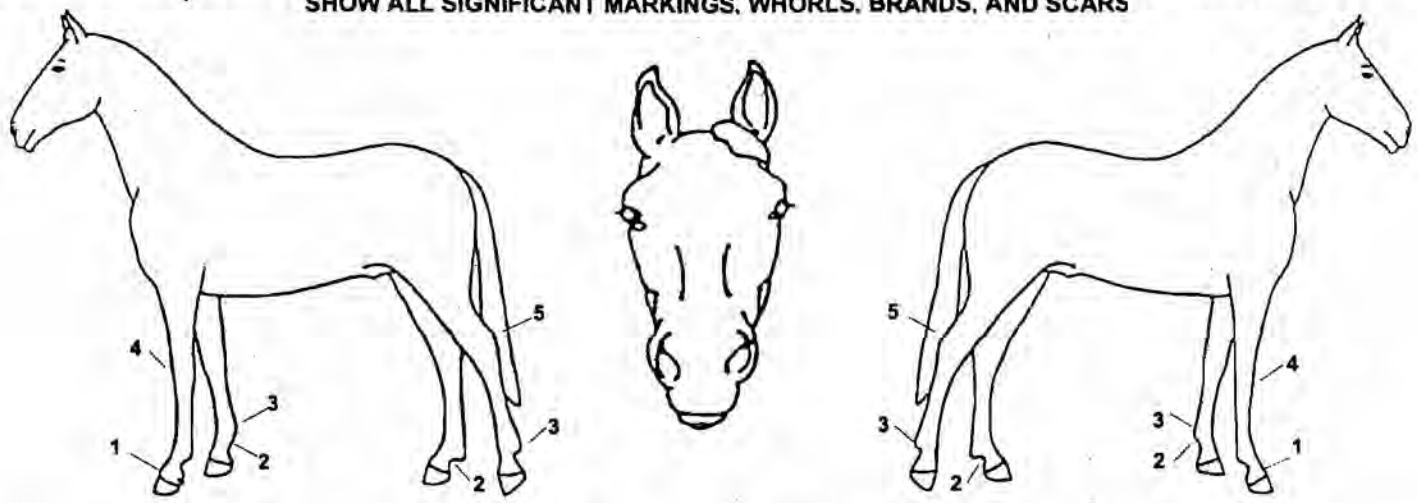
I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

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

16. Tube No.	Official Tag	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			981100002375345	Bay	Quarter horse		4	G

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

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

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	6/8/10	6/8/10	☑ Negative ☐ Positive ☐ AGID ☒ ELISA
	36. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS

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

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER

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

Originating Office Phone
505-589-6150

Control Number: 3503A0613
Office Id: 973503

(b)(6) (b)(6) (b)(6)
Elisa Griensen #7741
Col.Independencia #2
Juarez CH 32679

Service Date(s)
Begin: 15-JUN-10
End: 15-JUN-10
Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	0759735177 0250	51.00	1.00	51.00

Total Due $ 51.00

Remarks: HEALTH CERT# NM-10-024
DENNIS CHAVEZ, 24 DALIES RD. LOS LUNAS,NM 87031

Payment Information

Nfc Id
9999999999V

Date	Amount	Payment Type	Account/Check #
15-JUN-10	$ 51.00	Money Order	14-125098038

THIS DOCUMENT CONTAINS A TRUE WATERMARK - HOLD UP TO LIGHT TO VIEW

WESTERN UNION | MONEY ORDER

WESTERN UNION FINANCIAL SERVICES INC. - ISSUER
Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado
Englewood, Colorado

A 614483 D 060710
T 2041 43
141250980380 L 000435

14-125098038
$ 51.00

#3503A0613

PAY EXACTLY FIFTY-ONE DOLLARS AND NO CENTS
PAY TO THE ORDER OF U.S.D.A.

(b)(6)

PURCHASER'S SIGNATURE

(b)(4)

l be issued by the USDA, APHIS
l your payment to: USDA/APHIS,

or a US postal Money Order, the
sared. If you have any

APHIS FORM 81 (REV. 10/96) AUTOMATED Produced by ITC GC

USDA

VS
Veterinary Services
National Center for
Import and Export

Health Certificate No. NM10-024
(Valid only if the USDA Veterinary Seal
Appears over the Certificate [redacted])

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO

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

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

1. Name and Address of Exporter: Dennis Chavez
   Nombre y Dirección del Exportador: 24 Dalies Rd
   Los Lunas, NM 87031
2. Name and Address of Importer: [redacted]
   Nombre y Dirección del Importador: Elisa Grlesen 7741,Col.Independencia 2
   Juarez,Chihuaha MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
2401226	Mare	7 Years	2399931	Gelding	6 Years
2402655	Mare	5 Years	2398577	Mare	7 Years
2401861	Mare	7 Years	2399170	Mare	8 Years
2398629	Mare	6 Years	2398636	Mare	7 Years
2398723	Gelding	5 Years	2398569	Gelding	8 Years
2404377	Mare	7 Years	2399668	Gelding	9 Years
367998	Mare	6 Years	367980	Gelding	8 Years
372356	Mare	8 Years	375959	Mare	6 Years
321971	Mare	7 Years	377009	Mare	7 Years
369011	Mare	6 Years	416979	Mare	6 Years
399504	Mare	7 Years	400006	Mare	6 Years
400801	Mare	6 Years	400237	Mare	7 Years
405125	Mare	7 Years	380389	Mare	6 Years
368418	Mare	5 Years	401833	Mare	7 Years
401428	Mare	7 Years	371550	Mare	8 Years
371921	Mare	8 Years	375579	Mare	6 Years

Mexico, Slaughter horse HC

#B3503A0613

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. NM10-024
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

[redacted]

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
341970	Mare	7 Years	584808	Mare	6 Years
367655	Mare	8 Years	371837	Mare	7 Years
370009	Mare	7 Years	369081	Mare	8 Years
369520	Mare	5 Years	372627	Mare	9 Years
374443	Gelding	8 Years	406307	Mare	6 Years
417858	Gelding	6 Years	374379	Mare	7 Years
404593	Gelding	7 Years	401764	Mare	8 Years
370276	Gelding	9 Years	398939	Gelding	6 Years
381477	Mare	6 Years	398553	Mare	7 Years
378489	Gelding	9 Years	372945	Mare	5 Years
417179	Gelding	6 Years	398853	Gelding	7 Years
368592	Mare	8 Years	381048	Gelding	5 Years
366786	Gelding	7 Years	371425	Mare	7 Years
375485	Gelding	5 Years	370162	Mare	5 Years
377987	Mare	8 Years	369291	Gelding	6 Years
369416	Gelding	6 Years	378606	Mare	6 Years
417259	Mare	7 Years	369244	Mare	7 Years
380513	Mare	5 Years	367619	Gelding	9 Years
648387	Gelding	5 Years	400184	Gelding	6 Years
380086	Gelding	7 Years	400916	Gelding	5 Years
378957	Mare	6 Years	400051	Mare	7 Years
371555	Gelding	5 Years	558564	Mare	6 Years
367227	Mare	6 Years	367351	Gelding	4 Years
375558	Mare	7 Years	417586	Mare	6 Years
408158	Mare	5 Years	398716	Gelding	5 Years
381494	Gelding	5 Years	399114	Gelding	9 Years
415606	Mare	5 Years	377902	Mare	4 Years
369004	Mare	7 Years	367987	Gelding	8 Years
378190	Gelding	8 Years	376243	Mare	6 Years
379428	Gelding	5 Years	366494	Gelding	9 Years
381112	Mare	6 Years	378181	Gelding	5 Years
400172	Mare	8 Years	407279	Gelding	6 Years
372878	Mare	7 Years	403774	Mare	7 Years
368970	Mare	6 Years	399697	Gelding	9 Years
376139	Mare	8 Years	333632	Mare	7 Years
403110	Mare	5 Years	368946	Gelding	6 Years
378272	Gelding	5 Years	373485	Mare	4 Years
407714	Mare	8 Years	367841	Gelding	7 Years
371161	Mare	5 Years	378932	Gelding	4 Years
372058	Mare	8 Years	371509	Mare	8 Years

USDA

VS
Veterinary Services

National Center for
Import and Export

Health Certificate No. NM10-024
(Valid only if the USDA Veterinary Seal
Appears over the Certifica[redacted]

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
402053	Mare	7 Years	402260	Gelding	6 Years
371256	Gelding	4 Years	381136	Gelding	7 Years
401402	Gelding	6 Years	379539	Gelding	8 Years
400584	Gelding	7 Years	381361	Gelding	6 Years
403419	Gelding	5 Years	377402	Gelding	4 Years
585421	Mare	7 Years	376421	Mare	8 Years
372730	Gelding	8 Years	375335	Mare	7 Years
380816	Gelding	5 Years	368204	Mare	5 Years
375532	Mare	8 Years	379981	Gelding	6 Years
401026	Gelding	7 Years	374646	Gelding	8 Years
376044	Gelding	6 Years	398890	Gelding	7 Years
377541	Gelding	5 Years	404079	Gelding	5 Years
366590	Mare	5 Years	370856	Gelding	6 Years
379571	Gelding	7 Years	381503	Gelding	7 Years
376112	Gelding	7 Years	367034	Gelding	8 Years
375555	Gelding	6 Years	372330	Gelding	9 Years
366500	Mare	8 Years	398512	Mare	7 Years
399957	Gelding	9 Years	372022	Gelding	9 Years
378647	Mare	6 Years	345743	Mare	6 Years
377340	Gelding	7 Years	381069	Mare	8 Years
377287	Mare	5 Years	366807	Gelding	7 Years
370933	Mare	7 Years	373973	Gelding	9 Years
381330	Gelding	4 Years	369040	Mare	8 Years
369778	Mare	7 Years	367543	Gelding	5 Years
370434	Gelding	6 Years	374145	Mare	6 Years
376555	Gelding	6 Years	381473	Gelding	7 Years
367557	Gelding	7 Years	375284	Gelding	8 Years
379501	Gelding	5 Years	372279	Gelding	6 Years
368387	Mare	6 Years	342323	Mare	4 Years
369617	Gelding	6 Years	369435	Mare	7 Years
371789	Gelding	7 Years	370256	Mare	6 Years
375303	Gelding	4 Years	416025	Gelding	8 Years
377099	Mare	8 Years	367723	Mare	7 Years
380005	Gelding	6 Years	411784	Gelding	6 Years
368873	Mare	4 Years	370319	Mare	5 Years
375670	Mare	7 Years	373623	Gelding	8 Years
378943	Gelding	8 Years	399847	Gelding	7 Years
381513	Mare	6 Years	374501	Gelding	5 Years
374423	Mare	8 Years	408417	Mare	9 Years
366543	Gelding	5 Years	377717	Gelding	8 Years

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. NM10-024
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

[redacted]

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
368195	Mare	6 Years	368512	Gelding	5 Years
374758	Mare	6 Years	4BD5043400	Gelding	8 Years
380101	Gelding	7 Years	646795	Mare	7 Years
378110	Mare	6 Years	372393	Mare	6 Years
366975	Mare	5 Years	376522	Mare	8 Years
370147	Gelding	8 Years	368745	Gelding	8 Years
368705	Gelding	6 Years	376766	Mare	6 Years
369504	Gelding	5 Years	369798	Gelding	5 Years
322610	Gelding	7 Years			

CERTIFICATION STATEMENTS / *CERTIFICACIONES*

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

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.
A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.
Inspection date / *Fecha de inspección* June 9th 2010

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.
Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.
Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. NM10-024
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[redacted]

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

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

[*Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.*][

C.Y Brasmer
Name of Accredited Veterinarian
Nombre del Médico Veterinario Acreditado

[redacted]
Name of Endorsing Federal Veterinarian
Nombre del Médico Veterinario Federal que endosa.

[redacted] 6/9/2010
Signature of Accredited Veterinarian and Date
Firma del Médico Veterinario Acreditado y Fecha

[redacted] 9/10/2010
Signature of Endorsing Federal Veterinarian and Date
Firma del Médico Veterinario que endosa y Fecha

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

Mexico, Slaughter horse HC

NM10-024

(b)(6) [redacted]

AFFIDAVIT
DECLARACIÓN JURADA

I (print) Dennis Chavez declare that the horses included in this shipment have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.
Por este medio declaro que los caballos en este embarque no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

1. Aristolochia spp and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.
Aristolochia spp *y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.*

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.
Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.

3. The following thirosthatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.
Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.

(b)(6) [redacted]

Date and signature of the exporter 6/9/2010
Fecha y firma del exportador

(b)(6) [redacted]

Date and signature of the Notary Pub 6/9/2010
Fecha y firma del Notario Público

OFFICIAL SEAL
Joan Chavez
NOTARY PUBLIC
STATE OF NEW MEXICO
My Commission Expires: 11/27/11

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)

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FORM APPROVED OMB NO. 0579-0160

NM10-024

TIME HORSES LOADED ON CONVEYANCE: 4:00am	DATE: 6-9-2010
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Los Lunas, New Mexico	
VEHICLE LICENSE NO. AND DRIVER'S NAME: JJJ Trucking - (b)(6)	NAME OF AUCTION/MARKET: Southwest Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Danny Chavez	CONSIGNEE (RECEIVER/DESTINATION) NAME: (b)(6)
STREET ADDRESS: 24 Dalies Rd	STREET ADDRESS: Eliza Arwen 7741 Col Independencia 2
CITY, STATE, ZIP CODE: Los Lunas, NM 87031	CITY, STATE, ZIP CODE: Juarez, Chihuaha MX
AREA CODE & TELEPHONE NO.: 505-865-4600	AREA CODE & TELEPHONE NO.: 915-252-6614

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USF05	150						palo		/				/			2401226	
2		51				/				/						/	2399931	
3		52						SR		/				/			2402655	
4		53						SR		/				/			2398577	
5		54	/							/				/			2401861	
6		55	/							/				/			2399170	
7		56						SR		/				/			2398629	
8		57	/							/				/			2398636	
9		58				/				/						/	2398723	
10		59				/				/						/	2398569	
11		60						palo		/				/			2404377	
12		61				/				/						/	2399668	
13		62			/					/				/			367998	
14		63		/						/						/	367980	
15		64		/						/				/			372356	

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

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 (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsolete PAGE 1 OF 8

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

NM10-024

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFQ	5165						SR		/				/			375959	
17		66	/							/				/			321971	
18		67	/							/				/			377009	
19		68						QUIN		/				/			369011	
20		69						SR		/				/			4110979	
21		70						SR		/				/			399504	
22		71				/				/				/			400046	
23		72	/							/				/			400801	
24		73	/							/				/			400237	
25		74	/							/				/			405125	
26		75						SR		/				/			380389	
27		76						SR		/				/			368418	
28		77						SR		/				/			401833	
29		78						SR		/				/			401428	
30		79						SR		/				/			371550	
31		80				/				/				/			371921	
32		81				/				/				/			375579	
33		82						DSKN		/				/			341970	
34		83	/							/				/			584808	
35		84	/							/				/			367655	
36		85						SR		/				/			371837	
37		86		/						/				/			370009	
38		87				/				/				/			369081	
39		88						ROAN					MULE	/			369520	
40		89	/							/						/	372627	
41		90		/						/						/	374443	
42		91						SR		/				/			406307	
43		92						APP		/						/	417858	
44		93						SR		/				/			374379	
45		94			/					/						/	404593	

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

(b)(6) [redacted]

VS FORM 10-13A
(SEP 2002)

*U.S. Government Printing Office: 2004—616-624/99766

FOIA 2012-2308 Pg 243

U.S. DEPARTMENT OF AGRICULTURE
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

NM10-024

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USF05195							CHP		/				/			401764	
17		96						SR		/						/	370276	
18		97						SR		/						/	398939	
19		98						SR		/				/			381477	
20		99						SR		/				/			398553	
21		5200	/							/						/	378489	
22		2301						YLW		/				/			372945	
23		02		/						/						/	417179	
24		03			/								mule			/	398853	
25		04						SR		/				/			368592	
26		05		/						/						/	381048	
27		06						BROWN		/						/	3666786	
28		07						PACO		/				/			371425	
29		08			/								mule			/	375485	
30		09		/						/				/			370162	
31		10	/							/				/			377987	
32		11	/							/						/	369291	
33		12		/						/						/	3694116	
34		13	/							/				/			3786016	
35		14						SR		/				/			417259	
36		15						SR		/				/			369244	
37		16						SR		/				/			380513	
38		17						SR		/						/	3667619	
39		18						SR		/						/	648387	
40		19						SR	/							/	400184	
41		20						SR					mule			/	380086	
42		21						SR		/						/	400916	
43		22			/					/				/			378957	
44		23						SR		/				/			400051	
45		24						SR		/						/	371555	

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SIGNATURE OF OWNER/SHIPPER (b)(6) [redacted] e and correct to the best of my knowledge.)

VS FORM 10-13A
(SEP 2002)

*U.S. Government Printing Office: 2004—616-624/99766

FOIA 2012-2308 Pg 244

U.S. DEPARTMENT OF AGRICULTURE
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

NM10-024

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFO	2325						POW		/				/			558564	
17		26	/							/				/			367227	
18		27	/							/						/	367351	
19		28	/							/				/			375558	
20		29	/							/				/			417586	
21		30			/					/				/			408158	
22		31						SR		/						/	398716	
23		32				/				/						/	381494	
24		33		/						/						/	399114	
25		34		/						/				/			415606	
26		35			/					/				/			377902	
27		36				/				/				/			369004	
28		37						SR			/					/	367987	
29		38				/				/						/	378190	
30		39		/						/				/			376243	
31		40						SR		/						/	379428	
32		41		/						/						/	3606494	
33		42						SR		/				/			381112	
34		43		/						/						/	378181	
35		44	/							/				/			400172	
36		45	/							/						/	407279	
37		46		/						/				/			372878	
38		47	/							/				/			403774	
39		48				/				/				/			368970	
40		49	/							/						/	399697	
41		50		/						/				/			376139	
42		51		/						/				/			333632	
43		52		/						/				/			403110	
44		53				/				/						/	368946	
45		54	/							/						/	378272	

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SIGNATURE OF OWNER/SHIPPER (I) [redacted] and correct to the best of my knowledge.)

VS FORM 10-13A
(SEP 2002)

U.S. Government Printing Office: 2004—616-624/99766

FOIA 2012-2308 Pg 245

U.S. DEPARTMENT OF AGRICULTURE
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

NM10-024

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFQ	2355						SR		/				/			373485	
17		56		/						/				/			407714	
18		57	/							/						/	3167841	
19		58						dun		/				/			371161	
20		59						SR		/						/	378932	
21		60						b SKin		/				/			372058	
22		61						roan		/				/			371509	
23		62	/							/				/			402053	
24		63	/							/						/	402260	
25		64	/							/						/	371256	
26		65		/						/						/	381136	
27		66						SR		/						/	401402	
28		67						SR		/						/	379539	
29		68	/							/						/	400584	
30		69						SR		/						/	381361	
31		70						palo		/						/	403419	
32		71	/							/						/	377402	
33		72						SR		/				/			585421	
34		73	/							/				/			376421	
35		74	/							/						/	372730	
36		75	/							/				/			375335	
37		76	/										mule			/	380816	
38		77		/						/				/			368204	
39		78	/							/				/			375532	
40		79	/							/						/	379981	
41		80	/							/						/	401026	
42		81						SR		/						/	374646	
43		82						roan		/						/	376044	
44		83		/						/						/	398890	
45	↓	84						b SKin		/						/	377541	

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SIGNATURE OF OWNER/SHIPPER(I [redacted] orrect to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

*U.S. Government Printing Office: 2004—616-624/99766

FOIA 2012-2308 Pg 246

U.S. DEPARTMENT OF AGRICULTURE
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

NM10-024

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	LSFC	2385		/						/						/	404079	
17		86						SR		/				/			316590	
18		87						SR		/						/	370856	
19		88			/					/						/	379571	
20		89	/							/						/	381503	
21		90						SR		/						/	376112	
22		91						SR		/						/	367034	
23		92			/					/						/	375555	
24		93	/						/							/	372330	
25		94						SR		/				/			316500	
26		95						ROAN		/				/			398512	
27		96	/							/						/	399957	
28		97	/							/						/	372022	
29		98						SR		/				/			378647	
30		99	/							/				/			345743	
31		3400	/							/						/	377340	
32		01						SR		/				/		/	381069	
33		02	/							/				/			377287	
34		03						SR		/						/	316807	
35		04						SR		/				/			370933	
36		05						SR		/						/	373973	
37		06	/							/						/	381330	
38		07	/						/					/			369040	
39		08						SR		/				/			369778	
40		09	/							/						/	367543	
41		10				/				/						/	370434	
42		11		/						/				/			374145	
43		12		/						/						/	376555	
44		13						SR		/						/	381473	
45		14		/						/						/	367557	

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 OWN[redacted] correct to the best of my knowledge.)

VS FORM 10-13A
(SEP 2002)

*U.S. Government Printing Office: 2004—616-624/99766

FOIA 2012-2308 Pg 247

U.S. DEPARTMENT OF AGRICULTURE
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

NM10-024

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USDA	415	/							/						/	375284	
17		16	/							/						/	379501	
18		17	/							/						/	372279	
19		18						SR		/				/			368387	
20		19						SR		/				/			342323	
21		20	/							/						/	369617	
22		21	/							/				/			369435	
23		22						SR		/						/	371789	
24		23	/							/				/			370256	
25		24	/							/						/	375303	
26		25				/				/						/	416025	
27		26				/				/				/			377099	
28		27						SR		/				/			367723	
29		28						QQP		/						/	380005	
30		29		/						/						/	411784	
31		30	/							/				/			368873	
32		31		/						/				/			370319	
33		32	/							/				/			375670	
34		33		/						/						/	373623	
35		34						SR		/						/	378943	
36		35				/				/						/	399847	
37		36						QQP		/				/			381513	
38		37						SR		/						/	374501	
39		38		/						/				/			374423	
40		39		/						/				/			408417	
41		40	/							/						/	3106543	
42		41				/				/						/	377717	
43		42						SR		/				/			368195	
44		43				/				/						/	368512	
45	↓	44						SR		/				/			374758	

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

(b)(6)

FOIA 2012-2308 Pg 248

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

Originating Office Phone
505-589-6150
(b)(6) (b)(6) (b)(6)
Elisa Griensen #7741
Col.Independencia #2
Juarez CH 32679

Control Number: 3503A0629
Office Id: 973503
Service Date(s)
Begin: 24-JUN-10
End: 24-JUN-10
Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	0759735177 0250	51.00	1.00	51.00

Total Due $ 51.00

Remarks: VS HEALTH CERT# NM10-025
DENNIS CHAVEZ, 24 DALIES RD., LOS LUNAS,NM 87031

Payment Information

Nfc Id
9999999999V

Date	Amount	Payment Type	Account/Check #
24-JUN-10	$ 51.00	Check	1141

(b)(6) (b)(6)
(b)(6)
Elisa Griensen 7741
COL Independencia 2
Ciudad Juarez Chih, 32670, Mexico

1141

88-6/1120 2936
2704163266

Date 6.22.2010

Pay To The Order of U.S. D.A. $ 51 =

— Fifty One 00/ Dollars

Security Features Details on Back

WELLS FARGO Wells Fargo Bank, N.A. El Paso, Texas wellsfargo.com

(b)(6)

For #3503A0429

(b)(4)

MP

APHIS FORM 81 (REV. 10/96) AUTOMATED GC

USDA

Veterinary Services
National Center for Import and Export

Health Certificate No. NM10-025
(Valid only if the USDA Veterinary Seal Appears over the Certificate N[redacted]

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO

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

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

1. Name and Address of Exporter: Dennis Chavez
   Nombre y Dirección del Exportador: 24 Dalies Rd
   Los Lunas, NM 87031
2. Name and Address of Importer: [redacted]
   Nombre y Dirección del Importador: Elisa Griensen 7741,Col. Independencia 2
   Juarez, Chihuahua Mx
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
412659	Mare	6 years	413340	Mare	6 years
412954	Mare	7 years	412987	Gelding	7 years
414888	Mare	5 years	417368	Mare	5 years
402847	Mare	7 years	416906	Mare	8 years
413837	Mare	5 years	412771	Mare	6 years
418007	Mare	8 years	413103	Mare	8 years
411876	Mare	7 years	409146	Mare	7 years
414980	Mare	8 years	398568	Mare	6 years
410034	Mare	6 years	414994	Mare	7 years
412631	Mare	5 years	415361	Gelding	5 years
411851	Mare	7 years	416341	Mare	5 years
412317	Mare	6 years	415469	Mare	8 years
417213	Mare	8 years	413460	Mare	7 years
415491	Mare	7 years	403520	Gelding	8 years
410057	Mare	6 years	366494	Gelding	6 years
418347	Gelding	8 years	417643	Mare	7 years

#3503A0629

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. NN10-025
(Valid only if the USDA Veterinary Seal Appears over the Certificate) (b)(6)

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
411675	Mare	7 years	415457	Mare	6 years
413177	Gelding	5 years	416903	Gelding	6 years
414237	Gelding	8 years	418143	Mare	7 years
416565	Gelding	5 years	416469	Mare	8 years
414147	Gelding	7 years	412624	Mare	5 years
416048	Mare	5 years	413992	Mare	8 years
412306	Mare	8 years	416673	Mare	7 years
728522	Gelding	5 years	415609	Gelding	4 years
414595	Gelding	7 years	418700	Gelding	8 years
409358	Mare	6 years	417079	Gelding	6 years
411365	Gelding	4 years	398667	Mare	6 years
413226	Gelding	6 years	417712	Gelding	7 years
414486	Gleding	7 years	416904	Gleding	5 years
415400	Gelding	4 years	409636	Gelding	5 years
399005	Gelding	5 years	403133	Gelding	6 years
405452	Gelding	8 years	416821	Gelding	8 years
410138	Gelding	6 years	398708	Gelding	8 years
410094	Gelding	5 years	416630	Gelding	5 years
408893	Gelding	7 years	414586	Gelding	7 years
417509	Gelding	5 years	698680	Gelding	9 years
412115	Gelding	5 years	403159	Gelding	8 years
409190	Mare	8 years	413890	Mare	6 years
402717	Mare	7 years	411146	Mare	6 years
417270	Gelding	5 years	416499	Mare	9 years
402494	Mare	5 years	416342	Mare	7 years
404005	Mare	6 years	728783	Mare	6 years
416388	Mare	6 years	413002	Gelding	4 years
401075	Mare	8 years	404527	Gelding	9 years
402457	Mare	6 years	402156	Mare	7 years
727001	Gelding	7 years	739010	Gelding	5 years
726528	Gelding	5 years	737797	Mare	6 years
548780	Mare	5 years	730064	Gelding	9 years
698729	Gelding	8 years	403813	Gelding	6 years
736211	Mare	7 years	417687	Gelding	7 years
728019	Gelding	5 years	415304	Gelding	5 years
550736	Mare	8 years	588880	Mare	6 years
614568	Mare	8 years	610367	Mare	8 years
584326	Mare	8 years	643695	Mare	8 years
647275	Mare	8 years	578362	Mare	7 years
398723	Mare	7 years	643644	Mare	7 years

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. NM10-025
(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*
587436	Mare	9 years	551370	Mare	9 years
613294	Mare	9 years	644101	Mare	6 years
549595	Mare	7 years	549806	Mare	7 years
645110	Mare	6 years	548763	Mare	5 years
643373	Mare	5 years	588308	Gelding	8 years
643239	Mare	7 years	614714	Gelding	5 years
600863	Mare	5 years			

CERTIFICATION STATEMENTS / *CERTIFICACIONES*

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

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.
A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.
Inspection date / *Fecha de inspección* June 21st 2010

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.
Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.
Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. NM10-025
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(Delete as appropriate /*Remueva lo que no aplique)*

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

[*Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.][*

C.Y Brasmer
Name of Accredited Veterinarian
Nombre del Médico Veterinario Acreditado

[redacted]
Name of Endorsing Federal Veterinarian
Nombre del Médico Veterinario Federal que endosa.

[redacted] 6/21/2010
Signature of Accredited Veterinarian and Date
Firma del Médico Veterinario Acreditado y Fecha

[redacted] 6/22/10
Signature of Endorsing Federal Veterinarian and Date
Firma del Médico Veterinario que endosa y Fecha

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

Mexico, Slaughter horse HC

AFFIDAVIT
DECLARACIÓN JURADA

NM10-025

[redacted]

I (print) Dennis Chavez declare that the horses included in this shipment have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.
Por este medio declaro que los caballos en este embarque no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

1. Aristolochia spp and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.
Aristolochia spp *y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.*

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.
Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.

3. The following thirosthatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.
Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.

[redacted]

Date and signature of the exporter 6/21/2010
Fecha y firma del exportador

Date and signature of the Notary Publi 6/21/2010
Fecha y firma del Notario Público

Exp.2/11/2014

U.S. DEPARTMENT 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

NM10-025

TIME HORSES LOADED ON CONVEYANCE: 3:00pm

DATE: 10-31-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Los Lunas, New Mexico

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

NAME OF AUCTION/MARKET: Southwest Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Dennis Chavez

CONSIGNEE (RECEIVER/DESTINATION) NAME: (b)(6)

STREET ADDRESS: 24 Dalies Rd

Col. Independencia 2

CITY, STATE, ZIP CODE: Los Lunas, NM 87031

CITY, STATE, ZIP CODE: Juarez, Chihuahua MX

AREA CODE & TELEPHONE NO.: 505-865-4600

AREA CODE & TELEPHONE NO.: 915-252-6614

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USDA	2501			/					/				/			4126659	
2		02						bSkin		/				/			413340	
3		03		/						/				/			413954	
4		04						SR		/						/	412987	
5		05	/							/				/			414888	
6		06						bSkin		/				/			413668	
7		07						bSkin		/				/			402847	
8		08						SR		/				/			4166906	
9		09						roan		/				/			413837	
10		10						SR		/				/			412771	
11		11	/							/				/			418007	
12		12						SR		/				/			413103	
13		13				/				/				/			411876	
14		14						SR		/				/			409146	
15		15	/							/				/			414980	

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

SIGNATURE (b)(6)

I HEREBY AUTHO(b)(6)CUMENT 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 m(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

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

(Please type or print in ink)

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NM10-025

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			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USDA	25116	/							/				/			3985168	
17		17						SR		/				/			410034	
18		18	/							/				/			414994	
19		19	/							/				/			412031	
20		20	/							/						/	415361	
21		21						SR		/				/			411851	
22		22						SR		/				/			1116341	
23		23			/					/				/			412317	
24		24		/						/				/			415469	
25		25						bSkn		/				/			417213	
26		26						QHP		/				/			413460	
27		27						SR					mule	/			415491	
28		28						bSkn		/						/	403520	
29		29						QHP		/				/			410057	
30		30						roan		/						/	3d6494	
31		31						SR		/						/	1118347	
32		32	/							/				/			417643	
33		33	/							/				/			411675	
34		34						bSkn		/				/			415457	
35		35				/				/						/	413177	
36		36						SR		/						/	4116903	
37		37		/						/						/	414237	
38		38						bSkn		/				/			418143	
39		39	/							/						/	4116565	
40		40						SR		/				/			4116469	
41		41	/								/					/	414147	
42		42						roan		/				/			4113624	
43		43	/							/				/			4116048	
44		44						roan		/				/			413992	
45		45						SR		/				/			4123016	

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SIGNATURE OF OWNER/SHIPPER([redacted] orm is true and correct to the best of my knowledge.)

FOIA 2012-2308 Pg 256

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

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

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FORM APPROVED OMB NO. 0579-0160

NM10-025

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	LI90	25416						SR		/				/			4166673	
17		47						SR		/						/	728522	
18		48		/						/						/	4151609	
19		49	/							/						/	414595	
20		50	/							/						/	418700	
21		51	/							/				/			4109358	
22		52						SR		/						/	417079	
23		53						SR		/						/	411365	
24		54						SR		/				/			3986067	
25		55	/							/						/	413216	
26		56	/							/						/	417712	
27		57	/							/						/	4144816	
28		58	/							/						/	4116904	
29		59						SR		/						/	415400	
30		60		/						/						/	4091636	
31		61	/							/						/	399005	
32		62	/							/						/	4103133	
33		63	/							/						/	405452	
34		64						DSLN		/						/	4116821	
35		65						DCED		/						/	4110138	
36		66	/							/						/	398708	
37		67	/							/						/	4100094	
38		68	/							/						/	4116630	
39		69						CRLD		/						/	4108893	
40		70						SR		/						/	4114586	
41		71	/							/						/	417509	
42		72	/							/						/	4098080	
43		73	/							/						/	412114	
44		74						SR		/						/	4103159	
45		75						SR		/				/			409190	

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 TH[redacted]01).

SIGNATURE OF OWNER/SHIPPER([redacted] true and correct to the best of my knowledge.)

VS FORM 10-13A
(SEP 2002)

U.S. Government Printing Office: 2004—616-624/99786

FOIA 2012-2308 Pg 257

U.S. DEPARTMENT OF AGRICULTURE
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

NN 10-025

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USDQ	2576						man		/				/			413890	
17		77	/							/				/			402717	
18		78		/						/				/			411146	
19		79		/						/						/	417270	
20		80	/							/				/			416499	
21		81	/							/				/			402494	
22		82	/							/				/			416342	
23		83						SR		/				/			404005	
24		84						SR		/				/			728783	
25		85						app		/				/			416388	
26		86		/						/						/	413002	
27		87						bskin		/				/			401075	
28		88						SR		/						/	404527	
29		89			/					/				/			402457	
30		90			/					/				/			402156	
31		91				/				/						/	727001	
32		92				/				/						/	739010	
33		93				/				/						/	726528	
34		94						app		/				/			737797	
35		95	/							/				/			548780	
36		96						SR		/						/	730064	
37		97			/					/						/	698729	
38		98		/						/						/	403813	
39		99						SR		/				/			736211	
40		2600			/					/						/	417687	
41		01						paio		/						/	728019	
42		02						SR		/						/	415304	
43		5131	/						/					/			550736	
44		32	/						/					/			588880	
45		33			/					/				/			614568	

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 th[redacted]e and correct to the best of my knowledge.)

VS FORM 10-13A
(SEP 2002)

[redacted]-616-624/99766

U.S. DEPARTMENT OF AGRICULTURE
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

NM10-025

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USDA	5134	/						/					/			610367	
17		35				.		brown		/				/			584326	
18		36	/						/					/			643695	
19		37			/					/				/			647275	
20		38						SR		/				/			578362	
21		39	/						/					/			395723	
22		40	/						/					/			643644	
23		41						brown		/				/			587436	
24		42	/						/					/			551370	
25		43			/					/				/			613294	
26		44	/						/					/			559245	
27		45	/						/					/			644101	
28		46	/						/					/			549595	
29		47	/							/				/			549806	
30		48	/						/					/			645110	
31		5201						SR		/				/			548763	
32		02	/			.				/				/			643373	
33		03			/					/						/	588308	
34		04	/							/				/			643239	
35		05				/				/						/	614714	
36		06	/							/				/			600803	
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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SIGNATURE OF OWNER/SHIPPER(I certify that the informati[redacted]y knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

*U.S. Government Printing Office: 2004—616-624/99760

FOIA 2012-2308 Pg 259



(b)(6) [redacted]

95-660/1070 2398

DATE 7/13/10

PAY TO THE ORDER OF USDP-Ophis-VS $ 142.25

one Hundred Forty-Two + 25/100 DOLLARS

BANK OF ALBUQUERQUE

(b)(6) [redacted]

(b)(4) [redacted]

MP

SPECIALTY BLUE

© DELUXE WALLET OR DUPLICATE





USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. NM-10315 pt
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

Equine infectious anemia: ~~AGID test (Coggin's test) or~~ ELISA.
(Indicate the name of the official laboratory and the date the samples were obtained).
Anemia infecciosa equina: agar gel inmunodifusión (AGID o prueba de Coggin) o ELISA. (Señale el nombre del laboratorio oficial y la fecha de la obtención de la muestra.)
Albuquerque Coggins lab 7/10/10 ELISA

Note: Horses in this shipment were not positive to testing for CEM in the USDA APHIS control-surveillance program.
Nota: Los caballos en este embarque no obtuvieron pruebas positivas a MCE en el control-vigilancia que mantiene Estados Unidos.

8. Horses have not been on premises infected with CEM and are not epidemiologically linked to infected premises or animals diagnosed with CEM, during the 12 months prior to export.
Que durante los 12 meses previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales afectados.

9. The animals are transported in containers and/or vehicles that were cleaned and disinfected prior to embarkation. During transportation the horses were not in contact with other animals.
Que los vehículos y/o contenedores utilizados para el transporte de los animales se sometieron a limpieza y desinfección antes del embarque y los animales a exportar no estuvieron en contacto con otros animales durante el traslado.

Inspection date / *Fecha de inspección* 7/10/10

C.Y. Brasmer,DVM
Name of Accredited Veterinarian
Nombre del Médico Veterinario Acreditado

(b)(6) [redacted]

7/13/10
Signature of Accredited Veterinarian (Date)
Firma del Médico Veterinario Acreditado (Fecha)

USDA, APHIS, Veterinary Services
6200 Jefferson St., NE, Suite 117
Albuquerque, New Mexico 87109

Name of Endorsing Federal Veterinarian Paul Sciglibaglio D.V.M.
Nombre del Médico Veterinario Federal que endosa
Area Veterinarian in Charge, NM

(b)(6) [redacted]

Date: 07-13-2010
Date Endorsed and Signature of Endorsing Federal Veterinarian
Fecha de endoso y firma del Médico

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



See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO. Q0296236 | 1. ACCESSION NUMBER ACI 12275 | 2. DATE BLOOD DRAWN 7/10/10

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

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

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

5. VETERINARY LICENSE OR ACCREDITATION NO. 1167

6. TEST TYPE ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
N/A.
Zip Code
Tel No. County

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

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
C.Y. BRASMER DVM.
5900 JONES PLACE NW.
ALBUQUERQUE, NM. Zip Code 87120
Tel No. (505) 610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERAL[redacted]ETERINARIAN (b)(6)

11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.

12. SIGNATURE DATE 7/10/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

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

13. SIGNATURE OF OWNER OR OWNER'S AGENT

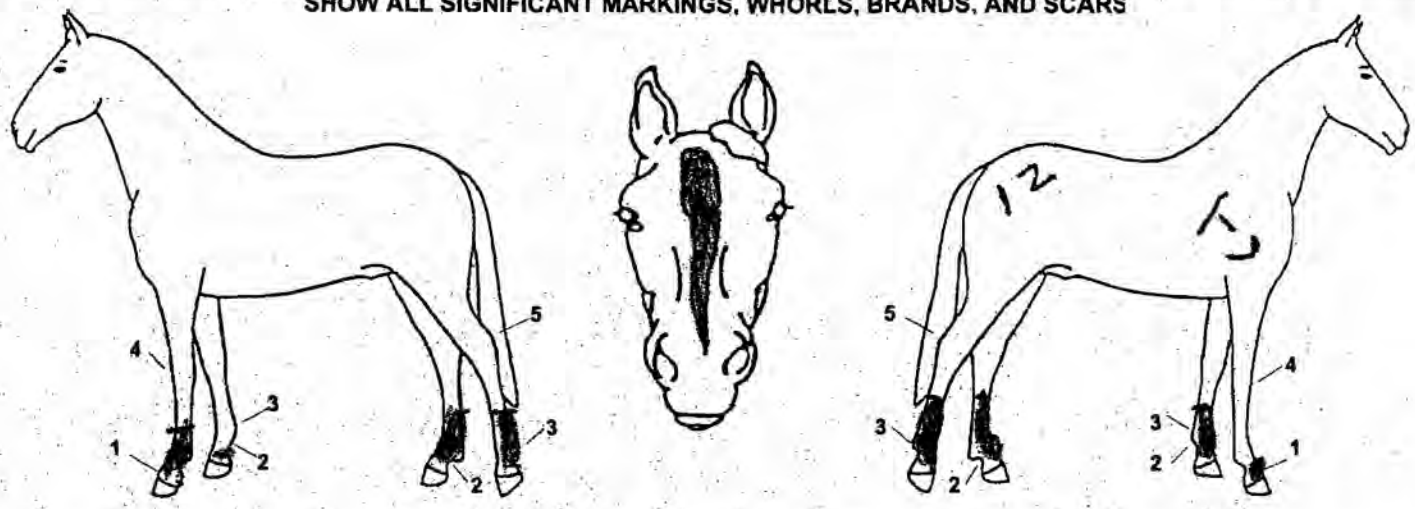
14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			985 170 000 249 415	Bay	QHX		12	G

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD STRIP

26. OTHER MARKS AND BRANDS 12 R/H KJ 12/5

27. LEFT FORELIMB Sock

28. RIGHT FORELIMB Coronet

29. LEFT HINDLIMB Sock

30. RIGHT HINDLIMB Sock

FOR LABORATORY USE ONLY

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

32. DATE RECEIVED 7/10/10

33. DATE REPORTED OUT 7/10/10

34. TEST RESULTS ☒ Negative ☐ Positive ☐ AGID ☐ ELISA

36. SIGNATURE OF TECHNICIAN (b)(6)

35. REMARKS

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

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER



See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q 0296239	ACL. 12278	7/10/10

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

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

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

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*: N/A — Zip Code — Tel No. — County

8. NAME AND ADDRESS OF OWNER *(Please print or type)*:
DENNIS CHAVEZ
@ S/W. LIVESTOCK AUCTION.
LOS LUNAS. Zip Code
Tel No. County NM.

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*:
C.Y. BRASMER DVM.
5900 JONES PLACE NW.
ALBUQUERQUE, NM. Zip Code 87120
Tel No. (505) 610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
(b)(6)	C.Y. BRASMER DVM.	7/10/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

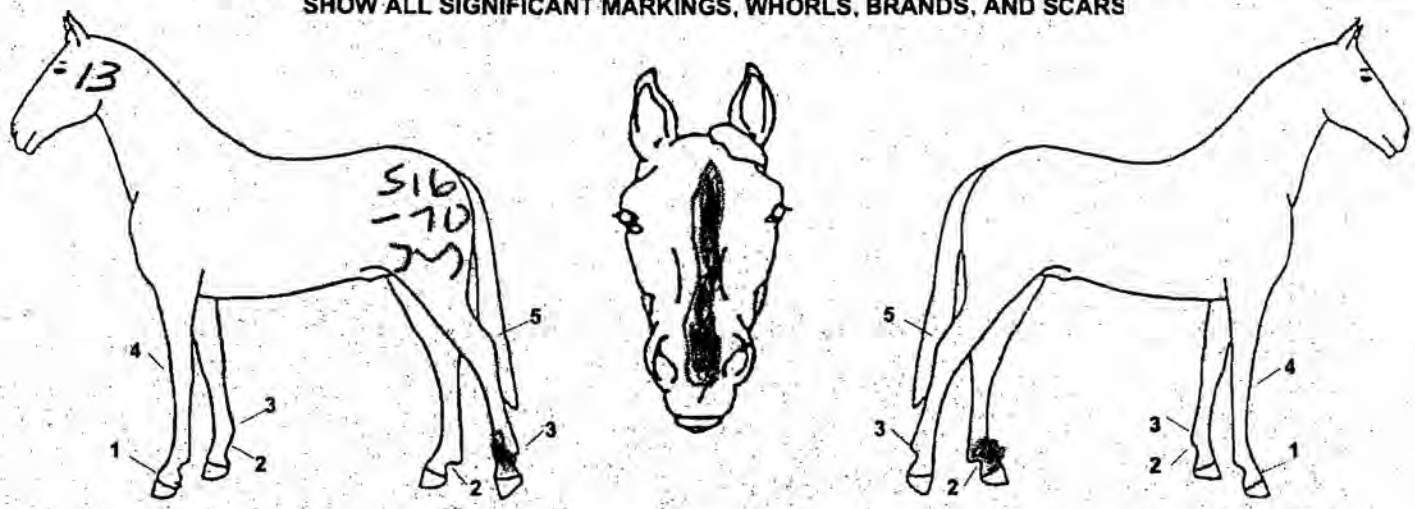
I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

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

16. Tube No.	Official Tag	18. Tattoo/Brand	19.	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			985 170 000 777 660	SOR	QHX		7	F

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

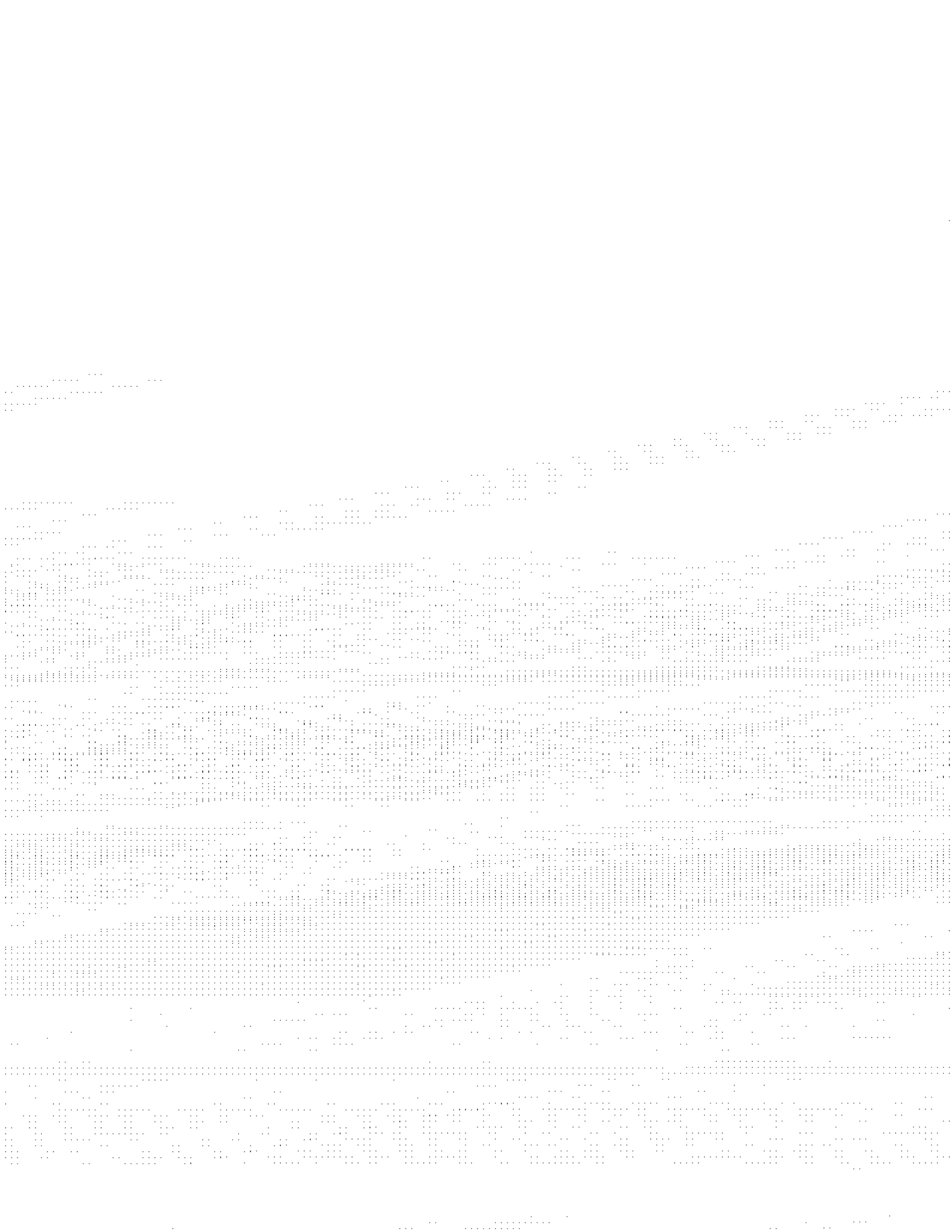
25. HEAD	26. OTHER MARKS AND BRANDS
STRIP	13 4/L S16 -70 L/H
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB
SOCK	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	7/10/10	7/10/10	☒ Negative ☐ Positive ☐ AGID ☐ ELISA
	36. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS

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

VS FORM 10-11 (MAY 2003) **PART 3 - OWNER**



See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO. Q 0296237 | 1. ACCESSION NUMBER ACL 12276 | 2. DATE BLOOD DRAWN 7/10/10

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

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

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

5. VETERINARY LICENSE OR ACCREDITATION NO. 1167

6. TEST TYPE ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
N/A.
Zip Code
Tel No. County

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

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
C.Y. BRASMER DVM.
5900 JONES PLACE NW.
ALBUQUERQUE, NM. Zip Code 87120
Tel No. (505) 610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERAL VETERINARIAN (b)(6) [redacted]

11. TYPE OR PRINT SIGNATURE NAME C.Y. BRASMER DVM.

12. SIGNATURE DATE 7/10/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

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

13. SIGNATURE OF OWNER OR OWNER'S AGENT

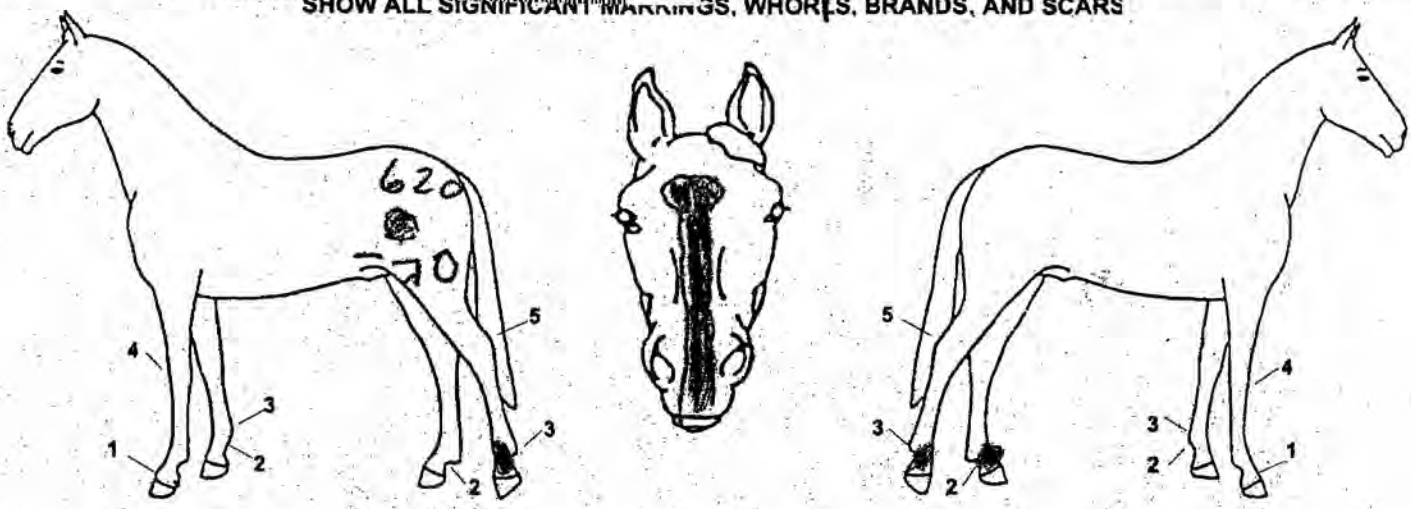
14. TYPE OR PRINT SIGNATURE NAME

15. SIGNATURE DATE

16. Tube No.	Official Tag	18. Tattoo/B	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			985 170 000 190 313	Bay	QHX		18	G

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD

26. OTHER MARKS AND BRANDS 620 =70 LH

27. LEFT FORELIMB

28. RIGHT FORELIMB

29. LEFT HINDLIMB Sock

30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

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

32. DATE RECEIVED 7/10/10

33. DATE REPORTED OUT 7/10/10

34. TEST RESULTS ☒ Negative ☐ Positive ☐ AGID ☒ ELISA

36. SIGNATURE OF TECHNICIAN (b)(6) [redacted]

35. REMARKS

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

VS FORM 10-11 (MAY 2003)

PART 3 - OWNER



See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

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

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q0296238	ACL. 12277	7/10/10

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

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

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

5. VETERINARY LICENSE OR ACCREDITATION NO. 1167

6. TEST TYPE ☐ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
N/A.
Zip Code
Tel No. County

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

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
C.Y. BRASMER DVM.
5900 JONES PLACE NW.
ALBUQUERQUE, NM. Zip Code 87120
Tel No. (505) 610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN
I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

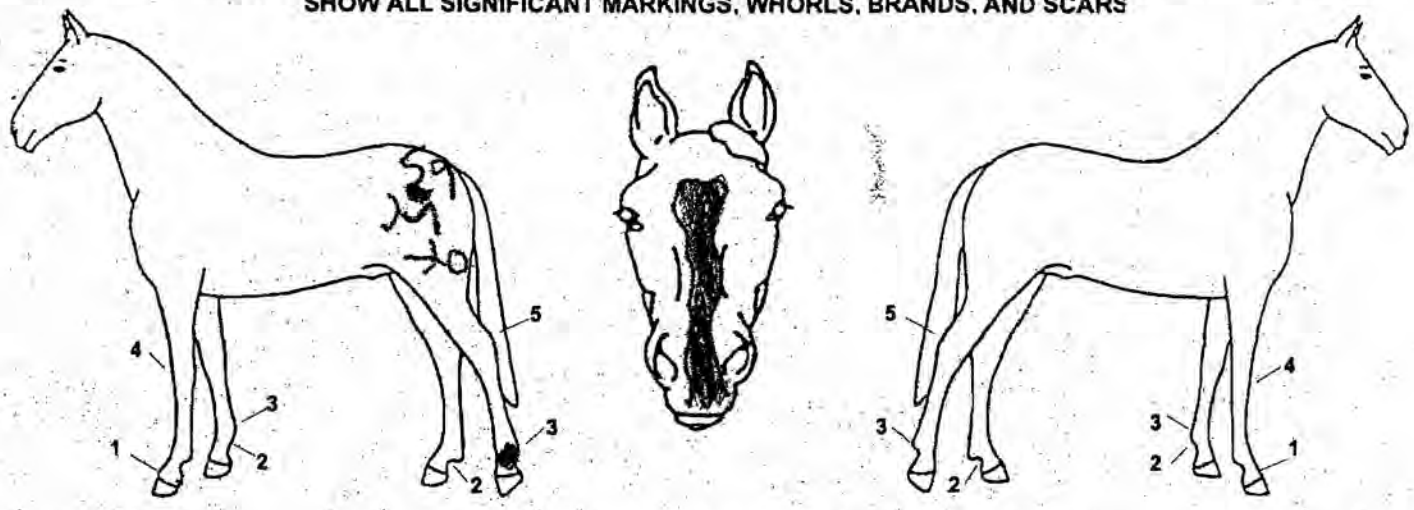
10. SIGNATURE OF FEDERAL[redacted]ETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
[redacted]	C.Y. BRASMER DVM.	7/10/10

CERTIFICATION OF OWNER OR OWNER'S AGENT
I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

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

16. Tube No.	Official Tag	18. Tattoo/Brand	19. 985 170 000 792 367	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex (M - Male, F - Female, G - Gelding, N - Neuter)
				DLR	QH X		6	G

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

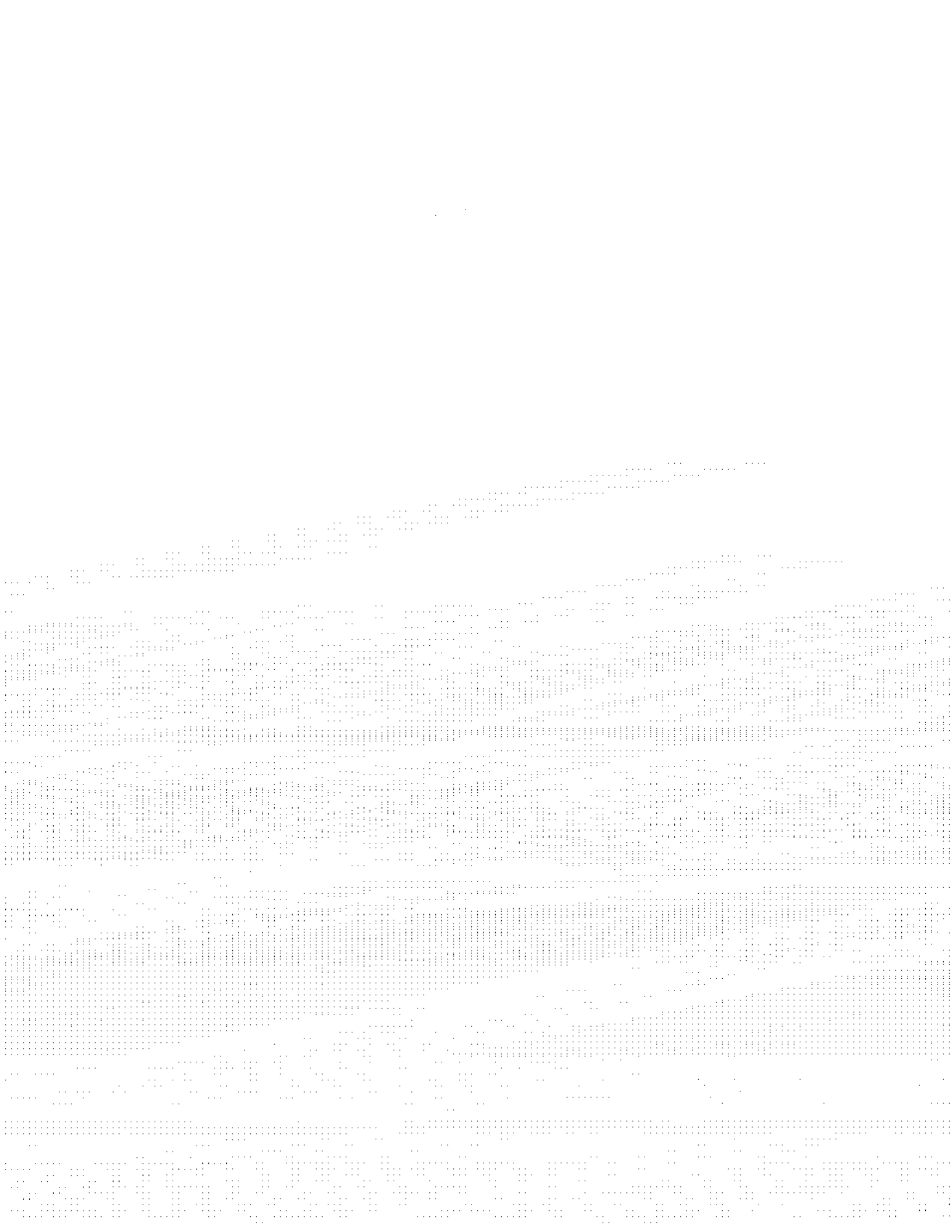
25. HEAD	26. OTHER MARKS AND BRANDS
STRIP	59 10 4/HI
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB
CORONET	

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	7/10/10	7/10/10	☒ Negative ☐ Positive ☐ AGID ☐ ELISA
	36. SIGNATURE OF TECHNICIAN [redacted]		35. REMARKS

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

VS FORM 10-11 (MAY 2003) **PART 3 - OWNER**



See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q0296240	ACL. 12279	7/10/10

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

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

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*: N/A. Zip Code: Tel No. County:

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

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE ☐ ELISA ☐ AGID

8. NAME AND ADDRESS OF OWNER *(Please print or type)*:
DENNIS CHAVEZ
@ S/W. LIVESTOCK AUCTION.
LOS LUNAS. Zip Code
Tel No. County NM.

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*:
C.Y. BRASMER DVM.
5900 JONES PLACE NW.
ALBUQUERQUE, NM. Zip Code 87120
Tel No. (505) 610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
(b)(6)	C.Y. BRASMER DVM.	7/10/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

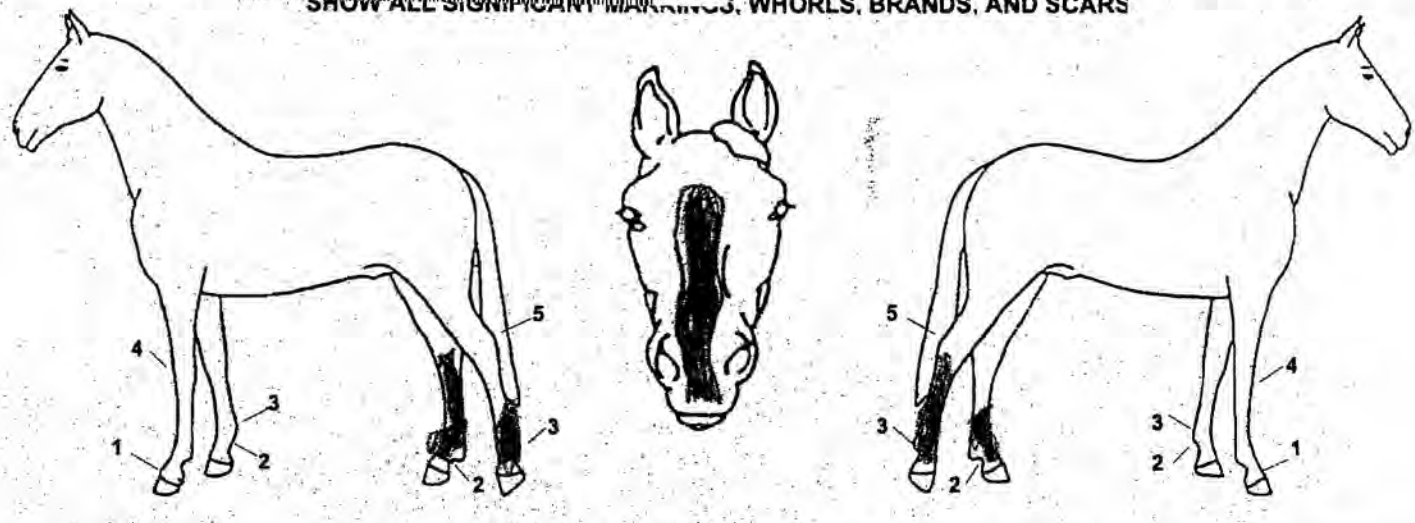
I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

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

16. Tube No.	Official Tag	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex
			985 170 000 399 639	Sor	QHX		4	G

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

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

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

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	7/10/10	7/10/10	☒ Negative ☐ Positive ☐ AGID ☒ ELISA
	36. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS

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

VS FORM 10-11 (MAY 2003) **PART 3 - OWNER**



See reverse for more OMB information. FORM APPROVED - OMB NUMBER 0579 - 0127

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

EQUINE INFECTIOUS ANEMIA LABORATORY TEST

(VS Memorandum 555.16)

SERIAL NO.	1. ACCESSION NUMBER	2. DATE BLOOD DRAWN
Q 0296241	AC 12280	7/10/10

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

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

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

5. VETERINARY LICENSE OR ACCREDITATION NO.: 1167

6. TEST TYPE: ☒ ELISA ☐ AGID

7. NAME AND ADDRESS OR STABLE/MARKET *(Please print or type)*
N/A.
Zip Code
Tel No. County

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

9. NAME AND ADDRESS OF VETERINARIAN *(Please print or type)*
C.Y. BRASMER DVM.
5900 JONES PLACE NW.
ALBUQUERQUE, NM. Zip Code 87120
Tel No. (505) 610-4711 County BERNALILLO

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

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

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN	11. TYPE OR PRINT SIGNATURE NAME	12. SIGNATURE DATE
(b)(6)	C.Y. BRASMER DVM.	7/10/10

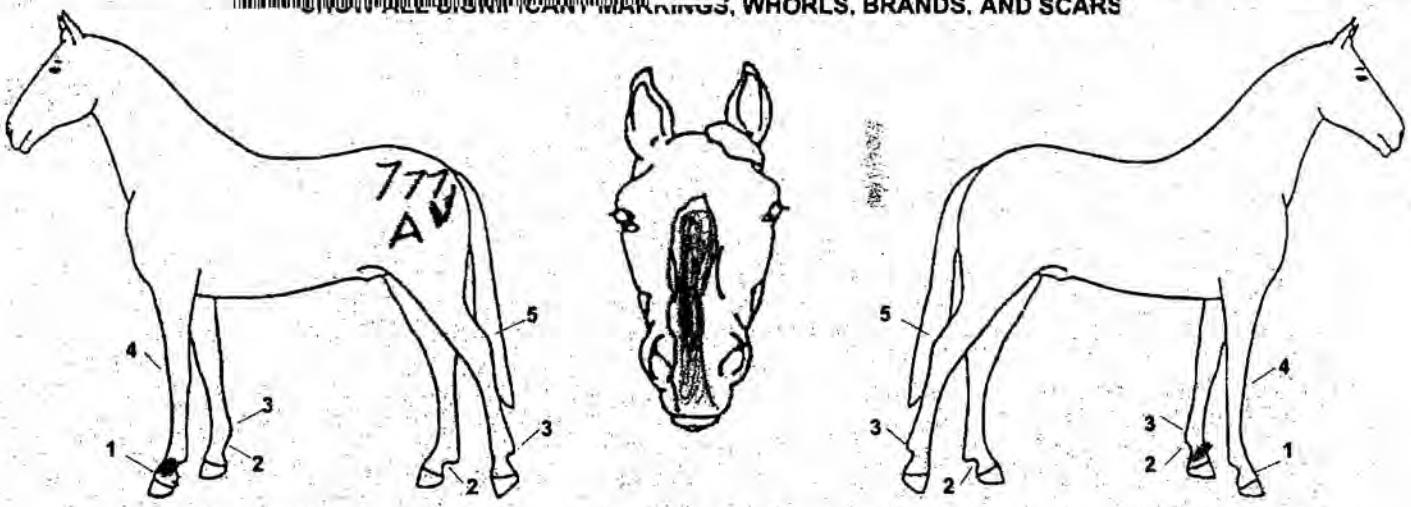
CERTIFICATION OF OWNER OR OWNER'S AGENT

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

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

16. Tube No.	Official Tag	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex (M- Male, E- Female, G- Gelding, N- Neuter)
			985 170 000 335 677	Sor	QHX		5	G

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



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

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS
STRIP	AV 4H 777 4H
27. LEFT FORELIMB	**28. RIGHT FORELIMB**
Coronet	
29. LEFT HINDLIMB	**30. RIGHT HINDLIMB**

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS
ALBUQUERQUE COGGINS LAB. ALBUQUERQUE, NM.	7/10/10	7/10/10	☒ Negative ☐ Positive ☐ AGID ☒ ELISA
	36. SIGNATURE OF TECHNICIAN (b)(6)		35. REMARKS

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

VS FORM 10-11 (MAY 2003) **PART 3 - OWNER**

* * * COMMUNICATION RESULT REPORT (JUL. 13. 2010 1:05PM) * * *

FAX HEADER 1: USDA, APHIS, VS 505-761-3176
FAX HEADER 2:

TRANSMITTED/STORED : JUL. 13. 2010 12:58PM FILE MODE	OPTION	ADDRESS	RESULT	PAGE
2576 MEMORY TX		G3 : 5755891634	OK	10/10

REASON FOR ERROR
E-1) HANG UP OR LINE FAIL
E-2) BUSY
E-3) NO ANSWER
E-4) NO FACSIMILE CONNECTION
E-5) MAIL SIZE OVER

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

To: (b)(6)	**Mexican Port**	**City and State**	
Office Telephone No	**Fax Telephone No.** **575-589-1634**	**Date** **07/13/2010**	

Subject:
Horses to Mexico.

(b)(6)

Included in this fax is one IHC + certification statements with addendum sheets for horses to Mexico C/O C.Y. Brasmer D.V.M. Total horses are 6.

Thanks,

Bill.

From: Bill Jackson	**USDA, APHIS,VS**	**Albuquerque, NM**	
Office Telephone No. 505-761-3160	**Fax Telephone No.** **505-761-3176**	**Date** **07/13/2010**	

No. of Pages Transmitted: Ten, including the fax coversheet.

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

Originating Office Phone
505-589-6150
(b)(6) (b)(3) (b)(5)
Elisa Griensen #7741
Col.Independencia #2
Juarez CH 32679

Control Number: 3503A0671
Office Id: 973503
Service Date(s)
Begin: 14-JUL-10
End: 14-JUL-10
Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	0759735177 0250	51.00	1.00	51.00

Total Due $ 51.00

Remarks: VS HEALTH CERT# NM10-308
DENNIS CHAVEZ, 24 DALIES RD. LOS LUNAS,NM 87031

Payment Information

Nfc Id
9999999999V

Date	Amount	Payment Type	Account/Check #
14-JUL-10	$ 51.00	Money Order	R102934482497

THE FRONT OF THE DOCUMENT HAS A MICRO-PRINT AMOUNT BOX AND THERMOCHROMIC. ABSENCE OF THESE FEATURES WILL INDICATE A COPY.

MoneyGram. Money Orders — INTERNATIONAL MONEY ORDER

75-1618 / 919

07/12/2010

10293448249
MONEY ORDER

R102934482497

#3503A0671

PAY TO THE ORDER OF:/ PAGAR A LA ORDEN DE: U.S.D.A

PAY ONLY THIS AMOUNT
$$51.00
FIFTY-ONE ******
DOLLARS 00 CENTS

(b)(6)

PURCHASER, SIGNER FOR DRAWER / COMPRADOR, FIRMA DEL LIBRADOR
PURCHASER, BY SIGNING YOU AGREE TO THE SERVICE CHARGE AND OTHER TERMS ON THE REVERSE SIDE

ADDRESS:/ DIRECCIÓN:

Payable Through Citizens State Bank of Clara City Clara City, MN

ISSUER/DRAWER: MONEYGRAM PAYMENT SYSTEMS, INC.

431492308400O5
1592841193133249

TO AUTHENTICATE RUB CIRCLE
PARA AUTENTICAR RESTREGAR EL CÍRCULO

(b)(6)

: issued by the
,ill, mail your

: US postal Money
been cleared. If

APHIS FORM 81 (REV. 10/96) AUTOMATED

GC

USDA

VS
Veterinary Services
National Center for
Import and Export

Health Certificate No. NM [redacted]
(Valid only if the USDA Veterin
Appears over the Certificate N

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO

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

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

1. Name and Address of Exporter: Dennis Chavez
   Nombre y Dirección del Exportador: 24 Dalies Rd
   Los Lunas,NM 87031
2. Name and Address of Importer: [redacted]
   Nombre y Dirección del Importador: Elisa Grlesen 7741,Col.Independencia 2
   Juarez,Chihuaha MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
417838	Mare	6 Years	400876	Mare	5 Years
408756	Mare	7 Years	399795	Mare	8 Years
402337	Gelding	8 Years	404319	Mare	7 Years
410235	Gelding	8 Years	401238	Mare	5 Years
372393	Mare	7 Years	398710	Mare	6 Years
398586	Mare	5 Years	401590	Gelding	9 Years
408546	Gelding	5 Years	411908	Mare	5 Years
408211	Mare	4 Years	416879	Mare	8 Years
398391	Mare	7 Years	400655	Gelding	7 Years
410293	Mare	4 Years	405815	Mare	6 Years
409402	Gelding	6 Years	403098	Mare	8 Years
402318	Mare	8 Years	399857	Mare	4 Years
417159	Mare	5 Years	407367	Mare	7 Years
401036	Mare	5 Years	401496	Gelding	5 Years
399701	Mare	5 Years	405469	Gelding	4 Years
409447	Gelding	7 Years	379448	Gelding	8 Years

350 3A0671

[redacted]

USDA

VS
Veterinary Services

National Center for
Import and Export

Health Certificate No. NM10-308
(Valid only if the USDA Veterinar[redacted]
Appears over the Certificate Num[redacted]

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
416840	Gelding	5 Years	409794	Mare	7 Years
401306	Gelding	7 Years	414243	Gelding	5 Years
400026	Gelding	6 Years	413132	Mare	7 Years
417389	Mare	5 Years	728003	Mare	5 Years
401692	Mare	7 Years	400307	Mare	8 Years
412785	Mare	6 Years	399361	Mare	6 Years
402791	Gelding	8 Years	411836	Mare	9 Years
407925	Mare	6 Years	403838	Mare	5 Years
409266	Mare	7 Years	408760	Mare	7 Years
416767	Gelding	5 Years	416334	Mare	5 Years
405684	Mare	8 Years	415280	Mare	5 Years
416898	Mare	6 Years	406033	Mare	8 Years
415796	Mare	7 Years	412116	Mare	4 Years
413496	Gelding	6 Years	417340	Gelding	5 Years
415748	Mare	6 Years	415856	Mare	8 Years
402224	Mare	5 Years	403762	Gelding	9 Years
409595	Gelding	5 Years	399716	Mare	7 Years
401823	Mare	8 Years	401423	Mare	4 Years
415244	Gelding	8 Years	714203	Mare	8 Years
726708	Mare	7 Years	402246	Mare	6 Years
408186	Gelding	6 Years	402009	Gelding	5 Years
736519	Mare	4 Years	411391	Gelding	8 Years
402891	Gelding	7 Years	739416	Mare	7 Years
726218	Gelding	5 Years	404680	Gelding	6 Years
401622	Gelding	6 Years	738826	Gelding	4 Years
399646	Mare	4 Years	416495	Mare	8 Years
403290	Gelding	5 Years	415376	Gelding	7 Years
413547	Gelding	7 Years	407287	Gelding	5 Years
407401	Mare	6 Years	417999	Gelding	5 Years
411577	Gelding	5 Years	730093	Mare	4 Years
729709	Gelding	4 Years	738723	Mare	7 Years
728053	Mare	4 Years	732214	Gelding	8 Years
409334	Mare	8 Years	401645	Gelding	6 Years
726958	Mare	6 Years	736698	Gelding	7 Years
402627	Gelding	7 Years	404833	Mare	5 Years
399953	Mare	5 Years	404001	Gelding	8 Years
405142	Mare	6 Years	399506	Gelding	6 Years
407767	Mare	5 Years	411811	Mare	5 Years
398769	Mare	8 Years	407360	Gelding	7 Years
409638	Mare	6 Years	400190	Gelding	6 Years

USDA

VS
Veterinary Services
National Center for
Import and Export

Health Certificate No. NIP10-308
(Valid only if the USDA Vet
Appears over the Certificat

[redacted]

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
406193	Mare	5 Years	401627	Gelding	5 Years
402973	Mare	4 Years	402474	Mare	7 Years
401104	Mare	8 Years	403391	Mare	8 Years
413317	Gelding	5 Years	726044	Mare	6 Years
403900	Mare	5 Years	403786	Mare	8 Years
400140	Gelding	8 Years	400844	Mare	6 Years
415447	Gelding	7 Years	416531	Mare	7 Years
405462	Mare	5 Years	417677	Gelding	5 Years
398817	Mare	8 Years	400857	Mare	5 Years
402284	Mare	5 Years	412704	Mare	8 Years
726568	Mare	7 Years	715594	Gelding	5 Years
713782	Mare	6 Years	737681	Gelding	8 Years
730934	Mare	8 Years	731409	Mare	7 Years
400639	Mare	6 Years	402797	Mare	6 Years
399008	Mare	7 Years	401100	Mare	6 Years
402221	Gelding	5 Years	409603	Mare	5 Years
398419	Mare	5 Years	399135	Gelding	8 Years
412553	Gelding	5 Years	399827	Gelding	5 Years
401687	Gelding	7 Years	398552	Mare	7 Years
736978	Mare	4 Years	401345	Mare	4 Years
402529	Mare	7 Years	409544	Mare	8 Years
399794	Gelding	5 Years	407698	Mare	5 Years
412255	Mare	7 Years	739266	Gelding	8 Years
729869	Mare	5 Years			

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. NM10-3[redacted]
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

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

CERTIFICATION STATEMENTS / *CERTIFICACIONES*

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

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.
A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.
Inspection date / *Fecha de inspección* July 7th 2010

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.
Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.
Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.

FOIA 2012-2308 Pg 282

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. NM10 30 [redacted]
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

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

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

[*Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.][*

C.Y Brasmer
Name of Accredited Veterinarian
Nombre del Médico Veterinario Acreditado

[redacted]
Name of Endorsing Federal Veterinarian
Nombre del Médico Veterinario Federal que endosa.

[redacted] 7/7/10
Signature of Accredited Veterinarian and Date
Firma del Médico Veterinario Acreditado y Fecha

[redacted] 7/7/10
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).*

NM 10-308

[redacted]

AFFIDAVIT
DECLARACIÓN JURADA

I (print) Dennis Chavez declare that the horses included in this shipment have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.
Por este medio declaro que los caballos en este embarque no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

1. Aristolochia spp and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.
Aristolochia spp *y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.*

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.
Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.

3. The following thirosthatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.
Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.

Date and signature of the exporter [redacted] 7/7/10
Fecha y firma del exportador

Date and signature of the Notary Public [redacted] 7/7/10
Fecha y firma del Notario Público exp. 2/2014

C.Y Brasmer
5900 Jones Place NW
Albuquerque,NM 87120
505-610-4711

I hereby certify to the best of my knowledge that the 159 head of horses tagged 2801-2959 are inspected today to accompany health certificate no. UM10-308 are in good health and not of Kentucky origin.

(b)(6)

(b)(6)

C.Y Brasmer

U.S. DEPARTMENT 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

NM10-308

TIME HORSES LOADED ON CONVEYANCE: 3:00pm	DATE: 7/7/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Los Lunas, New Mexico	
VEHICLE LICENSE NO. AND DRIVER'S NAME: J&J Trucking - [redacted]	NAME OF AUCTION/MARKET: Southwest Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Dennis Chavez	CONSIGNEE (RECEIVER/DESTINATION) NAME: Bertha Ruiz Pacheco
STREET ADDRESS: 24 Dalies Rd	STREET ADDRESS: Elisa Grlesen 7741 Col. Independencia 2
CITY, STATE, ZIP CODE: Los Lunas, NM 87031	CITY, STATE, ZIP CODE: Juarez, Chihuahua Mx
AREA CODE & TELEPHONE NO.: 505-865-4600	AREA CODE & TELEPHONE NO.: 915-252-6614

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFQ	280						add white		/				/			417838	
2		02								/				/			400876	
3		03	/							/				/			408756	
4		04					/			/				/			399795	
5		05					/			/						/	402337	
6		06						roan		/				/			404319	
7		07				/				/						/	410235	
8		08				/				/				/			401238	
9		09						roan		/				/			372393	
10		10		/						/				/			398710	
11		11	/							/				/			398586	
12		12	/							/						/	401590	
13		13				/				/						/	408546	
14		14	/							/				/			411908	
15		15				/				/				/			408211	

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

SIGNATURE

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

U.S. DEPARTMENT OF AGRICULTURE
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

NM10 308

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFQ	2816	/							/				/				416879
17		2817					/			/				/		/		398391
18		2818						POLO		/						/		400655
19		2819						SHILOH		/				/				410293
20		2820	/							/				/				405815
21		2821					/			/						/		409402
22		2822					/						PINTO	/				403098
23		2823						ROAN		/				/				402918
24		2824			/					/				/				399857
25		2825						PAINT		/				/				417559
26		2826						DUN		/				/				407367
27		2827						BAY		/				/				401036
28		2828						BAY		/						/		401496
29		2829						POLO		/				/				399701
30		2830						PAINT		/						/		405469
31		2831	/							/						/		409447
32		2832	/							/						/		379498
33		2833					/			/						/		416840
34		2834						GRAY		/				/				409754
35		2835	/							/						/		401306
36		2836	/							/						/		414243
37		2837						BROWN		/						/		400026
38		2838						GRAY		/				/				413132
39		2839						BAY		/				/				417389
40		2840			/					/				/				728003
41		2841					/			/				/				401692
42		2842	/							/				/				400302
43		2843			/					/				/				412785
44		2844		/						/				/				399361
45		2845						RED ROAN		/						/		402791

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SIGNATURE OF OWNER/SH (b)(6) form is true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

FOIA 2012-2308 Pg 287

U.S. DEPARTMENT OF AGRICULTURE
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

NM10-308

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFQ	2844		/						/				/				411836
17		2847		/						/				/				407925
18		2848	/							/				/				403838
19		2849						PALO		/				/				409266
20		2850						ROAN		/				/				408760
21		2851						SORR		/						/		416767
22		2852			/					/				/				416334
23		2853						PALO		/			MULE	/				405684
24		2854	/							/				/				415280
25		2855						BUNA		/				/				416848
26		2856						DUN		/			MULE	/				406033
27		2857						PAINT		/				/				415796
28		2858		/						/				/				412116
29		2859						SORR		/						/		413496
30		2860	/							/						/		417340
31		2861						SORR		/				/				415748
32		2862				/				/				/				415856
33		2863						PAINT		/				/				402224
34		2864						DUN		/						/		403762
35		2865						BAY		/						/		409595
36		2866						SORR		/				/				399716
37		2867						GRULLA		/				/				401823
38		2868						WHITE		/				/				401423
39		2869					/			/						/		415244
40		2870						DUN		/				/				714203
41		2871						SORR		/				/				727708
42		2872						ROAN		/				/				402246
43		2873						SORR		/						/		408186
44		2874			/					/						/		402009
45		2875						DUN		/				/				736579

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SIGNATURE OF OWNER/SHIPPE[redacted] ue and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

U.S. Government Printing Office: 2004—616-624/99766

FOIA 2012-2308 Pg 288

U.S. DEPARTMENT OF AGRICULTURE
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

NM10-308

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFQ	2876	/							/						/		411391
17		2877					/			/						/		402891
18		2878				/				/				/				739416
19		2879	/							/						/		726218
20		2880	/							/						/		404680
21		2881	/							/						/		401622
22		2882				/				/						/		738826
23		2883				/				/				/				399646
24		2884				/				/				/				416495
25		2885			/					/						/		403290
26		2886	/							/						/		415376
27		2887	/							/						/		413547
28		2888				/				/						/		407287
29		2889						Ranch		/				/				407401
30		2890						SORA		/						/		417999
31		2891			/					/						/		411577
32		2892				/				/				/				730093
33		2893				/				/						/		729704
34		2894						SORA		/				/				738723
35		2895	/							/				/				728053
36		2896						GRULLO		/						/		732214
37		2897						DUN		/				/				409334
38		2898						SORA		/						/		401645
39		2899					/			/				/				726508
40		2900				/				/						/		736698
41		2901						SORA		/						/		402627
42		2902	/							/				/				404833
43		2903	/							/				/				399553
44		2904						SORA		/						/		404001
45	↓	2905	/							/				/				405142

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SIGNATURE OF OWNER/SHIPPER(I certify t[redacted] true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

*U.S. Government Printing Office: 2004—616-624/98766

FOIA 2012-2308 Pg 289

U.S. DEPARTMENT OF AGRICULTURE
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

NM10-308

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFQ	2906	/							/						/		399506
17		2907	/							/				/				407767
18		2908						Sorrel		/				/				411811
19		2909		/						/				/				398769
20		2910						Sorrel		/						/		407360
21		2911						Sorrel		/				/				409638
22		2912						Dun		/						/		400190
23		2913	/							/				/				406193
24		2914						Roan		/						/		401627
25		2915						Sorrel		/				/				402973
26		2916	/							/				/				402474
27		2917						Sorrel		/				/				401104
28		2918	/							/				/				403391
29		2919				/				/						/		413317
30		2920						Sorrel		/				/				726044
31		2921	/							/				/				403900
32		2922						Sorrel		/				/				403786
33		2923	/							/						/		400140
34		2924			/					/				/				400844
35		2925						Roan		/						/		415447
36		2926	/							/				/				416531
37		2927	/							/				/				405462
38		2928			/					/						/		417677
39		2929						Roan		/				/				398817
40		2930						White		/				/				400857
41		2931						White		/				/				402184
42		2932			/					/				/				412704
43		2933						Roan		/				/				726548
44		2934				/				/						/		7NJ94
45	▼	2935						Roan		/				/				713782

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SIGNATURE OF OWNER/SHIPPER(I certify that [redacted] rect to the best of my knowledge.)

VS FORM 10-13A
(SEP 2002)

*U.S. Government Printing Office: 2004---616-624/99766

FOIA 2012-2308 Pg 290

U.S. DEPARTMENT OF AGRICULTURE
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

NM10-308

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFQ	2936	✓							✓						✓		737681
17		2937						BUCK SK.		✓				✓				730434
18		2938						SOOR		✓				✓				731409
19		2939	✓							✓				✓				400634
20		2940			✓					✓				✓				402797
21		2941	✓							✓				✓				395008
22		2942	✓							✓				✓				401100
23		2943						WHITE		✓						✓		402221
24		2944	✓							✓				✓				406603
25		2945						Roan		✓				✓				398419
26		2946						PALO		✓						✓		399135
27		2947	✓										MULE			✓		412JJ3
28		2948						Roan		✓						✓		395827
29		2949						Roan		✓						✓		401687
30		2950						Roan		✓				✓				398552
31		2951						Roan		✓				✓				736978
32		2952	✓							✓				✓				401345
33		2953						SOOR		✓				✓				402529
34		2954	✓							✓				✓				406944
35		2955	✓							✓						✓		395794
36		2956	✓								✓			✓				407698
37		2957	✓								✓			✓				412JJ
38		2958						Roan		✓						✓		739266
39	↓	2959						SOOR			✓			✓				729869
40																		
41																		
42																		
43																		
44																		
45																		

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SIGNATURE OF OWNER/SHIPPER(I certify tha[redacted]d correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—816-624/99786

FOIA 2012-2308 Pg 291

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

Originating Office Phone
505-589-6150
[redacted]
Elisa Griensen #7741
Col.Independencia #2
Juarez CH 32679

Control Number: 37351200518
Office Id: [redacted]

Service Date(s)
Begin: 30-APR-12
End: 30-APR-12

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	2XVSWR3735VSEXPRTPUBLICUSDA	54.00	2.00	108.00

Total Due $ 108.00

Remarks: Endorsed 2 IHCs,NM12-054&5 on 4-30-12

Payment Information

Nfc Id

Date	Amount	Payment Type	Account/Check #
30-APR-12	$ 108.00	Check	1167,1168

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.

APHIS FORM 81 (REV. 10/96) AUTOMATED WFH

EQUIXPORT CORP
9800 LOCKERBIE AVE
EL PASO, TX 79925-4173

88-1527/1149 32

1167

DATE 4/30/2012

PAY TO THE ORDER OF U.S.D.A. $54.00

FIFTY FOUR and 00/100 DOLLARS

INTER NATIONAL BANK

El Paso, TX
ABA R/T 1149-1527-2
915-594-3400

(b)(6)

(b)(4)

MEMO

MP

SPECIALTY RULE

USDA

VS
Veterinary Services
National Center for
Import and Export

Health Certificate No. NM12-055
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO

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

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

1. Name and Address of Exporter: DENNIS CHAVEZ
   Nombre y Dirección del Exportador: *24 DALIES RD*
   LOS LUNAS, NM 87031

2. Name and Address of Importer: [redacted]
   Nombre y Dirección del Importador: *COLONIA INDEPENDECIA 2, ELISA GRIENSEN 7741*
   JUAREZ, CHIHUAHA,MEXICO

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

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
981020007155498	MARE	5 YEARS	981020007085342	MARE	7 YEARS
981020007121774	MARE	8 YEARS	981020007128024	MARE	5 YEARS
981020007078673	MARE	6 YEARS	981020007091871	MARE	7 YEARS
981020007103923	MARE	8 YEARS	981020007100308	MARE	8 YEARS
981020007083476	MARE	5 YEARS	981020007089014	MARE	5 YEARS
981020007109510	MARE	5 YEARS	981020007079576	MARE	5 YEARS
981020007106475	MARE	5 YEARS	981020007089480	MARE	4 YEARS
981020007119898	MARE	4 YEARS	981020007109899	MARE	8 YEARS
981020007101923	MARE	7 YEARS	981020007088812	MARE	8 YEARS
981020007138562	MARE	5 YEARS	981020007149978	MARE	5 YEARS
981020007136231	MARE	8 YEARS	981020007125684	MARE	8 YEARS
981020007101114	MARE	5 YEARS	981020007101400	MARE	5 YEARS
981020007123136	MARE	8 YEARS	981020007131361	MARE	7 YEARS
981020007122128	MARE	5 YEARS	981020007086319	MARE	5 YEARS
981020007141303	MARE	7 YEARS	981020007110277	MARE	7 YEARS
981020007107923	MARE	5 YEARS	981020007095707	MARE	5 YEARS
981020007100628	MARE	7 YEARS	981020007097348	MARE	8 YEARS
981020007109523	MARE	5 YEARS	981020007104687	MARE	8 YEARS

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USDA

VS
Veterinary Services

National Center for
Import and Export

Health Certificate No. NM12-055
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

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

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

[*Los animales estan libres de ectoparasitos y provienen de areas no cuarentenadas por garrapatas Boophilus spp.]*

CY Brasmer

Name of Accredited Veterinarian
Nombre del Médico Veterinario Acreditado

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

[redacted] 4/28/2012

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

4/30/2012

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).*

AFFIDAVIT
DECLARACIÓN JURADA

I (print) DENNIS CHAVEZ declare that the horses included in this shipment and accompanied by the health certificate number NM12-055 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 NM12-055 *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 [redacted] 4/28/2012
Fecha y firma del exportador

Date and signature of the Notary Publ [redacted] 4/28/2012
Fecha y firma del Notario Público EXP: 2/11/2014

U.S. DEPARTMENT 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

NM12-055

TIME HORSES LOADED ON CONVEYANCE LOAD 1: 10:00PM , LOAD 2: 10:00PM, LOAD 3: 10:00PM LOAD 4: 10:00PM	DATE 4/28/12
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE LOS LUNAS, NEW MEXICO	
VEHICLE LICENSE NO. AND DRIVER'S NAME MONTOYA TRUCKING LOAD 1: IRH2156, LOAD 2: IRH2156, LOAD 3: IRH107788 LOAD 4: IRH5950	
NAME OF AUCTION/MARKET SOUTHWEST LIVESTOCK AUCTION	
CONSIGNOR (OWNER/SHIPPER) NAME DENNIS CHAVEZ	CONSIGNEE (RECEIVER/DESTINATION) NAME [b](6) [illegible] [illegible]
STREET ADDRESS 24 DALIES RD	STREET ADDRESS ELISA GRIENSEN 7741 COL INDEPENDENCIA 2
CITY, STATE, ZIP CODE LOS LUNAS, NM 87031	CITY, STATE, ZIP CODE JUAREZ, CHIHUAHA, MEXICO
AREA CODE & TELEPHONE NO. 505-865-4600	AREA CODE & TELEPHONE NO. 915-252-6614

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USHM	6401						X					X	X			981020007155498	
2		6402						X					X	X			981020007085342	
3		6403						X					X	X			981020007121774	
4		6404						X					X	X			981020007128024	
5		6405						X					X	X			981020007078673	
6		6406						X					X	X			98102000 7091871	
7		6407						X					X	X			981020007103923	
8		6408						X					X	X			981020007100308	
9		6409						X					X	X			981020007083476	
10		6410						X					X	X			981020007089014	
11		6411						X					X	X			981020007109510	
12		6412						X					X	X			981020007079576	
13		6413						X					X	X			981020007106475	
14		6414						X					X	X			981020007089480	
15	▼	6415						X					X	X			981020007119898	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMME[b](6) [redacted] NCE.

SIGNATURE [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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

SIGNATURE OF OW[b](6) [redacted] ained in this form is true and correct to the best of my knowl[redacted]

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

NM12-055

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USHM	6416						X					X	X			98102000	7109899
17		6417						X					X	X			98102000	7101923
18		6418						X					X	X			98102000	7088812
19		6419						X					X	X			98102000	7138562
20		6420						X					X	X			98102000	7149978
21		6421						X					X	X			98102000	7136231
22		6422						X					X	X			98102000	7125684
23		6423						X					X	X			98102000	7101114
24		6424						X					X	X			98102000	7101400
25		6425						X					X	X			98102000	7123136
26		6426						X					X	X			98102000	7131361
27		6427						X					X	X			98102000	7102128
28		6428						X					X	X			98102000	7086319
29		6429						X					X	X			98102000	7141303
30		6430						X					X	X			98102000	7110277
31		6431						X					X	X			98102000	7107923
32		6432						X					X	X			98102000	7095707
33		6433						X					X	X			98102000	7100628
34		6434						X					X	X			98102000	7097348
35		6435						X					X	X			98102000	7109523
36		6436						X					X	X			98102000	7104687
37		6437						X					X	X			98102000	7102629
38		6438						X					X	X			98102000	7106177
39		6439						X					X	X			98102000	7091603
40		6440						X					X	X			98102000	7109721
41		6441						X					X	X			98102000	7120514
42		6442						X					X	X			98102000	7139692
43		6443						X					X	X			98102000	7132134
44		6444						X					X	X			98102000	7137754
45	▼	6445						X					X	X			98102000	7116394

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).

SIGN (DPB) nation contained in this form is true and correct to the best of my knowledge.)

VS F

FOIA 2012-2308 Pg 300

U.S. DEPARTMENT OF AGRICULTURE 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

NM12-055

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USHM	6446						X					X	X			98102000	7092547
17		6447						X					X	X			98102000	7111194
18		6448						X					X	X			98102000	7096197
19		6449						X					X	X			98102000	7088117
20		6450						X					X	X			98102000	7156120
21		6451						X					X	X			98102000	7130495
22		6452						X					X	X			98102000	7134512
23		6453						X					X	X			98102000	7140949
24		6454						X					X	X			98102000	7094997
25		6455						X					X	X			98102000	7110839
26		6456						X					X	X			98102000	7109581
27		6457						X					X	X			98102000	7113682
28		6458						X					X	X			98102000	7133830
29		6459						X					X	X			98102000	7097887
30		6460						X					X	X			98102000	7124548
31		6461						X					X	X			98102000	7128322
32		6462						X					X	X			98102000	7079445
33		6463						X					X	X			98102000	7094370
34		6464						X					X	X			98102000	7140479
35		6465						X					X	X			98102000	7155626
36		6466						X					X	X			98102000	7089150
37		6467						X					X			X	98102000	7094359
38		6468						X					X	X			98102000	7153232
39		6469						X					X			X	98102000	7089875
40		6470						X					X	X			98102000	7086410
41		6471						X					X	X			98102000	7097495
42		6472						X					X			X	98102000	7155319
43		6473						X					X	X			98102000	7137992
44		6474						X					X			X	98102000	7150973
45		6475						X					X	X			98102000	7111505

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) [redacted]

VS FORM 10-13A (SEP 2002)

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

NM12-055

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USHM	6476						X					X			X	98102000	7115007
17		6477						X					X			X	98102000	7093399
18		6478						X					X	X			98102000	7147162
19		6479						X					X	X			98102000	7108962
20		6480						X					X			X	98102000	7114591
21		6481						X					X	X			98102000	7079555
22		6482						X					X			X	98102000	7084921
23		6483						X					X	X			98102000	7103980
24		6484						X					X	X			98102000	7104191
25		6485						X					X	X			98102000	7088446
26		6486						X					X			X	98102000	7104973
27		6487						X					X			X	98102000	7129649
28		6488						X					X			X	98102000	7100672
29		6489						X					X			X	98102000	7120227
30		6490						X					X			X	98102000	7131773
31		6491						X					X			X	98102000	7111810
32		6492						X					X			X	98102000	7136998
33		6493						X					X	X			98102000	7125124
34		6494						X					X	X			98102000	7147596
35		6495						X					X	X			98102000	7080940
36		6496						X					X	X			98102000	7100048
37		6497						X					X			X	98102000	7147981
38		6498						X					X	X			98102000	7081890
39		6499						X					X	X			98102000	7128285
40		6500						X					X			X	98102000	7110862
41		6536						X					X			X	98102000	7088647
42		6537						X					X	X			98102000	7091964
43		6538						X					X	X			98102000	7105283
44		6539						X					X			X	98102000	7131857
45		6540						X					X	X			98102000	7128739

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

[redacted]

U.S. DEPARTMENT OF AGRICULTURE 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

NM12-055

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USHM	4569						X					X			X	98102000	7119754
17		4570						X					X			X	98102000	7104125
18		4571						X					X			X	98102000	7118090
19		4572						X					X			X	98102000	7098177
20		4573						X					X			X	98102000	7154850
21																		
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SIGN (b)(6) [redacted] nation contained in this form is true and correct to the best of my knowledge.)

VS F [redacted]

FOIA 2012-2308 Pg 303

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

Originating Office Phone
505-589-6150
[redacted]
Elisa Griensen #7741
Col.Independencia #2
Juarez CH 32679

Control Number: 37351200503
Office Id: APVSWR3735

Service Date(s)
Begin: 25-APR-12
End: 25-APR-12

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	2XVSWR3735VSEXPRTPUBLICUSDA	54.00	1.00	54.00

Total Due $ 54.00

Remarks: Endorsed 1 IHC#NM12-050 on 4-23-12

Payment Information

Nfc Id

Date	Amount	Payment Type	Account/Check #
25-APR-12	$ 54.00	Check	1164

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.

APHIS FORM 81 (REV. 10/96) AUTOMATED WFH

USDA

VS
Veterinary Services
National Center for
Import and Export

Health Certificate No. NM12-050
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO

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

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

1. Name and Address of Exporter: DENNIS CHAVEZ
   Nombre y Dirección del Exportador: *24 DALIES RD*
   LOS LUNAS, NM 87031

2. Name and Address of Importer: [redacted]
   Nombre y Dirección del Importador: *COLONIA INDEPENDECIA 2, ELISA GRIENSEN 7741*
   JUAREZ, CHIHUAHA,MEXICO

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

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
981020007098954	MARE	5 YEARS	981020007129823	MARE	7 YEARS
981020007136826	GELDING	8 YEARS	981020001648305	MARE	5 YEARS
981020007133669	MARE	6 YEARS	981020007128071	GELDING	7 YEARS
981020007112603	MARE	8 YEARS	981020007098340	MARE	8 YEARS
981020007104736	MARE	5 YEARS	981020007088450	MARE	5 YEARS
981100002630134	MARE	5 YEARS	981020007079557	MARE	5 YEARS
981020007148327	MARE	5 YEARS	981020007107738	MARE	4 YEARS
981020007150400	MARE	4 YEARS	981020007105195	GELDING	8 YEARS
981020007153267	GELDING	7 YEARS	981020007080803	MARE	8 YEARS
981020007089023	MARE	5 YEARS	981020007129864	MARE	5 YEARS
981020007078951	MARE	8 YEARS	981020007130571	GELDING	8 YEARS
981020007129692	GELDING	5 YEARS	981020007081287	MARE	5 YEARS
981020007082288	MARE	8 YEARS	981020007099875	GELDING	7 YEARS
981020007094488	MARE	5 YEARS	981020007122817	MARE	5 YEARS
981020007099638	GELDING	7 YEARS	981020007091111	MARE	7 YEARS
981020007080833	MARE	5 YEARS	981020007102734	MARE	5 YEARS
981100002610061	MARE	7 YEARS	981020007128266	MARE	8 YEARS
981020007142685	MARE	5 YEARS	981020007103686	MARE	8 YEARS

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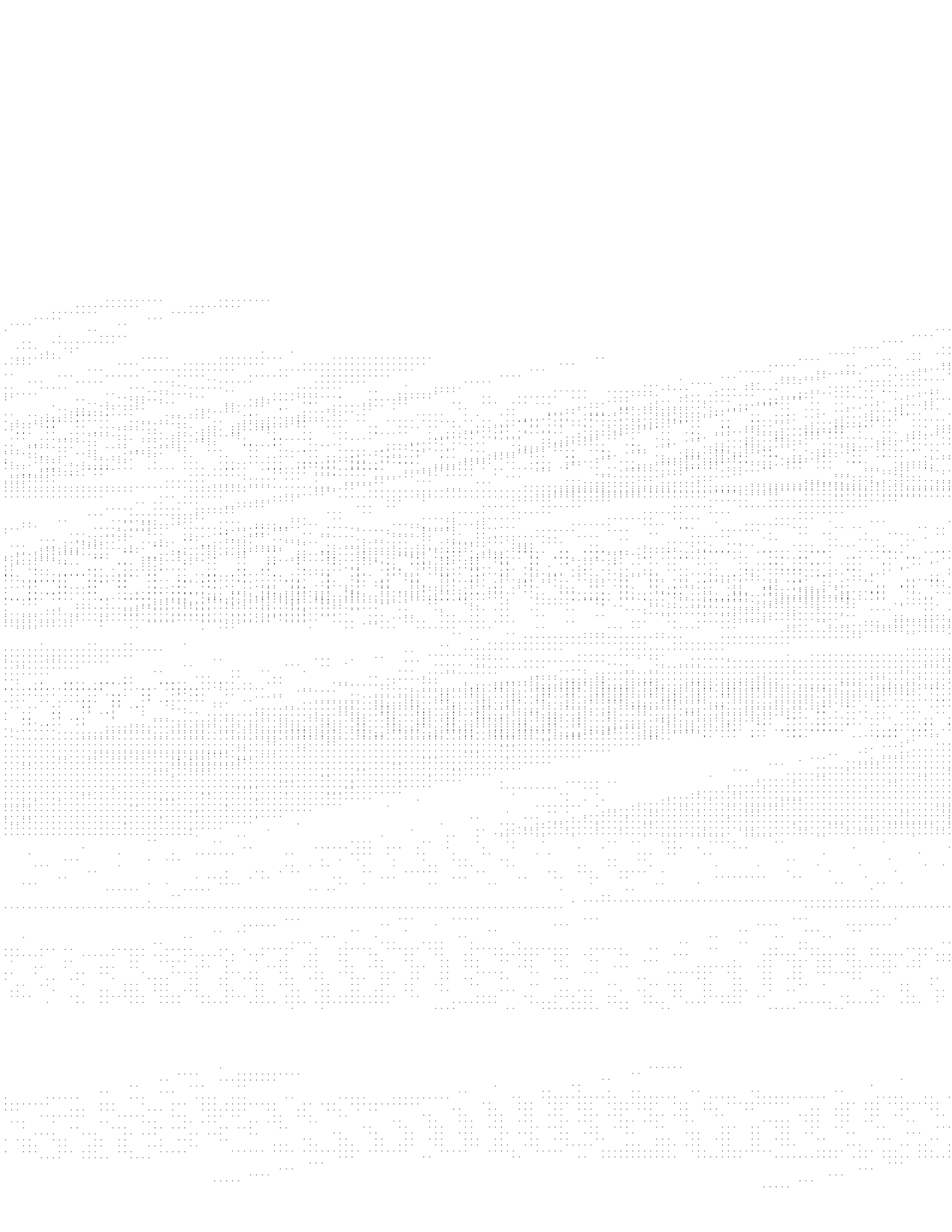

USDA

VS
Veterinary Services
National Center for
Import and Export

Health Certificate No. NM12-050
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

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

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

[*Los animales estan libres de ectoparasitos y provienen de areas no cuarentenadas por garrapatas Boophilus spp.]*

CY Brasmer

Name of Accredited Veterinarian
Nombre del Médico Veterinario Acreditado

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

[redacted] 4/22/2012

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

4/23/2012

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).*

AFFIDAVIT
DECLARACIÓN JURADA

I (print) DENNIS CHAVEZ declare that the horses included in this shipment and accompanied by the health certificate number NM12-050 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 NM12-050 *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 [redacted] 4/22/2012
Fecha y firma del exportador

Date and signature of the Notary Public [redacted] 4/22/2012
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

NM12-050

TIME HORSES LOADED ON CONVEYANCE LOAD 1: 10:00PM , LOAD 2: 10:00PM, LOAD 3: 10:00PM LOAD 4: 10:00PM DATE 4/22/12	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE LOS LUNAS, NEW MEXICO
VEHICLE LICENSE NO. AND DRIVER'S NAME MONTOYA TRUCKING LOAD 1: IRH2158, LOAD 2: IRH2158, LOAD 3: IRH107788 LOAD 4: IRH5950	NAME OF AUCTION/MARKET SOUTHWEST LIVESTOCK AUCTION
CONSIGNOR (OWNER/SHIPPER) NAME DENNIS CHAVEZ	CONSIGNEE (RECEIVER/DESTINATION) NAME [redacted]
STREET ADDRESS 24 DALIES RD	STREET ADDRESS ELISA GRIENSEN 7741 COL INDEPENDENCIA 2
CITY, STATE, ZIP CODE LOS LUNAS, NM 87031	CITY, STATE, ZIP CODE JUAREZ, CHIHUAHA, MEXICO
AREA CODE & TELEPHONE NO. 505-865-4600	AREA CODE & TELEPHONE NO. 915-252-6614

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

☒ Pregnant mares are not likely to foal (give birth) during the trip. ☒ Horses are able to bear weight on all 4 limbs.

☒ Foals are older than 6 months of age. ☒ Horses are not blind in both eyes. ☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USHM	6101						X					X	X			981020007098954	
2		6102						X					X	X			981020007129823	
3		6103						X					X			X	981020007136826	
4		6104						X					X	X			981020001648305	
5		6105						X					X	X			981020007133669	
6		6106						X					X			X	98102000 7128071	
7		6107						X					X	X			981020007112603	
8		6108						X					X	X			981020007098340	
9		6109						X					X	X			981020007104736	
10		6110						X					X	X			981020007088450	
11		6111						X					X	X			981100002630134	
12		6112						X					X	X			981020007079557	
13		6113						X					X	X			981020007148327	
14		6114						X					X	X			981020007107738	
15		6115						X					X	X			981020007150400	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIA[redacted]CE.

SIGNATURE [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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

SIGNATURE C[redacted] contained in this form is true and correct to the best of my [redacted]

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsolete PAGE 1 OF 5

U.S. DEPARTMENT OF AGRICULTURE 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

NM12-OSD

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USHM	6116						X					X			X	98102000	7105195
17		6117						X					X			X	98102000	7153267
18		6118						X					X	X			98102000	7080803
19		6119						X					X	X			98102000	7089023
20		6120						X					X	X			98102000	7129864
21		6121						X					X	X			98102000	7078951
22		6122						X					X			X	98102000	7130571
23		6123						X					X			X	98102000	7129692
24		6124						X					X	X			98102000	7081287
25		6125						X					X	X			98102000	7082288
26		6126						X					X			X	98102000	7099875
27		6127						X					X	X			98102000	7094488
28		6128						X					X	X			98102000	7122817
29		6129						X					X			X	98102000	7099638
30		6130						X					X	X			98102000	7091111
31		6131						X					X	X			98102000	7080833
32		6132						X					X	X			98102000	7102734
33		6133						X					X	X			98110000	2610061
34		6134						X					X	X			98102000	7128266
35		6135						X					X	X			98102000	7142685
36		6136						X					X	X			98102000	7103686
37		6137						X					X			X	98110000	2399463
38		6138						X					X	X			98102000	7134457
39		6139						X					X	X			98102000	7092097
40		6140						X					X			X	98102000	7080715
41		6141						X					X			X	98102000	7149381
42		6142						X					X	X			98110000	2700528
43		6143						X					X			X	98102000	7130530
44		6144						X					X	X			98102000	7131259
45	↓	6145						X					X			X	98102000	7096651

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).

SIGNATUR[redacted] n contained in this form is true and correct to the best of my knowledge.)

FOIA 2012-2308 Pg 311

U.S. DEPARTMENT OF AGRICULTURE 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

NM12-050

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USHM	6146						X					X	X			98102000	7109743
17		6147						X					X	X			98102000	7156055
18		6148						X					X			X	98102000	7097342
19		6149						X					X			X	98102000	7103393
20		6150						X					X	X			98110000	2621205
21		6151						X					X			X	98102000	7117974
22		6152						X					X	X			98102000	7096312
23		6153						X					X			X	98102000	7082358
24		6154						X					X	X			98102000	7094044
25		6155						X					X	X			98102000	7102339
26		6156						X					X	X			98102000	7147986
27		6157						X					X	X			98102000	7079236
28		6158						X					X	X			98102000	7093393
29		6159						X					X			X	98110000	2592406
30		6160						X					X	X			98102000	7118661
31		6161						X					X	X			98102000	7148002
32		6162						X					X			X	98102000	7080020
33		6163						X					X	X			98102000	7117949
34		6164						X					X			X	98102000	7139561
35		6165						X					X			X	98102000	7124376
36		6166						X					X			X	98102000	7093115
37		6167						X					X	X			98102000	7148938
38		6168						X					X	X			98102000	7113007
39		6169						X					X	X			98102000	7121125
40		6170						X					X	X			98102000	7121857
41		6171						X					X	X			98102000	7078935
42		6172						X					X	X			98102000	7116125
43		6173						X					X			X	98102000	7133157
44		6174						X					X			X	98102000	7094892
45		6175						X					X	X			98102000	7142072

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SIG [redacted] (b)(6) his form is true and correct to the best of my knowledge.)

VS FORM 10-13A (SEP 2002)

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

NM12-050

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USHM	6176						X					X			X	98102000	7137864
17		6177						X					X			X	98102000	7117927
18		6178						X					X			X	98102000	7079829
19		6179						X					X			X	98102000	7084861
20		6180						X					X			X	98102000	7130854
21		6181						X					X			X	98102000	7126723
22		6182						X					X	X			98102000	7118751
23		6183						X					X	X			98102000	7081376
24		6184						X					X	X			98102000	7118286
25		6185						X					X	X			98102000	7081155
26		6186						X					X			X	98102000	7148927
27		6187						X					X	X			98102000	7078747
28		6188						X					X			X	98102000	7090509
29		6189						X					X			X	98102000	7098001
30		6190						X					X			X	98102000	7118571
31		6191						X					X			X	98102000	7085294
32		6192						X					X			X	98102000	7089678
33		6193						X					X			X	98102000	7131434
34		6194						X					X	X			98102000	7144425
35		6195						X					X	X			98102000	7126964
36		6196						X					X			X	98102000	7130576
37		6197						X					X			X	98102000	7150793
38		6198						X					X			X	98102000	7147025
39		6199						X					X			X	98102000	7109099
40		6200						X					X			X	98102000	7091964
41		6201						X					X			X	98102000	7090547
42		6202						X					X	X			98102000	7130351
43		6203						X					X	X			98102000	7082503
44		6204						X					X			X	98102000	7116427
45		6205						X					X	X			98102000	7137716

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SIGNA[redacted] (b)(6) n contained in this form is true and correct to the best of my knowledge.)

VS FORM 10-13A (SEP 2002)

FOIA 2012-2308 Pg 313

U.S. DEPARTMENT OF AGRICULTURE 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

NM12-050

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USHM	6206						X					X			X	98102000	7114866
17		6207						X					X	X			98102000	7139780
18		6208						X					X			X	98102000	7108964
19		7903						X					X			X	98102000	7080924
20		7930						X					X	X			98102000	7084967
21		7938						X					X	X			98102000	7082773
22		7953						X					X	X			98102000	7105253
23		7958						X					X			X	98102000	7130676
24		7959						X					X			X	98102000	7097647
25		7960						X					X	X			98102000	7078836
26		2872						X					X			X	98102000	7106877
27		2873						X					X			X	98102000	7092283
28		2874						X					X	X			98102000	7126483
29		2875						X					X			X	98102000	7130648
30		2876						X					X	X			98102000	7105505
31		2877						X					X			X	98102000	7129319
32	▼	2879						X					X			X	98102000	7106550
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SI[redacted] nation contained in this form is true and correct to the best of my knowledge.)

VS FORM 10-13A (SEP 2002)

FOIA 2012-2308 Pg 314

ANIMAL AND PLANT HEALTH INSPECTION SERVICES
STATEMENT OF SERVICES

riginating Office Phone
505-589-6150
[redacted]

DUPLICATE COPY

Control Number: 37351200464
Office Id: APVSWR3735

Elisa Griensen #7741
Col.Independencia #2
Juarez CH 32679

Service Date(s)
Begin: 12-APR-12
End: 12-APR-12

Reference NR:

ode	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	2XVSWR3735VSEXPRTPUBLICUSDA	54.00	1.00	54.00

Total Due $ 54.00

emarks: endorsed IHC#NM12-049 on 4-12-12

Payment Information

Nfc Id

Date	Amount	Payment Type	Account/Check #
12-APR-12	$ 54.00	Check	1155

ttention: 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.

IS FORM 81 (REV. 10/96) AUTOMATED

WFH

EQUIXPORT CORP
9800 LOCKERBIE AVE
EL PASO, TX 79925-4173

88-1527/1149 32

1155

DATE 4/12/2012

PAY TO THE ORDER OF U.S.D.A. $ 54.00

FIFTY FOUR Cap DOLLARS

INTER NATIONAL BANK El Paso

El Paso, TX
ABA R/T 1149-1527-2
915-594-3400

(b)(5) [redacted]

Shield℠

MEMO NN12-049

MP

(b)(4) [redacted]

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. NM12-049
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO

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

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

1. Name and Address of Exporter: DENNIS CHAVEZ
   Nombre y Dirección del Exportador: *24 DALIES RD*
   LOS LUNAS, NM 87031

2. Name and Address of Importer: [redacted]
   Nombre y Dirección del Importador: *COLONIA INDEPENDECIA 2, ELISA GRIENSEN 7741 JUAREZ, CHIHUAHA,MEXICO*

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

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
981020007083370	GELDING	5 YEARS	981020007127832	GELDING	7 YEARS
981020007080924	GELDING	8 YEARS	981020007149600	GELDING	5 YEARS
981020007103186	GELDING	6 YEARS	981020007117309	GELDING	7 YEARS
981020007095774	MARE	8 YEARS	981020007084084	MARE	8 YEARS
981020007131245	MARE	5 YEARS	981020007125145	GELDING	5 YEARS
981020007097790	MARE	5 YEARS	981020007100665	MARE	5 YEARS
981020007139506	MARE	5 YEARS	981020007105110	GELDING	4 YEARS
981020007154894	MARE	4 YEARS	981020007140580	MARE	8 YEARS
981020007079488	MARE	7 YEARS	981020007142177	GELDING	8 YEARS
981020007124245	GELDING	5 YEARS	981020007135564	MARE	5 YEARS
981020007086214	MARE	8 YEARS	981020007084249	MARE	8 YEARS
981020007155436	MARE	5 YEARS	981020007102224	GELDING	5 YEARS
981020007079122	MARE	8 YEARS	981020007091499	MARE	7 YEARS
981020007100035	GELDING	5 YEARS	981020007083299	GELDING	5 YEARS
981020007125526	GELDING	7 YEARS	981020007084967	MARE	7 YEARS
981020007107539	MARE	5 YEARS	981020007116279	MARE	5 YEARS
981020007139751	MARE	7 YEARS	981020007080855	MARE	8 YEARS
981020007128832	MARE	5 YEARS	981020007095888	MARE	8 YEARS

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USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. NM12-049
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

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

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

[*Los animales estan libres de ectoparasitos y provienen de areas no cuarentenadas por garrapatas Boophilus spp.]*

CY Brasmer

Name of Accredited Veterinarian
Nombre del Médico Veterinario Acreditado

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

(b)(6) 4/11/2012

Signature of Accre eterinarian and Date
Firma del Médico Veterinario Acreditado y Fecha

4/12/2012

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).*

AFFIDAVIT
DECLARACIÓN JURADA

I (print) DENNIS CHAVEZ declare that the horses included in this shipment and accompanied by the health certificate number NM12-049 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 NM12-049 *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 [redacted] 4/11/2012
Fecha y firma del exportador

Date and signature of the Notary Publi[redacted] 4/11/2012
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

NM12-049

TIME HORSES LOADED ON CONVEYANCE LOAD 1: 10:00PM , LOAD 2: 10:00PM, LOAD 3: 10:00PM LOAD 4: 10:00PM	DATE 4/11/12
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE LOS LUNAS, NEW MEXICO	
VEHICLE LICENSE NO. AND DRIVER'S NAME MONTOYA TRUCKING LOAD 1: IRH2158, LOAD 2: IRH2158, LOAD 3: IRH107788 LOAD 4: IRH5950	
NAME OF AUCTION/MARKET SOUTHWEST LIVESTOCK AUCTION	
CONSIGNOR (OWNER/SHIPPER) NAME DENNIS CHAVEZ	CONSIGNEE (RECEIVER/DESTINATION) NAME [redacted]
STREET ADDRESS 24 DALIES RD	STREET ADDRESS ELISA GRIENSEN 7741 COL INDEPENDENCIA 2
CITY, STATE, ZIP CODE LOS LUNAS, NM 87031	CITY, STATE, ZIP CODE JUAREZ, CHIHUAHA, MEXICO
AREA CODE & TELEPHONE NO. 505-865-4600	AREA CODE & TELEPHONE NO. 915-252-6614

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USHM	7901						X					X			X	981020007083370	
2		7902						X					X			X	981020007127832	
3		7903						X					X			X	981020007080924	
4		7904						X					X			X	981020007149600	
5		7905						X					X			X	981020007103186	
6		7906						X					X			X	98102000 7117309	
7		7907						X					X	X			981020007095774	
8		7908						X					X	X			981020007084084	
9		7909						X					X	X			981020007131245	
10		7910						X					X			X	981020007125145	
11		7911						X					X	X			981020007097790	
12		7912						X					X	X			981020007100665	
13		7913						X					X	X			981020007139506	
14		7914						X					X			X	981020007105110	
15		7915						X					X	X			981020007154894	

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

SIGNATURE [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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

SIGNATURE [redacted] contained in this form is true and correct to the best of my

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

FOIA 2012-2308 Pg 322

U.S. DEPARTMENT OF AGRICULTURE 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

NM12049

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USHM	7916						X					X	X			98102000	7140580
17		7917						X					X	X			98102000	7079488
18		7918						X					X			X	98102000	7142177
19		7919						X					X			X	98102000	7124245
20		7920						X					X	X			98102000	7135564
21		7921						X					X	X			98102000	7086214
22		7922						X					X	X			98102000	7084249
23		7923						X					X	X			98102000	7155436
24		7924						X					X			X	98102000	7102224
25		7925						X					X	X			98102000	7079122
26		7926						X					X	X			98102000	7091499
27		7927						X					X			X	98102000	7100035
28		7928						X					X			X	98102000	7083299
29		7929						X					X			X	98102000	7125526
30		7930						X					X	X			98102000	7084967
31		7931						X					X	X			98102000	7107539
32		7932						X					X	X			98102000	7116279
33		7933						X					X	X			98102000	7139751
34		7934						X					X	X			98102000	7080855
35		7935						X					X	X			98102000	7128832
36		7936						X					X	X			98102000	7095888
37		7937						X					X	X			98102000	7088220
38		7938						X					X	X			98102000	7082773
39		7939						X					X	X			98102000	5869107
40		7940						X					X	X			98102000	7083713
41		7941						X					X			X	98102000	7102207
42		7942						X					X	X			98102000	7097659
43		7943						X					X	X			98102000	7107118
44		7944						X					X	X			98102000	7100304
45		7945						X					X			X	98102000	7098003

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SIG[redacted] nformation 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)

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FORM APPROVED OMB NO. 0579-0160

NM12-049

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			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USHM	7946						X					X	X			98102000	7137466
17		7947						X					X	X			98102000	7138436
18		7948						X					X			X	98102000	7142255
19		7949						X					X			X	98102000	7156000
20		7950						X					X	X			98102000	7082705
21		7951						X					X	X			98102000	7136121
22		7952						X					X			X	98102000	7110429
23		7953						X					X	X			98102000	7105282
24		7954						X					X	X			98102000	7098304
25		7955						X					X	X			98102000	7122709
26		7956						X					X	X			98102000	7150845
27		7957						X					X	X			98102000	7096496
28		7958						X					X	X			98102000	7130676
29		7959						X					X			X	98102000	7097642
30		7960						X					X	X			98102000	7078360
31		7961						X					X	X			98102000	7101868
32		7962						X					X	X			98102000	7112946
33		7963						X					X	X			98102000	7155620
34		7964						X					X			X	98102000	7106021
35		7965						X					X	X			98102000	7123728
36		7966						X					X	X			98102000	7097211
37		7967						X					X	X			98102000	7107515
38		7968						X					X	X			98102000	7114092
39		7969						X					X	X			98102000	7093659
40		7970						X					X			X	98102000	7141294
41		7393						X					X	X			98102000	7107070
42		7394						X					X	X			98102000	7132483
43		7395						X					X	X			98102000	7139635
44		7396						X					X			X	98102000	7140567
45		7397						X					X	X			98102000	7088764

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).

SIGN (DIG) nation contained in this form is true and correct to the best of my knowledge.)

[redacted]

VS FO

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

Originating Office Phone
505-589-6150
(b)(6) (b)(6) (b)(6)
Elisa Griensen #7741
Col.Independencia #2
Juarez CH 32679

Control Number: **37351200435**
Office Id: **APVSWR3735**
Service Date(s)
Begin: **02-APR-12**
End: **02-APR-12**
Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	2XVSWR3735VSEXPRTPUBLICUSDA	54.00	1.00	54.00

Total Due $ 54.00

Remarks: **Endorsed IHC, NM12-048 on 4-2-12**

Nfc Id

Payment Information

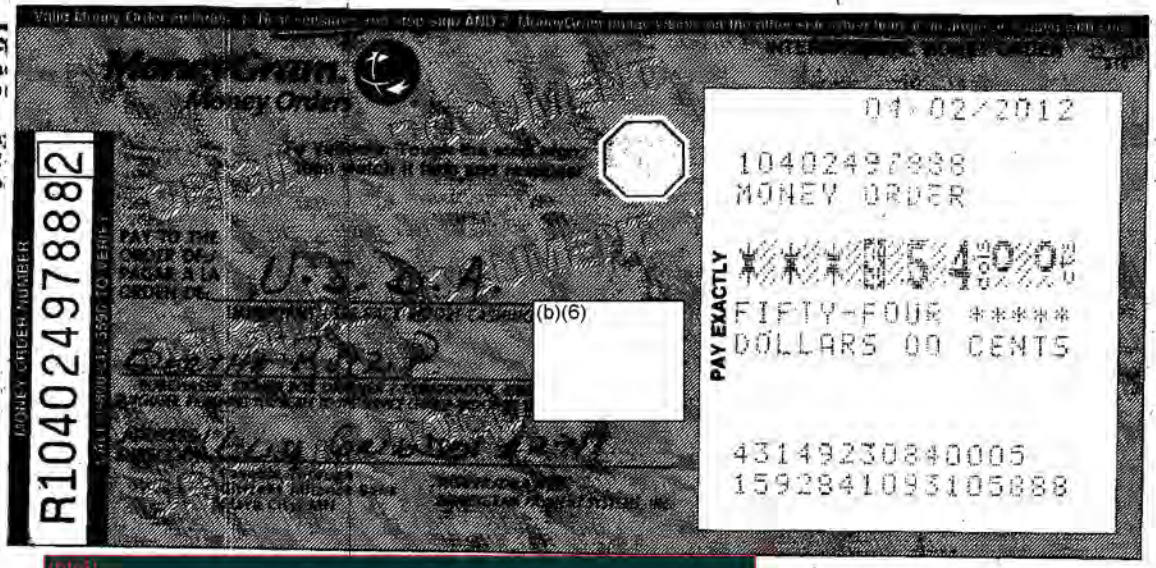
Date	Amount	Payment Type	Account/Check #
02-APR-12	$ 54.00	Money Order	(b)(6)

Attention: C
(signature a
P.O. Box 979

Notice to Pa
Statement of
questions, p

SDA, APHIS
USDA/APHIS,

Order, tha
any



(b)(6)

APHIS FORM 81

WFH

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. NM12-048
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO

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

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

1. Name and Address of Exporter: DENNIS CHAVEZ
   Nombre y Dirección del Exportador: *24 DALIES RD*
   LOS LUNAS, NM 87031

2. Name and Address of Importer: [redacted]
   Nombre y Dirección del Importador: *COLONIA INDEPENDECIA 2, ELISA GRIENSEN 7741*
   JUAREZ, CHIHUAHA,MEXICO

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

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
981020007119942	GELDING	5 YEARS	981020007134339	MARE	7 YEARS
981020007145992	GELDING	8 YEARS	981020007092239	GELDING	5 YEARS
981020007118824	GELDING	6 YEARS	981020007107896	GELDING	7 YEARS
981020007101085	MARE	8 YEARS	981020007080924	GELDING	8 YEARS
981020007153333	GELDING	5 YEARS	981020007090159	GELDING	5 YEARS
981020007115998	GELDING	5 YEARS	981020007104779	GELDING	5 YEARS
981020007112437	GELDING	5 YEARS	981020007142280	GELDING	4 YEARS
981020007094133	GELDING	4 YEARS	981020007085553	GELDING	8 YEARS
981020007119132	GELDING	7 YEARS	981020007091860	GELDING	8 YEARS
981020007102346	GELDING	5 YEARS	981020007153602	GELDING	5 YEARS
981020007088681	GELDING	8 YEARS	981020007118088	GELDING	8 YEARS
981020007103361	GELDING	5 YEARS	981020007121770	GELDING	5 YEARS
981020007107096	GELDING	8 YEARS	981020007096530	GELDING	7 YEARS
981020007149915	GELDING	5 YEARS	981020007103723	GELDING	5 YEARS
981020007110073	GELDING	7 YEARS	981020007097241	GELDING	7 YEARS
981020007143792	GELDING	5 YEARS	981020007142128	GELDING	5 YEARS
981020007098389	GELDING	7 YEARS	981020007118037	GELDING	8 YEARS
981020007083370	GELDING	5 YEARS	981020007114918	GELDING	8 YEARS

FOIA 2012-2308 Pg 326





USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. NM12-048
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

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

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

[*Los animales estan libres de ectoparasitos y provienen de areas no cuarentenadas por garrapatas Boophilus spp.]*

CY Brasmer

Name of Accredited Veterinarian
Nombre del Médico Veterinario Acreditado

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

[redacted] 4/1/2012

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

4/2/2012

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).*

AFFIDAVIT
DECLARACIÓN JURADA

I (print) DENNIS CHAVEZ declare that the horses included in this shipment and accompanied by the health certificate number NM12-048 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 NM12-048 *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.

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

Date and signature of the exporter (b)(6) 4/1/2012
Fecha y firma del exportador

Date and signature of the Notary Publi (b)(6) 4/1/2012
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

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FORM APPROVED OMB NO. 0579-0160

NM12-048

TIME HORSES LOADED ON CONVEYANCE LOAD 1: 10:00PM , LOAD 2: 10:00PM, LOAD 3: 10:00PM LOAD 4: 10:00PM DATE 4/1/12	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE LOS LUNAS, NEW MEXICO
VEHICLE LICENSE NO. AND DRIVER'S NAME MONTOYA TRUCKING LOAD 1: IRH2156, LOAD 2: IRH2158, LOAD 3: IRH107788 LOAD 4: IRH5950	NAME OF AUCTION/MARKET SOUTHWEST LIVESTOCK AUCTION
CONSIGNOR (OWNER/SHIPPER) NAME DENNIS CHAVEZ	CONSIGNEE (RECEIVER/DESTINATION) NAME [redacted]
STREET ADDRESS 24 DALIES RD	STREET ADDRESS ELISA GRIENSEN 7741 COL INDEPENDENCIA 2
CITY, STATE, ZIP CODE LOS LUNAS, NM 87031	CITY, STATE, ZIP CODE JUAREZ, CHIHUAHA, MEXICO
AREA CODE & TELEPHONE NO. 505-865-4600	AREA CODE & TELEPHONE NO. 915-252-6614

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

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
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- [X] Horses are able to walk unassisted.

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			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USHM	8651						X					X			X	981020007119942	
2		8652						X					X	X			981020007134339	
3		8653						X					X			X	981020007145992	
4		8654						X					X			X	981020007092239	
5		8655						X					X			X	981020007118824	
6		8656						X					X			X	98102000 7107896	
7		8657						X					X	X			981020007101085	
8		8658						X					X			X	981020007080924	
9		8659						X					X			X	981020007153333	
10		8660						X					X			X	981020007090159	
11		8661						X					X			X	981020007115998	
12		8662						X					X			X	981020007104779	
13		8663						X					X			X	981020007112437	
14		8664						X					X			X	981020007142280	
15		8665						X					X			X	981020007094133	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS I[redacted]EYANCE.

SIGNATU[redacted]

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SIGNA[redacted]nformation contained in this form is true and correct to the bes[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsolete PAGE 1 OF 4

U.S. DEPARTMENT OF AGRICULTURE 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

NM12-048

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USHM	8666						X					X			X	98102000	7085553
17		8667						X					X			X	98102000	7119132
18		8668						X					X			X	98102000	7091860
19		8669						X					X			X	98102000	7102346
20		8670						X					X			X	98102000	7153602
21		8671						X					X			X	98102000	7088681
22		8672						X					X			X	98102000	7118088
23		8673						X					X			X	98102000	7103361
24		8674						X					X			X	98102000	7121770
25		8675						X					X			X	98102000	7107096
26		8676						X					X			X	98102000	7096530
27		8677						X					X			X	98102000	7149915
28		8678						X					X			X	98102000	7103723
29		8679						X					X			X	98102000	7110073
30		8680						X					X			X	98102000	7097241
31		8681						X					X			X	98102000	7143792
32		8682						X					X			X	98102000	7142128
33		8683						X					X			X	98102000	7098389
34		8684						X					X			X	98102000	7118037
35		8685						X					X			X	98102000	7083370
36		8686						X					X			X	98102000	7114918
37		8687						X					X			X	98102000	7084611
38		8688						X					X			X	98102000	7146600
39		8689						X					X			X	98102000	7129599
40		8690						X					X			X	98102000	7097670
41		8691						X					X			X	98102000	7156036
42		8692						X					X			X	98102000	7104211
43		8693						X					X			X	98102000	7129198
44		8694						X					X			X	98102000	7130440
45	↓	8695						X					X			X	98102000	7102669

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).

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

FOIA 2012-2308 Pg 332

U.S. DEPARTMENT OF AGRICULTURE 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

NM12-048

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USHM	8696						X					X			X	98102000	7135620
17		8697						X					X			X	98102000	7103186
18		8698						X					X			X	98102000	7141060
19		8699						X					X			X	98102000	7126850
20		8700						X					X			X	98102000	5552158
21		8701						X					X			X	98102000	7148235
22		8702						X					X			X	98102000	7105913
23		8703						X					X			X	98102000	7103747
24		8704						X					X			X	98102000	7118731
25		8705						X					X			X	98102000	7082231
26		8706						X					X			X	98102000	5889043
27		8707						X					X			X	98102000	7117083
28		8708						X					X			X	98102000	7078783
29		8709						X					X			X	98102000	7107037
30		8710						X					X	X			98102000	7078276
31		8711						X					X			X	98102000	7148265
32		8712						X					X			X	98102000	7155780
33		8713						X					X	X			98102000	7115514
34		8714						X					X			X	98102000	7148097
35		8715						X					X	X			98102000	7155637
36		8716						X					X			X	98102000	7117392
37		8717						X					X			X	98102000	7078952
38		8718						X					X			X	98102000	7126481
39		8719						X					X	X			98102000	7094688
40		8720						X					X			X	98102000	7112980
41		8721						X					X			X	98102000	7094322
42		8722						X					X	X			98102000	7098956
43		8723						X					X	X			98102000	7148529
44		8724						X					X			X	98102000	7086875
45		8725						X					X			X	98102000	7090475

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SIG [redacted] ormation contained in this form is true and correct to the best of my knowledge.)

VS [redacted]

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

NM12-048

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USHM	8726						X					X	X			98102000	7131611
17		8727						X					X			X	98102000	7140497
18		8728						X					X	X			98102000	7124516
19		8729						X					X			X	98102000	7104593
20		8730						X					X			X	98102000	7087780
21		8731						X					X			X	98102000	7080442
22		8732						X					X	X			98102000	7155181
23		8733						X					X	X			98102000	7113737
24		8734						X					X			X	98102000	7144906
25		8735						X					X			X	98102000	7128682
26		8736						X					X	X			98102000	7079918
27		8737						X					X			X	98102000	7142728
28		8738						X					X	X			98102000	7093412
29		8739						X					X	X			98102000	7099324
30		8740						X					X			X	98102000	7148893
31		8741						X					X	X			98102000	7144597
32		8801						X					X			X	98102000	7092383
33		8802						X					X			X	98102000	7117303
34		8803						X					X	X			98102000	7108354
35		8804						X					X			X	98102000	7104009
36		8805						X					X	X			98102000	7084444
37		8806						X					X			X	98102000	7081029
38		8807						X					X			X	98102000	7105279
39		8808						X					X	X			98102000	7117607
40		8809						X					X			X	98102000	7102321
41	▼	8810						X					X			X	98102000	5902230
42																		
43																		
44																		
45																		

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

VS FORM 10-13A (SEP 2002)

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. NM11-066
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO

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

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

1. Name and Address of Exporter: Dennis Chavez
   Nombre y Dirección del Exportador: 24 Dalies Rd
   Los Lunas, NM 87031
2. Name and Address of Importer: [redacted]
   Nombre y Dirección del Importador: Col.Independencia 2,Elisa Griensen 7741
   Juarez,Chihuaha MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
1091702	Mare	5 Years	1081935	Mare	6 Years
1043616	Gelding	8 Years	1102929	Mare	8 Years
1090795	Mare	8 Years	1093101	Mare	7 Years
1090300	Mare	7 Years	1061757	Mare	8 Years
1044182	Mare	5 Years	1055809	Mare	5 Years
1082021	Mare	6 Years	1083514	Mare	8 Years
1041311	Gelding	8 Years	1097436	Gelding	8 Years
1043646	Mare	7 Years	1094938	Mare	5 Years
1084191	Mare	5 Years	1057481	Mare	5 Years
1040767	Mare	6 Years	1097888	Gelding	7 Years
1043719	Mare	5 Years	1059932	Gelding	8 Years
1053003	Mare	7 Years	1103058	Mare	5 Years
1060656	Mare	7 Years	1082125	Mare	7 Years
1061072	Gelding	8 Years	1052450	Mare	8 Years
1053983	Mare	5 Years	1083366	Gelding	5 Years
1089005	Gelding	8 Years	1088494	Mare	8 Years

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USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. NM11-066
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

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

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

[Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.][

C.Y Brasmer
Name of Accredited Veterinarian
Nombre del Médico Veterinario Acreditado

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

(b)(6) 2/09/2011
Signature of Accredited Veterinarian and Date
Firma del Médico Veterinario Acreditado y Fecha

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

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

Mexico, Slaughter horse HC

NM11-066

AFFIDAVIT
DECLARACIÓN JURADA

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

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

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

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

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

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

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

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

Date and signature of the exporter (b)(6) 2/09/2011

Fecha y firma del exportador

Date and signature of the Notary Public (b)(6) 2/09/2011

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

NM11-066

TIME HORSES LOADED ON CONVEYANCE: 2:00pm

DATE: 2/9/2011

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Las Lunas, New Mexico

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

NAME OF AUCTION/MARKET: Southwest Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Dennis Chavez

CONSIGNEE (RECEIVER/DESTINATION) NAME: (b)(6)

STREET ADDRESS: 24 Davies Rd

STREET ADDRESS: Elisa Griensen 7741 COL Independencia 2

CITY, STATE, ZIP CODE: Las Lunas, Nm 87031

CITY, STATE, ZIP CODE: Juarez, Chihuaha mx

AREA CODE & TELEPHONE NO.: 505-865-4600

AREA CODE & TELEPHONE NO.: 915-252-1614

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFN	9351		/						/				/			1091702	
2		52						SR		/				/			108935	
3		53			/					/						/	10436116	
4		54						SR		/				/			1102929	
5		55	/							/				/			1090795	
6		56						Roan		/				/			1093101	
7		57			/					/				/			1090300	
8		58			/					/				/			1061757	
9		59						SR		/				/			1044182	
10		60						Palo		/				/			1055809	
11		61						Palo		/				/			1082021	
12		62	/							/				/			1083514	
13		63						SR		/						/	1041311	
14		64						SR		/						/	1097436	
15	↓	65						SR		/				/			10436646	

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

SIGNATURE: (b)(6)

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

(b)(6)

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

FORM APPROVED OMB NO. 0579-0160

NM11-06(

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFN	9366	/							/				/			1094938	
17		67	/							/				/			1084191	
18		68						SR		/				/			1057481	
19		69	/							/				/			1040767	
20		70		/						/						/	1097888	
21		71						SR		/				/			1043719	
22		72						SR		/						/	1059932	
23		73						SR		/				/			1053003	
24		74						boy in		/				/			1103058	
25		75						SR		/				/			1060656	
26		76		/						/				/			1082125	
27		77	/							/						/	1061072	
28		78						SR		/				/			1052450	
29		79		/						/				/			1053983	
30		80	/							/						/	1083366	
31		81	/							/						/	1089005	
32		82			/					/				/			1088494	
33		83						SR		/						/	1061927	
34		84						SR		/						/	1101024	
35		85						paid		/				/			1088708	
36		86	/							/						/	1103043	
37		87	/							/				/			1061709	
38		88	/							/				/			1101130	
39		89						SR		/				/			1096051	
40		90	/							/				/			1100155	
41		91	/							/				/			1083193	
42		92						SR		/				/			1043591	
43		93		/						/				/			1041683	
44		94						SR		/						/	1095771	
45		95						app		/				/			1062314	

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

(b)(6)

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

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

(Please type or print in ink)

[redacted]

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FORM APPROVED OMB NO. 0579-0160

NM11-066

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFN	9396	/							/						/	1100627	
17		97	/							/				/			1100327	
18		98	/							/						/	1102238	
19		99						SR		/				/			1081948	
20		9400	/							/				/			1059464	
21		9751				/				/				/			1107014	
22		52						SR		/				/			1082693	
23		53	/							/						/	1055771	
24		54						paco		/						/	1088203	
25		55						SR		/				/			1089653	
26		56						dun		/						/	1062612	
27		57						SR		/						/	1091977	
28		58	/							/						/	1089951	
29		59		/						/				/			1089956	
30		60						dun		/				/			1060243	
31		61						SR		/						/	1061599	
32		62	/							/				/			1094471	
33		63		/						/				/			1088456	
34		64						SR		/				/			1053498	
35		65						SR		/				/			1092535	
36		66						SR		/				/			1051630	
37		67						SR		/						/	1083693	
38		68	/							/				/			10960667	
39		69						dpp		/				/			1089811	
40		70	/							/				/			1099184	
41		71						SR		/				/			1101060	
42		72						SR		/				/			1052575	
43		73	/							/						/	1055051	
44		74						dpp		/				/			1051975	
45	↓	75	/							/				/			1042569	

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SIGNATURE OF OWNER/SHIPPER(I cer[redacted] and correct to the best of my knowledge.)

[redacted]

VS FORM 10-13A

FOIA 2012-2308 Pg 342

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

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

(Please type or print in ink)

(b)(6) [redacted]

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

FORM APPROVED OMB NO. 0579-0160

NM11-06

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE				SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFN	9776	/							/				/			1093395	
17		77						Dan		/				/			1102750	
18		78						SR		/				/			10858600	
19		79			/					/				/			1091996	
20		80	/							/						/	1051903	
21		81		/						/				/			10881169	
22		82	/							/						/	1090227	
23		83		/						/				/			1101203	
24		84	/							/				/			1053403	
25		85	/							/				/			1085225	
26		86						grulla		/						/	1102849	
27		87						SR		/				/			10612866	
28		88	/							/				/			10566492	
29		89	/							/						/	1089969	
30		90		/						/						/	10596000	
31		91				/				/				/			1041610	
32		92						SR		/				/			10102301	
33		93	/							/				/			1081534	
34		94	/							/				/			10511604	
35		95						SR		/						/	1097272	
36		96		/						/				/			1053843	
37		97	/							/				/			1052887	
38		98						SR		/				/			1090917	
39		99			/					/						/	1102086	
40		9800						SR		/						/	10421657	
41		7751	/							/				/			10866774	
42		52						SR		/				/			1042187	
43		53	/							/						/	1097338	
44		54	/							/				/			10602273	
45		55	/							/				/			1052808	

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) [redacted]

VS FORM 10-13A

FOIA 2012-2308 Pg 343

U.S. DEPARTMENT OF AGRICULTURE
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

NM11-06

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFN	7756	/							/				/			1060114	
17		57		/						/						/	1082802	
18		58				/				/						/	1090600	
19		59			/					/						/	1041007	
20		60	/							/				/			1093722	
21		61	/							/						/	1062020	
22		62						SR		/				/			1081380	
23		63		/						/				/			1089340	
24		64						SR		/				/			1085998	
25		65						SR		/						/	1082527	
26		66	/							/						/	1061855	
27		67	/							/				/			1051964	
28		68	/							/				/			1061195	
29		69	/							/				/			1041621	
30		70						SR		/				/			1055457	
31		71	/							/				/			2575311	
32		72		/						/				/			2588310	
33		73						QDP		/						/	1102698	
34		74	/							/				/			1091885	
35		75						SR		/						/	1094130	
36		76						SR		/				/			1060236	
37		77	/							/				/			1054511	
38		78						BRN		/						/	1094132	
39		79		/						/				/			1091384	
40		80						SR		/				/			2573501	
41		81			/					/						/	2563737	
42		8673						SR		/						/	2586587	
43		74						POLL		/						/	2584619	
44		75						SR		/						/	2588536	
45	↓	9194	/							/				/			2589979	

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SIGNATURE OF OWNER/SHIPPER(I certif[redacted] true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A

FOIA 2012-2308 Pg 344

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

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

(Please type or print in ink)

(b)(6)

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FORM APPROVED OMB NO. 0579-0160

NM11-06

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFN	9195	/							/				/			2584532	
17	/	96	/							/				/			2717260	
18	↓	97						BRN		/						/	2582634	
19																		
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SIGNATURE OF OWNER/SHIPPER(I certify th (b)(6) to the best of my knowledge.)

VS FORM 10-13A

FOIA 2012-2308 Pg 345

USDA

VS
Veterinary Services
National Center for
Import and Export

Health Certificate No. NMH-062
(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 MÉXICO

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

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

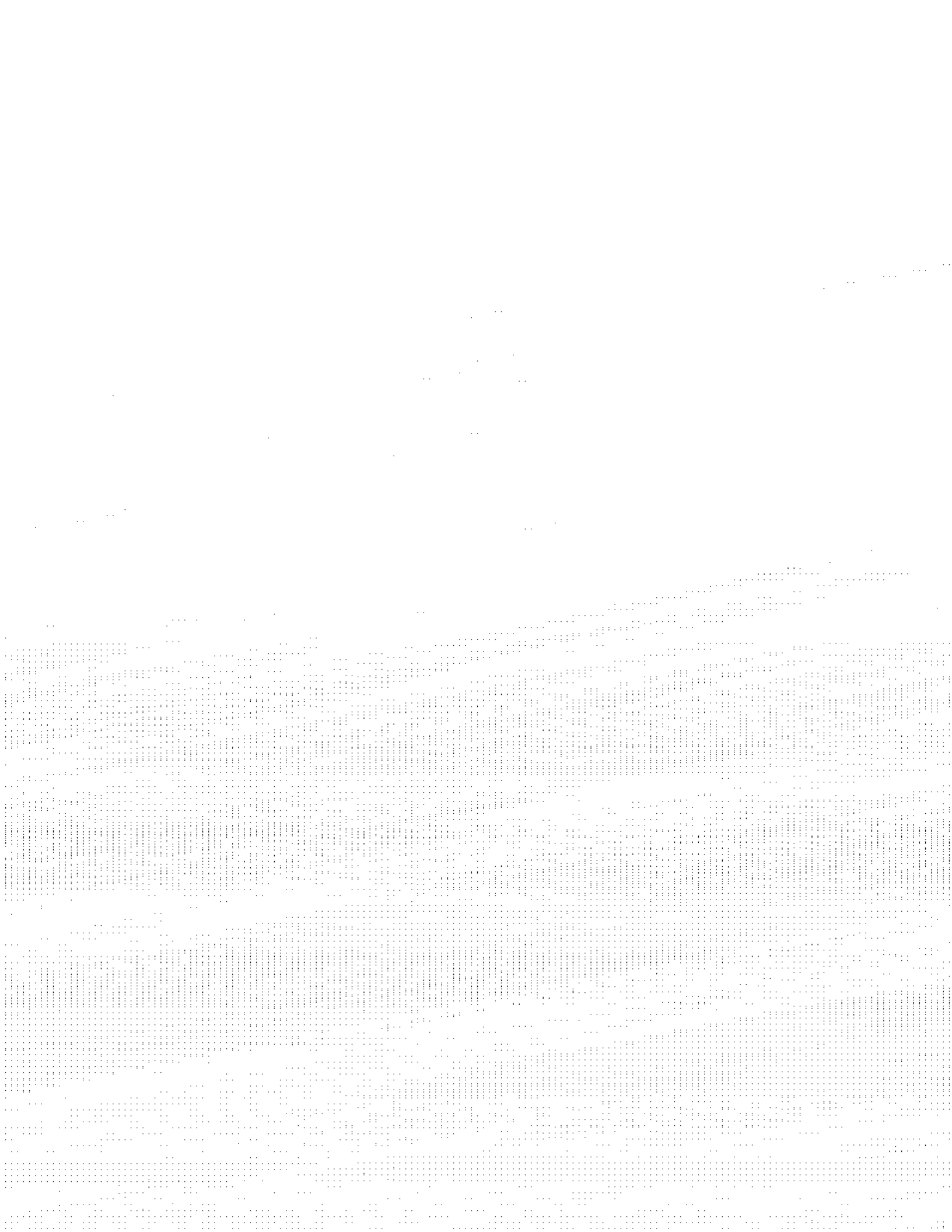
1. Name and Address of Exporter: Dennis Chavez
   Nombre y Dirección del Exportador: 24 Dalies Rd
   Los Lunas, NM 87031
2. Name and Address of Importer: [redacted]
   Nombre y Dirección del Importador: Col.Independencia 2,Elisa Griensen 7741
   Juarez,Chihuaha MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
1052445	Mare	6 Years	1040955	Mare	6 Years
1097914	Mare	8 Years	1041356	Mare	8 Years
1090776	Mare	8 Years	1090011	Mare	7 Years
1055121	Mare	5 Years	1094655	Gelding	7 Years
1060462	Mare	5 Years	1102158	Mare	5 Years
1101943	Mare	8 Years	1089012	Mare	8 Years
1060299	Mare	7 Years	1060423	Mare	5 Years
1043330	Mare	7 Years	2588622	Mare	7 Years
2585339	Mare	8 Years	2585223	Mare	9 Years
2588653	Mare	5 Years	2580921	Mare	5 Years
2572195	Gelding	5 Years	2586351	Mare	6 Years
2586974	Mare	5 Years	2589267	Gelding	5 Years
2585960	Mare	6 Years	2590456	Mare	8 Years
2581684	Mare	8 Years	2587674	Mare	7 Years
2582779	Gelding	5 Years	2582149	Gelding	7 Years
2587533	Mare	8 Years	2582519	Mare	5 Years

FOIA 2012-2308 Pg 346







USDA

VS
Veterinary Services
National Center for
Import and Export

Health Certificate No. NMII-062
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

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

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

[*Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.]*[

C.Y Brasmer
Name of Accredited Veterinarian
Nombre del Médico Veterinario Acreditado

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

[redacted] 2/7/2011
Signature of Accredited Veterinarian and Date
Firma del Médico Veterinario Acreditado y Fecha

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

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

Mexico, Slaughter horse HC

NM11-062

AFFIDAVIT
DECLARACIÓN JURADA

I (print) Dennis Chavez **declare that the horses included in this shipment have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.**
Por este medio declaro que los caballos en este embarque no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

1. *Aristolochia spp* and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.
Aristolochia spp *y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.*

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.
Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.

3. The following thirostatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.
Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, fenilituracilo y propiltiuracilo.

Date and signature of the exporter (b)(6) 2/7/2011
Fecha y firma del exportador

Date and signature of the Notary Public (b)(6) /7/2011
Fecha y firma del Notario Público exp

U.S. DEPARTMENT 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

NM11-062

TIME HORSES LOADED ON CONVEYANCE: 11 00hrs

DATE: 2/7/2011

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Los Lunas, New Mexico

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

NAME OF AUCTION/MARKET: Southwest Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Dennis Chavez

CONSIGNEE (BUYER)/DESTINATION NAME: (b)(6) [redacted]

STREET ADDRESS: 24 Dalen Rd

STREET ADDRESS: Elisa Griensen 7741 Col. Independencia 2

CITY, STATE, ZIP CODE: Los Lunas, nm 87031

CITY, STATE, ZIP CODE: Juarez, Chihuahua mx

AREA CODE & TELEPHONE NO.: 505-865-4600

AREA CODE & TELEPHONE NO.: 915-252-6614

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFD	1001				/				/				/			1052445	
2		02				/				/				/			1040953	
3		03						SR		/				/			1097914	
4		04						SR		/				/			1041352	
5		05						SR		/				/			1090776	
6		06						PALO		/				/			1090011	
7		07						PALO		/				/			1055121	
8		08						SR		/						/	1041655	
9		09	/							/				/			1060462	
10		10	/							/				/			1052158	
11		11	/							/				/			1101943	
12		12	/							/				/			1089012	
13		13	/							/				/			1060299	
14		14	/							/				/			1060423	
15		15	/							/				/			1043330	

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

SIGNATURE: (b)(6) [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

FOIA 2012-2308 Pg 352

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

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

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FORM APPROVED OMB NO. 0579-0160

NM11-062

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFO	10116	/							/				/			25581633	
17		17	/							/				/			2585339	
18		18						Polled		/				/			25833323	
19		19	/							/				/			25838653	
20		20						Polled		/				/			2580931	
21		21	/							/						/	25572195	
22		22	/							/				/			25816351	
23		23	/							/				/			25816974	
24		24				/				/						/	25893967	
25		25						SR		/				/			25859160	
26		26						SR		/				/			25904516	
27		27						Polled		/				/			25816184	
28		28						SR		/				/			2557674	
29		29	/							/						/	25823779	
30		30	/							/						/	25827149	
31		31		/						/				/			25375533	
32		32						SR		/				/			25825519	
33		33						Polled		/						/	25830553	
34		34	/							/						/	25871170	
35		35						SR		/				/			25842314	
36		36						SR		/						/	25894992	
37		37						SR		/				/			25877114	
38		38		/						/						/	25837189	
39		39	/							/						/	25818115	
40		40						SR		/						/	25358076	
41		41						Polled		/						/	25830541	
42		42						SR		/						/	25906038	
43		43	/							/				/			25875019	
44		44						SR		/						/	25877181	
45		45	/							/				/			25846038	

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this [illegible] and correct to the best of my knowledge.)

[redacted]

VS FORM 10-13A

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

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

(Please type or print in ink)

(b)(6)

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FORM APPROVED
OMB NO.
0579-0160

NM11-062

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE				SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld	
16	USFO	10416	/							/						/	3589384
17		47						SR		/				/			3586937
18		48						SR		/						/	3583583
19		49	/							/				/			3586917
20		50	/							/				/			3585039
21		51	/							/						/	5389900
22		52						SR		/						/	5333151
23		53	/							/				/			5353616616
24		54	/							/				/			3581094
25		55						SR		/						/	3585554
26		516		/						/						/	3537104
27		57				/				/				/			599853
28		58						SR		/						/	3589500
29		59						SR		/						/	3582809
30		60						SR		/				/			3536531
31		61						ROAN		/						/	3589601
32		62		/						/				/			3590[illegible]161
33		63	/							/				/			3583004
34		64						PALO		/						/	3584051
35		65						PALO		/				/			3586038
36		66				/				/				/			3575388
37		67	/							/				/			3587533
38		68	/							/				/			3583536
39		69						ALUN		/						/	3583436
40		70						PALO		/				/			3583609
41		71	/							/						/	3587666
42		72		/						/						/	3589349
43		73	/							/				/			3590339
44		74	/							/						/	3573390
45		75						BLUE		/						/	3589449

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this [illegible] correct to the best of my knowledge.)

(b)(6)

FOIA 2012-2308 Pg 354

U.S. DEPARTMENT OF AGRICULTURE
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

NM11-062

(b)(6) [redacted]

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE				SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFO	1076						SR		/				/			25560034	
17		77		/						/				/			2571814	
18		78						SR		/				/			25564963	
19		79	/							/				/			2587715	
20		80						SR		/				/			2571311	
21		81						QM		/				/			2577198	
22		82	/							/						/	25783203	
23		83	/							/						/	25822542	
24		84				/				/				/			2580964	
25		85		/						/						/	25607859	
26		86		/						/				/			53330607	
27		87						MQM		/						/	53534100	
28		88						SR		/						/	25833754	
29		89	/							/						/	25711927	
30		90	/							/				/			2586397	
31		91	/							/				/			25756633	
32		92				/				/						/	25875338	
33		93	/							/				/			25838041	
34		94						SR		/				/			25611216	
35		95	/							/						/	25897351	
36		96						SR		/						/	25837131	
37		97	/							/						/	25877107	
38		98		/						/						/	25890C4	
39		99						SR		/						/	25883173	
40		1100						SR		/				/			25869461	
41		01						SR		/						/	25762012	
42		02			/								MULE			/	25860339	
43		03				/				/						/	2585948	
44		04	/							/				/			25871446	
45	↓	05				/				/				/			25551857	

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) [redacted]

VS FORM 10-13A

FOIA 2012-2308 Pg 355

U.S. DEPARTMENT OF AGRICULTURE
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

NM11-062

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFD	1106			/					/				/			2583978	
17		07			/					/				/			2590265	
18		08						SR		/						/	2586228	
19		09			/					/				/			2571078	
20		10	/							/				/			2562319	
21		11				/				/						/	2562304	
22		12				/				/				/			2577400	
23		13						bskin		/						/	2578800	
24		14		/						/				/			2571270	
25		15						SR		/						/	5334337	
26		16						bskin		/						/	2580813	
27		17	/							/						/	2571212	
28		18	/							/						/	2571153	
29		19	/							/				/			2590019	
30		20						SR		/						/	2577807	
31		21				/				/						/	5342935	
32		22						SR		/						/	5358160	
33		23	/							/						/	2573247	
34		24				/				/				/			2577141	
35		25		/						/				/			2579427	
36		26						SR		/				/			2573857	
37		27						SR		/						/	2586902	
38		28			/					/						/	2587058	
39		29						dun		/				/			2570627	
40		30						SR		/				/			2571300	
41		31						SR		/				/			2580325	
42		32	/							/						/	2576436	
43		33	/							/				/			263275	
44		34	/							/				/			2586606	
45		35				/				/				/			2569761	

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

[redacted]

VS FORM 10-13A

U.S. DEPARTMENT OF AGRICULTURE
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

NM11-062

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFO	1136						SR		/						/	25747601	
17		37						SR		/						/	25903685	
18		38						SR		/						/	25337146	
19		39	/							/				/			25584986	
20		40	/							/						/	25333374	
21		41						SR		/				/			25331965	
22		42						SR		/				/			25375587	
23		43						ALN		/						/	10523571	
24		44						SR		/						/	10410453	
25		45						ALN		/				/			10333023	
26																		
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SIGNATURE OF OWNER/SHIPPER(I certify t[redacted] orrect to the best of my knowledge.)

(b)(6)

VS FORM 10-13A

FOIA 2012-2308 Pg 357

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. NM11-061
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO

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

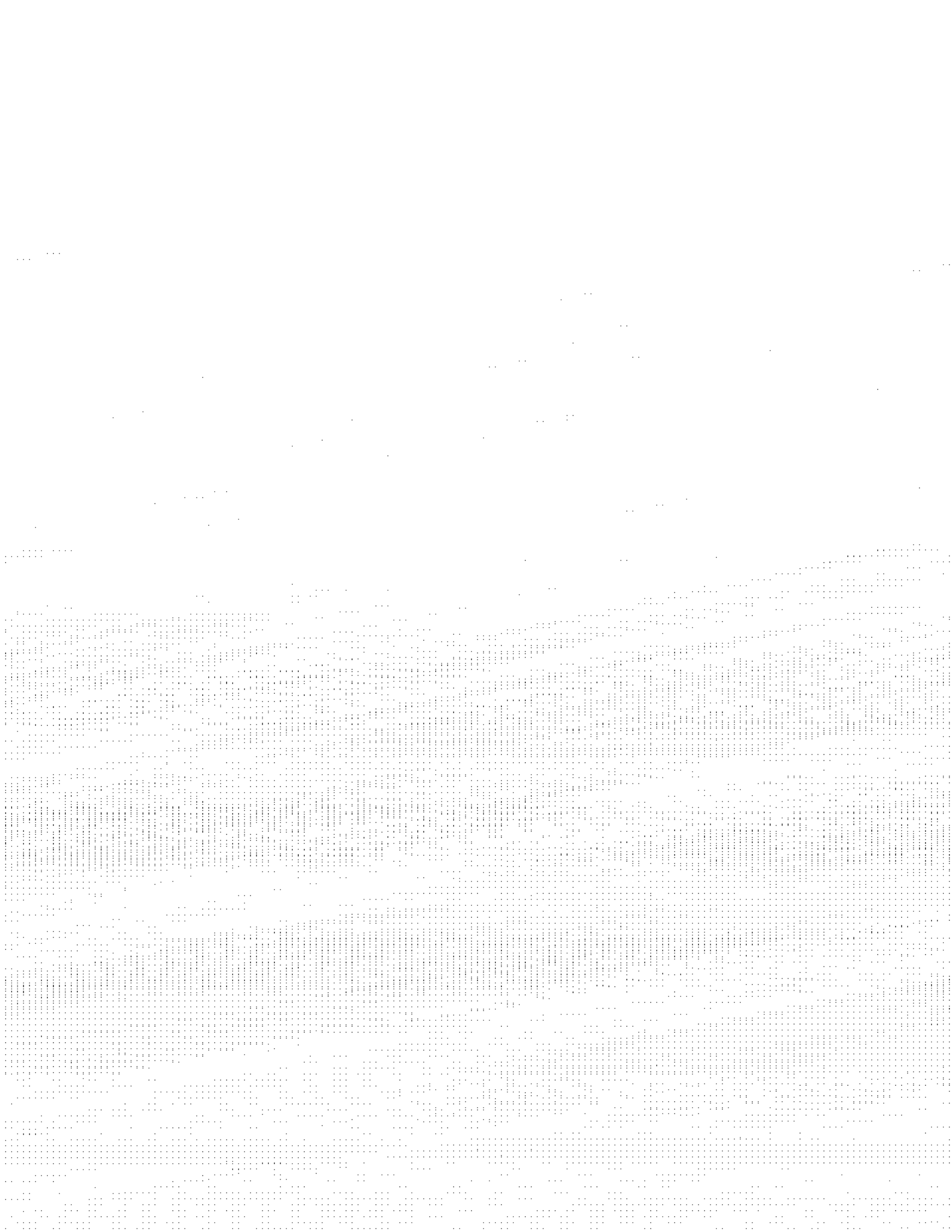
Nota: México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará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

1. Name and Address of Exporter: Dennis Chavez
   Nombre y Dirección del Exportador: 24 Dalies Rd
   Los Lunas, NM 87031
2. Name and Address of Importer: (b)(6) (b)(6) (b)(6)
   Nombre y Dirección del Importador: Col.Independencia 2,Elisa Griensen 7741
   Juarez,Chihuaha MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
2576104	Gelding	4 Years	2588786	Mare	5 Years
2583121	Mare	8 Years	2575563	Gelding	7 Years
2576717	Mare	5 Years	2572629	Mare	5 Years
2570548	Mare	8 Years	2584217	Mare	8 Years
2573111	Mare	6 Years	2590319	Mare	5 Years
2582493	Mare	5 Years	2589401	Mare	8 Years
2587640	Mare	7 Years	2582984	Mare	9 Years
2579227	Mare	7 Years	2571900	Mare	5 Years
2572596	Mare	5 Years	2576612	Mare	5 Years
2571170	Mare	8 Years	2583807	Mare	8 Years
2574478	Mare	9 Years	2570487	Mare	7 Years
2577861	Mare	5 Years	2573804	Mare	6 Years
2575319	Mare	5 Years	2577583	Mare	7 Years
2575098	Mare	4 Years	2581409	Mare	5 Years
2572407	Mare	8 Years	2572287	Mare	8 Years
2586517	Mare	7 Years	2580739	Mare	6 Years

FOIA 2012-2308 Pg 358





USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. N MII-061
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

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

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

[*Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.]*[

C.Y Brasmer

Name of Accredited Veterinarian
Nombre del Médico Veterinario Acreditado

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

[redacted] 2/1/2011

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

2/2/2011

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

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

Mexico, Slaughter horse HC

NM11-061

AFFIDAVIT
DECLARACIÓN JURADA

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

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

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

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

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

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

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

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

Date and signature of the exporter [redacted] 2/1/2011
Fecha y firma del exportador

Date and signature of the Notary Pub[redacted] 2/1/2011
Fecha y firma del Notario Público exp 2/11/2014

U.S. DEPARTMENT 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

NM11-061

TIME HORSES LOADED ON CONVEYANCE: 3:00pm

DATE: 2/1/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Los Lunas, New Mexico

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

NAME OF AUCTION/MARKET: Southwest Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Dennis Chavez

(b)(6)

STREET ADDRESS: 24 Dalies Rd

STREET ADDRESS: Elisa Guiensen 7741 COL. Independencia 2

CITY, STATE, ZIP CODE: Los Lunas, NM. 87031

CITY, STATE, ZIP CODE: Juarez, Chihuana MX

AREA CODE & TELEPHONE NO.: 505-865-4600

AREA CODE & TELEPHONE NO.: 915-252-6614

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFN	4151						APP		/						/	2576104	
2		52	/							/				/			2588786	
3		53	/							/				/			2583121	
4		54						SR		/						/	2575563	
5		55				/				/				/			2576717	
6		56		/						/				/			2572639	
7		57		/						/				/			2570548	
8		58	/							/				/			2584217	
9		59		/						/				/			2573111	
10		60						SR		/				/			2590319	
11		61		/						/				/			2532493	
12		62	/							/				/			2539401	
13		63						SR		/				/			2587640	
14		64	/							/				/			2582984	
15		65		/						/				/			2579227	

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

SIGNATURE: (b)(6)

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

NM11-061

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFN	Hilde			/					/				/			2571900	
17		67		/						/				/			2572596	
18		68						SR		/				/			2576612	
19		69		/						/				/			2571170	
20		70						SR		/				/			2583807	
21		71	/							/				/			2574478	
22		72	/							/				/			2570187	
23		73	/							/				/			2577861	
24		74	/							/				/			2573804	
25		75	/							/				/			2575319	
26		76						SR		/				/			2577583	
27		77		/						/				/			2575098	
28		78	/							/				/			2581409	
29		79						PAINT		/				/			2572407	
30		80						PAINT		/				/			2572287	
31		81		/						/				/			2586517	
32		82		/						/				/			2580739	
33		83	/							/				/			2571082	
34		84						PAINT		/				/			2570884	
35		85		/						/				/			2581233	
36		86	/							/						/	2574343	
37		87	/							/						/	2577596	
38		88						SR		/						/	2589996	
39		89		/						/				/			2584811	
40		90			/					/				/			2587059	
41		91						PAINT		/				/			2580856	
42		92			/					/						/	2584674	
43		93	/							/				/			2585034	
44		94						SR		/				/			2579944	
45	↓	95						SR		/						/	2587081	

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

[redacted]

FOIA 2012-2308 Pg 364

U.S. DEPARTMENT OF AGRICULTURE
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

NM11-061

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFN	4196	/							/				/			2570549	
17		97						roan		/						/	2578027	
18		98						SR		/						/	2570807	
19		99						paint		/				/			2584006	
20		4200						SR		/						/	2583431	
21		4851						SR		/				/			2574823	
22		52	/							/				/			2580365	
23		53	/							/						/	2571211	
24		54	/							/				/			2565404	
25		55	/							/				/			2584403	
26		56			/					/				/			2571610	
27		57						SR		/				/			2584368	
28		58						SR		/				/			2581137	
29		59	/							/				/			2571840	
30		60	/							/						/	2577625	
31		61	/							/						/	2562614	
32		62						SR		/						/	2565878	
33		63	/							/				/			2588604	
34		64						SR		/						/	2564262	
35		65						SR		/				/			2580774	
36		116	/							/				/			2553694	
37		67			/					/				/			2575979	
38		68	/							/						/	2577560	
39																		
40																		
41																		
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43																		
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45																		

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SIGNATURE OF OWNER/SHIPPER(I certify that the inform[redacted]est of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 2012-2308 Pg 365

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. NM11-053
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO

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

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

1. Name and Address of Exporter: Dennis Chavez
   Nombre y Dirección del Exportador: 24 Dalies Rd
   Los Lunas, NM 87031
2. Name and Address of Importer: (b)(6) (b)(6) (b)(6)
   Nombre y Dirección del Importador: Col. Independencia 2, Elisa Griensen 7741
   Juarez, Chihuaha MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
2590459	Gelding	5 Years	2583350	Mare	6 Years
2572690	Gelding	7 Years	2577829	Gelding	6 Years
2584892	Gelding	5 Years	2575691	Mare	6 Years
2570659	Mare	6 Years	2586687	Mare	8 Years
2575503	Mare	8 Years	2588459	Gelding	7 Years
2586938	Mare	7 Years	2574354	Mare	5 Years
2574354	Mare	7 Years	2570988	Mare	5 Years
2571215	Gelding	4 Years	2575979	Mare	8 Years
2572215	Mare	9 Years	2586879	Mare	5 Years
2576969	Mare	5 Years	2585070	Gelding	8 Years
2577988	Mare	5 Years	2564133	Mare	5 Years
2568846	Mare	8 Years	2576250	Gelding	8 Years
2574835	Mare	7 Years	2571975	Gelding	7 Years
2570476	Mare	6 Years	2575625	Mare	6 Years
2578062	Mare	5 Years	2584368	Mare	5 Years
2589055	Mare	8 Years	2583107	Gelding	8 Years

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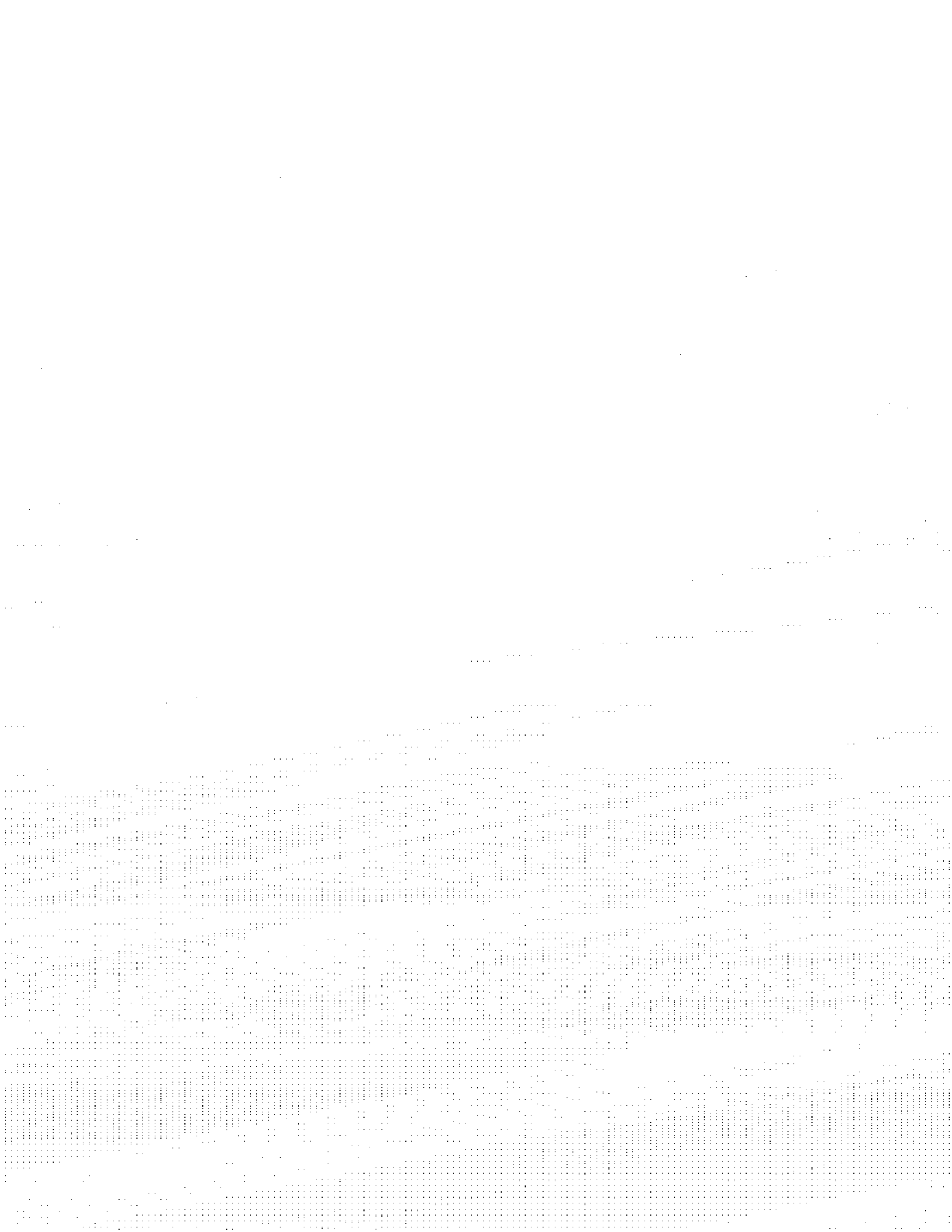

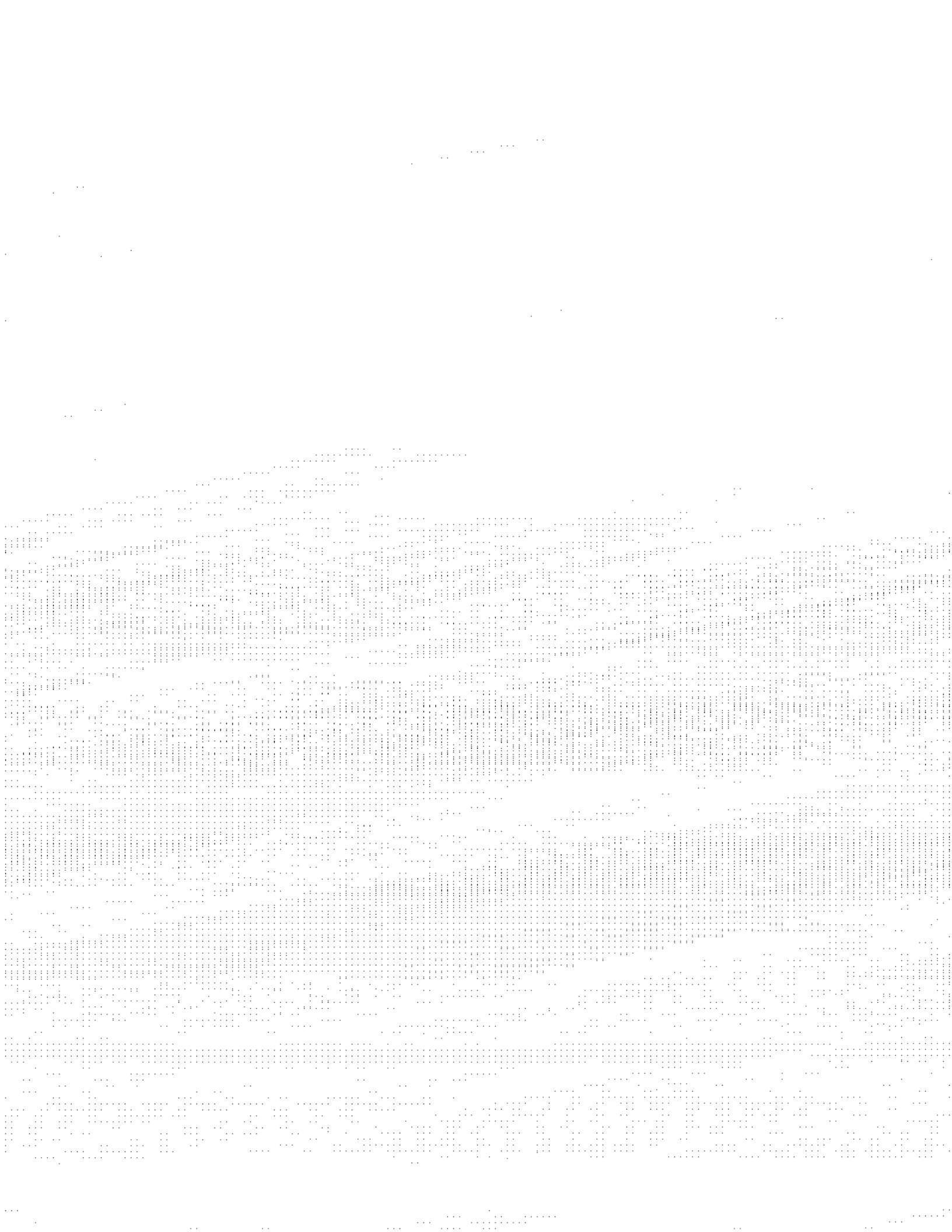

USDA

Veterinary Services
National Center for
Import and Export

Health Certificate No. NM11-053
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

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

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

[*Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.]*[

C.Y Brasmer
Name of Accredited Veterinarian
Nombre del Médico Veterinario Acreditado

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

[redacted] 1/25/11
Signature of Accredited Veterinarian and Date
Firma del Médico Veterinario Acreditado y Fecha

1/26/2011
Signature of Endorsing Federal Veterinarian and Date
Firma del Médico Veterinario que endosa y Fecha

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

Mexico, Slaughter horse HC

NM11-053

AFFIDAVIT
DECLARACIÓN JURADA

I (print) Dennis Chavez declare that the horses included in this shipment have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.
Por este medio declaro que los caballos en este embarque no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

1. *Aristolochia spp* and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.
Aristolochia spp *y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.*

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.
Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.

3. The following thirosthatics were not used: thiouracil, metilyuracil phenylthiouracil and propylthiouracil.
Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, fenilituracilo y propiltiuracilo.

Date and signature of the exporter [redacted] /25/11
Fecha y firma del exportador

Date and signature of the Notary Pu[redacted] /25/11
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

NM11-053

TIME HORSES LOADED ON CONVEYANCE: 2:00pm	DATE: 1/25/11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Las Lunas, New Mexico	
VEHICLE LICENSE NO. AND DRIVER'S NA: Montoya Trucking - (b)(6)	NAME OF AUCTION/MARKET: Southwest Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Dennis Chavez	CONSIGNEE (RECEIVER/DESTINATION) NAME: (b)(6)
STREET ADDRESS: 24 Dalies Rd	STREET ADDRESS: Blvd Carranza 7741 Col. Independencia 2
CITY, STATE, ZIP CODE: Los Lunas, NM 87031	CITY, STATE, ZIP CODE: Juarez, Chihuaha MX
AREA CODE & TELEPHONE NO.: 505-865-4600	AREA CODE & TELEPHONE NO.: 915-252-Le14

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFO	4901		/						/						/	2590459	
2		02						SR		/				/			2583350	
3		03		/						/						/	2572690	
4		04						SR		/						/	2577829	
5		05						paco		/						/	2584982	
6		06						b.skin		/				/			2575691	
7		07						SR		/				/			2570659	
8		08		/						/				/			2586687	
9		09						b.skin		/				/			2575503	
10		10	/							/						/	2583459	
11		11						SR		/				/			2536933	
12		12						SR		/				/			2574354	
13		13						paco		/				/			2570988	
14		14						SR		/						/	2571215	
15		15		/						/				/			2575979	

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

FOIA 2012-2308 Pg 371

U.S. DEPARTMENT OF AGRICULTURE
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

NM11-053

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USDA	4916		/						/				/			2572215	
17		17			/					/				/			2586879	
18		18						SR		/				/			2576969	
19		19	/							/						/	2585070	
20		20		/						/				/			2577988	
21		21						SR		/				/			2564133	
22		22		/						/				/			2568846	
23		23						SR		/						/	2576250	
24		24				/				/				/			2574835	
25		25	/							/						/	2571975	
26		26				/				/				/			2570476	
27		27		/						/				/			2575625	
28		28	/							/				/			2578062	
29		29						SR		/				/			2584368	
30		30	/							/				/			2589055	
31		31	/							/						/	2583107	
32		32						SR		/				/			2588371	
33		33	/							/				/			2583105	
34		34	/							/				/			2571840	
35		35	/							/				/			2577706	
36		36						SR		/				/			2580220	
37		37						SR		/						/	2565402	
38		38	/							/				/			2572260	
39		39						SR		/				/			2574262	
40		40	/							/						/	2573454	
41		41	/							/				/			2578444	
42		42						SR		/						/	2589637	
43		43	/							/						/	2587160	
44		44	/							/				/			2574057	
45	↓	45	/							/				/			2582433	

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

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

(b)(6)

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

NM11-053

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFO	4946	/							/				/			2573732	
17		47			/					/				/			9676663	
18		48		/						/						/	2573671	
19		49						SR		/						/	2573055	
20		50				/				/						/	2571758	
21		51	/							/						/	2588604	
22		52				/				/				/			2567828	
23		53		/						/				/			2587993	
24		54		/						/				/			952108	
25		55			/					/						/	2570792	
26		56	/							/				/			2585291	
27		57		/						/				/			2571274	
28		58	/							/				/			2585408	
29		59						SR		/				/			2572644	
30		60				/				/				/			5332770	
31		61	/							/				/			2575954	
32		62						SR		/						/	2580678	
33		63	/							/				/			2571902	
34		64	/							/				/			2580437	
35		65				/				/						/	2562614	
36		66						SR		/						/	2584390	
37		67						SR		/				/			2583904	
38		68				/				/						/	2590208	
39		69			/					/						/	2579209	
40		70						SR		/				/			2576391	
41		71						SR		/						/	2570286	
42		72						QDP		/				/			2583082	
43		73						SR		/				/			941899	
44		74						SR		/				/			2572275	
45		75	/							/						/	2538461	

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

[redacted]

VS FORM 10-13A
(SEP 2002)

FOIA 2012-2308 Pg 373

U.S. DEPARTMENT OF AGRICULTURE
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

NM11-053

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	850	4976	/							/				/			2533964	
17		77						SR		/				/			2574316	
18		78			/					/				/			2572174	
19		79						SR		/				/			2578537	
20		80	/							/				/			2577625	
21		81						SR		/				/			2764575	
22		82	/							/						/	2564357	
23		83			/					/						/	2564191	
24		84		/						/						/	2584595	
25		85						SR		/				/			2586175	
26		86	/							/						/	2584943	
27		87				/				/						/	2583755	
28		88		/						/						/	2577086	
29		89						SR		/				/			2590089	
30		90			/					/				/			2571610	
31		91				/				/						/	2580589	
32		92	/							/						/	2567690	
33		93						SR		/				/			2572548	
34		94		/						/				/			2571782	
35		95	/							/				/			2574365	
36																		
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43																		
44																		
45																		

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

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

[redacted]

VS FORM 10-13A
(SEP 2002)

FOIA 2012-2308 Pg 374

USDA

VS
Veterinary Services
National Center for Import and Export

Health Certificate No. NM11-048
(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 MÉXICO

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

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

1. Name and Address of Exporter: Dennis Chavez
   Nombre y Dirección del Exportador: 24 Dalies Rd
   Los Lunas, NM 87031
2. Name and Address of Importer: (b)(6) (b)(6) (b)(6)
   Nombre y Dirección del Importador: Col.Independencia 2,Elisa Griensen 7741
   Juarez,Chihuaha MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
2583291	Mare	5 Years	2576106	Gelding	6 Years
2573740	Mare	8 Years	2569459	Gelding	8 Years
2582013	Gelding	8 Years	2563468	Mare	7 Years
2566816	Mare	7 Years	2578587	Gelding	7 Years
2578600	Gelding	5 Years	2579770	Gelding	9 Years
2585357	Gelding	8 Years	2561455	Mare	7 Years
2581924	Mare	4 Years	2564963	Mare	8 Years
2584379	Gelding	8 Years	2560812	Gelding	5 Years
2575344	Mare	8 Years	2564896	Mare	6 Years
2575558	Gelding	6 Years	2564095	Mare	7 Years
2577635	Mare	7 Years	2590034	Mare	6 Years
2567040	Mare	8 Years	2563223	Gelding	8 Years
2589133	Mare	5 Years	2576914	Mare	6 Years
2571487	Mare	8 Years	2590140	Gelding	7 Years
2561390	Gelding	5 Years	2571919	Mare	8 Years
2576225	Mare	8 Years	2566453	Gelding	6 Years

FOIA 2012-2308 Pg 375





USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. NM11-048
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

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

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

[*Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.][*

C.Y Brasmer

Name of Accredited Veterinarian
Nombre del Médico Veterinario Acreditado

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

[redacted] 1/25/11

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

1/26/2011

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

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

Mexico, Slaughter horse HC

NM11-048

AFFIDAVIT
DECLARACIÓN JURADA

I (print) Dennis Chavez declare that the horses included in this shipment have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.
Por este medio declaro que los caballos en este embarque no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

1. *Aristolochia spp* and any other preparation derived of this plant, chlocamphenicol, 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, cleribuaerol, 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, fenilituracilo y propilituracilo.

[redacted]

Date and signature of the exporter 1/25/11
Fecha y firma del exportador

Date and signature of the Notary P 1/25/11
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

NM11-048

TIME HORSES LOADED ON CONVEYANCE: 2:00pm

DATE: 1/25/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Los Lunas, New Mexico

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

NAME OF AUCTION/MARKET: Southwest Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Dennis Chavez

CONSIGNEE (RECEIVER/DESTINATION) NAME: [redacted]

STREET ADDRESS: 84 Davies Rd

STREET ADDRESS: Elisa Griensen 7741 001. Independencia 2

CITY, STATE, ZIP CODE: Los Lunas, nm 87031

CITY, STATE, ZIP CODE: Juarez, Chihuahua Mx

AREA CODE & TELEPHONE NO.: 505-805-4600

AREA CODE & TELEPHONE NO.: 915-252-6614

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFO	9951	/							/				/			2583291	
2		52						SR		/						/	2576106	
3		53	/							/				/			2573740	
4		54						SR		/						/	2569459	
5		55	/							/						/	2582013	
6		56	/							/				/			2563468	
7		57			/					/				/			2566816	
8		58	/							/						/	2578587	
9		59						SR		/						/	2578600	
10		60						SR		/						/	2579770	
11		61	/							/						/	2585357	
12		62	/							/				/			2561455	
13		63				/				/				/			2581924	
14		64	/							/				/			2564963	
15		65						SR		/						/	2584379	

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

SIGNATURE: [redacted]

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.) [redacted]

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

NN711-04

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFO	9966						QPP		/						/	2560812	
17		67						SR		/				/			2575344	
18		68						paco		/				/			2564896	
19		69						SR		/						/	2575558	
20		70						SR		/				/			2564095	
21		71	/							/				/			2577635	
22		72			/					/				/			2590034	
23		73	/							/				/			2567040	
24		74						QPP		/						/	2563223	
25		75						SR		/				/			2589133	
26		76						bSkin		/				/			2576914	
27		77						bSkin		/				/			2571487	
28		78						SR		/						/	2590140	
29		79	/							/						/	2561390	
30		80	/							/				/			2571919	
31		81				/				/				/			2576825	
32		82						SR		/						/	2560453	
33		83						SR		/						/	2571719	
34		84				/				/				/			2584893	
35		85				/				/						/	2576759	
36		86	/							/						/	2573965	
37		87						paco		/						/	2589436	
38		88	/							/						/	2581320	
39		89						SR		/						/	2577786	
40		90						bSkin		/						/	2579023	
41		91						SR		/						/	2573555	
42		92						SR		/				/			2571300	
43		93		/						/				/			2574320	
44		94						SR		/				/			2578615	
45		95	/							/				/			2570464	

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

VS FORM 10-13A
(SEP 2002)

FOIA 2012-2308 Pg 381

U.S. DEPARTMENT OF AGRICULTURE
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

NM11-048

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFO	9996						SR		/				/			2532252	
17		97	/							/				/			2589583	
18		98	/							/				/			2587749	
19		99				/				/						/	2587787	
20		0000	/							/				/			2572261	
21		8678				/				/						/	2585771	
22		79		/						/				/			2582740	
23		80		/						/						/	2587009	
24		81		/						/				/			2587725	
25		82				—		SR		/						/	2588168	
26		83	/							/				/			2563027	
27		84	/							/				/			2669001	
28		85	/							/				/			2561249	
29		86	/							/				/			2561943	
30		87						BLW		/				/			2562114	
31		88	/							/				/			2570256	
32		89			/					/				/			2563317	
33		90	/							/				/			2562861	
34	↓	92			/					/				/			2569271	
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.) [redacted]

FOIA 2012-2308 Pg 382

USDA

VS
Veterinary Services
National Center for
Import and Export

Health Certificate No. NM11-090
(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:*
   Dennis Chavez
   24 Dalies Rd
   Los Lunas, NM 87031
2. Name and Address of Importer: / *Nombre y Dirección del Importador:*
   (b)(6) (b)(6) (b)(6)
   Col Independencia 2, Elisa Griensen 7741
   Juarez, Chihuaha MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
1045799	Mare	7 Years	1046113	Mare	8 Years
1023238	Mare	5 Years	987714	Mare	6 Years
1003953	Mare	9 Years	1047745	Mare	7 Years
991861	Mare	8 Years	1017710	Mare	9 Years
1018153	Mare	8 Years	1045723	Gelding	6 Years
1013305	Mare	6 Years	1016523	Mare	5 Years
1003758	Mare	7 Years	1016442	Mare	9 Years
1004683	Mare	8 Years	998313	Mare	7 Years
986298	Mare	5 Years	1001870	Mare	5 Years
990591	Gelding	7 Years	997248	Mare	9 Years
986867	Mare	6 Years	1004151	Mare	6 Years
1039559	Mare	8 Years	991018	Mare	7 Years
1046435	Gelding	5 Years	999980	Mare	6 Years
997614	Mare	8 Years	1026457	Mare	7 Years
1017127	Mare	9 Years	990444	Gelding	6 Years
989737	Mare	6 Years	993005	Gelding	8 Years

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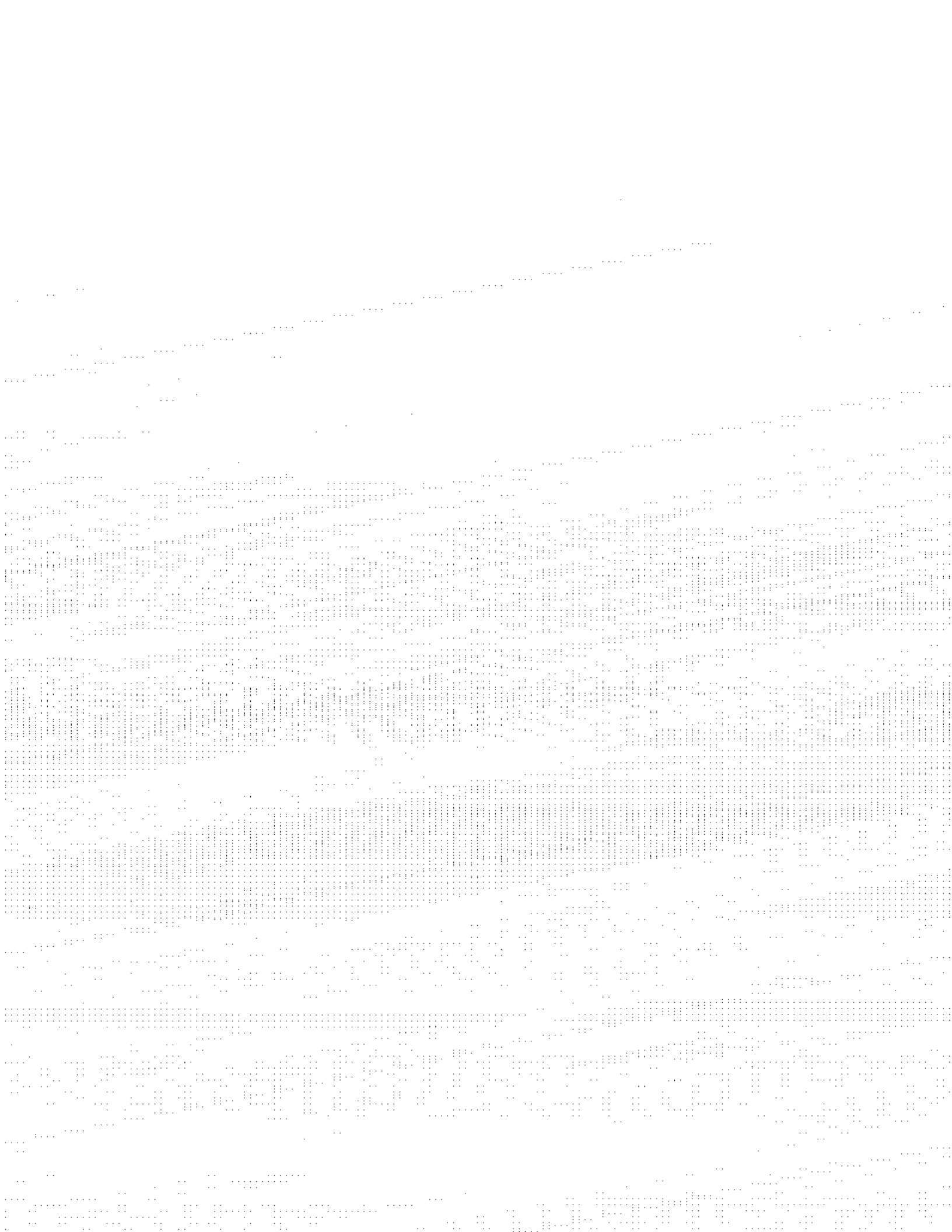



USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. NM11-090
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

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

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

[*Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.]*[

CY Brasmer
Name of Accredited Veterinarian
Nombre del Médico Veterinario Acreditado

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

[redacted] 04/04/11
Signature of Accredited Veterinarian and Date
Firma del Médico Veterinario Acreditado y Fecha

4/04/2011
Signature of Endorsing Federal Veterinarian and Date
Firma del Médico Veterinario que endosa y Fecha

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

Mexico, Slaughter horse HC

NM11-090

AFFIDAVIT
DECLARACIÓN JURADA

I (print) Dennis Chavez declare that the horses included in this shipment have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.
Por este medio declaro que los caballos en este embarque no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

1. *Aristolochia spp* and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.
Aristolochia spp *y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.*

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.
Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.

3. The following thirosthatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.
Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, fenitiuracilo y propiltiuracilo.

[redacted]

Date and signature of the exporter 04/2011
Fecha y firma del exportador

Date and signature of the Notary Pu 04/2011
Fecha y firma del Notario Público Exp. 02/11/2014

U.S. DEPARTMENT 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

NMII-090

TIME HORSES LOADED ON CONVEYANCE: LOAD 1 8:10AM LOAD 2 8:20AM LOAD 3 8:45AM

DATE: 04/04/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LOS LUNAS NEW MEXICO

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

NAME OF AUCTION/MARKET: SOUTHWEST LIVESTOCK AUCTION

CONSIGNOR (OWNER/SHIPPER) NAME: DENNIS CHAVEZ

CONSIGNEE (RECEIVER/DESTINATION) NAME: (b)(6)

STREET ADDRESS: 24 DALIES RD

STREET ADDRESS: ELISA GRIENSEN 7741 COL INDEPENCIA 2

CITY, STATE, ZIP CODE: LOS LUNAS NM 87031

CITY, STATE, ZIP CODE: JUAREZ, CHIHUAHA MX

AREA CODE & TELEPHONE NO.: 505-865-4500

AREA CODE & TELEPHONE NO.: 915-252-6614

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USSF	1901			✓					✓				✓			1045755	
2		1902								✓				✓			1046115	
3		1903						DUN		✓				✓			1023238	
4		1904								✓				✓			987711	
5		1905								✓				✓			1003953	
6		1906						ROAN		✓				✓			1047745	
7		1907						APAL		✓				✓			991861	
8		1908								✓				✓			1017710	
9		1909						SORR		✓				✓			1018156	
10		1910				✓				✓						✓	1045723	
11		1911								✓				✓			1013205	
12		1912				✓				✓				✓			1016523	
13		1913						SORR		✓				✓			1003758	
14		1914				✓				✓				✓			1016442	
15		1915						BRDN		✓				✓			1047683	

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 (AUG 2004) Previous editions are obsolete

FOIA 2012-2308 Pg 388

U.S. DEPARTMENT OF AGRICULTURE
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

NM11-0[illegible]

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Dreft	Pony	Other	Mare	Stal	Geld		
16	USDF	191[illegible]						Sorrel		✓				✓			998313	
17		191[illegible]						Buckskin		✓				✓			986298	
18		191[illegible]						Red Roan		✓				✓			1001870	
19		191[illegible]						Sorrel		✓						✓	996591	
20		192[illegible]						Sorrel		✓				✓			997248	
21		192[illegible]						Buckskin		✓				✓			986867	
22		192[illegible]						Roan		✓				✓			1004151	
23		192[illegible]		✓						✓				✓			1039559	
24		192[illegible]				✓				✓				✓			991016	
25		192[illegible]	✓							✓						✓	1046435	
26		192[illegible]				✓				✓				✓			999980	
27		192[illegible]	✓							✓				✓			997614	
28		192[illegible]						White		✓				✓			1026457	
29		192[illegible]		✓						✓				✓			1017127	
30		193[illegible]		✓						✓						✓	990444	
31		193[illegible]				✓				✓				✓			989737	
32		193[illegible]						Buckskin		✓						✓	993005	
33		193[illegible]						Sorrel		✓				✓			1046296	
34		193[illegible]						Red Roan		✓						✓	1015116	
35		193[illegible]	✓							✓						✓	994422	
36		193[illegible]						Sorrel		✓						✓	989695	
37		193[illegible]						Sorrel		✓				✓			1010099	
38		193[illegible]						Sorrel		✓				✓			993213	
39		193[illegible]	✓							✓						✓	1017760	
40		194[illegible]						Sorrel		✓				✓			1037222	
41		1941						Sorrel		✓				✓			985954	
42		194[illegible]						Sorrel		✓				✓			989766	
43		194[illegible]				✓				✓				✓			989864	
44		194[illegible]	✓							✓				✓			1015896	
45	↓	194[illegible]	✓							✓				✓			1015377	

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

FOIA 2012-2308 Pg 389



U.S. DEPARTMENT OF AGRICULTURE
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

NMII-09

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USDF	19						Sorrel		✓				✓			1023503	
17		19						Sorrel		✓						✓	1206021	
18		19						Sorrel		✓						✓	986388	
19		19			✓					✓				✓			1017625	
20		19				✓				✓						✓	997183	
21		19						Sorrel		✓			MULE			✓	1011756	
22		19						Sorrel		✓				✓			1044828	
23		19			✓					✓				✓			1046220	
24		19						Sorrel		✓						✓	1014876	
25		19						Sorrel		✓				✓			991823	
26		19						Appal		✓						✓	996148	
27		19						Sorrel		✓				✓			1015706	
28		19	✓							✓				✓			1027173	
29		19						Sorrel		✓				✓			1017565	
30		19						Sorrel		✓				✓			999324	
31		19						Sorrel		✓				✓			986985	
32		19	✓							✓				✓			997136	
33		19		✓						✓						✓	1046707	
34		19		✓						✓				✓			985406	
35		19	✓							✓				✓			990747	
36		19	✓							✓				✓			995758	
37		19			✓					✓				✓			991830	
38		19	✓							✓				✓			1023775	
39		19		✓						✓				✓			1024348	
40		20	✓							✓				✓			1004842	
41		11						Sorrel	✓							✓	990063	
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.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

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USDA

VS
Veterinary Services
National Center for Import and Export

Health Certificate No. NM11-091
(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:*
   Dennis Chavez
   24 Dalies Rd
   Los Lunas, NM 87031
2. Name and Address of Importer: / *Nombre y Dirección del Importador:*
   (b)(6) (b)(6) (b)(6)
   Col Independencia 2, Elisa Griensen 7741
   Juarez, Chihuaha MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
1017430	Mare	5 Years	994192	Mare	7 Years
992671	Mare	7 Years	997073	Gelding	6 Years
1004196	Mare	8 Years	1003832	Mare	5 Years
1045177	Mare	6 Years	988992	Gelding	7 Years
993988	Gelding	6 Years	997480	Mare	8 Years
1001929	Mare	5 Years	986493	Mare	9 Years
994915	Mare	7 Years	1003244	Gelding	5 Years
1026533	Mare	8 Years	990754	Gelding	7 Years
1046895	Mare	8 Years	989240	Mare	6 Years
986116	Gelding	9 Years	1004276	Gelding	5 Years
102848	Mare	6 Years	1015689	Gelding	7 Years
990970	Mare	5 Years	998565	Mare	8 Years
1001579	Mare	7 Years	987773	Mare	6 Years
987878	Mare	9 Years	1000172	Mare	7 Years
1002343	Gelding	8 Years	988187	Mare	5 Years
998095	Mare	7 Years	992104	Gelding	6 Years

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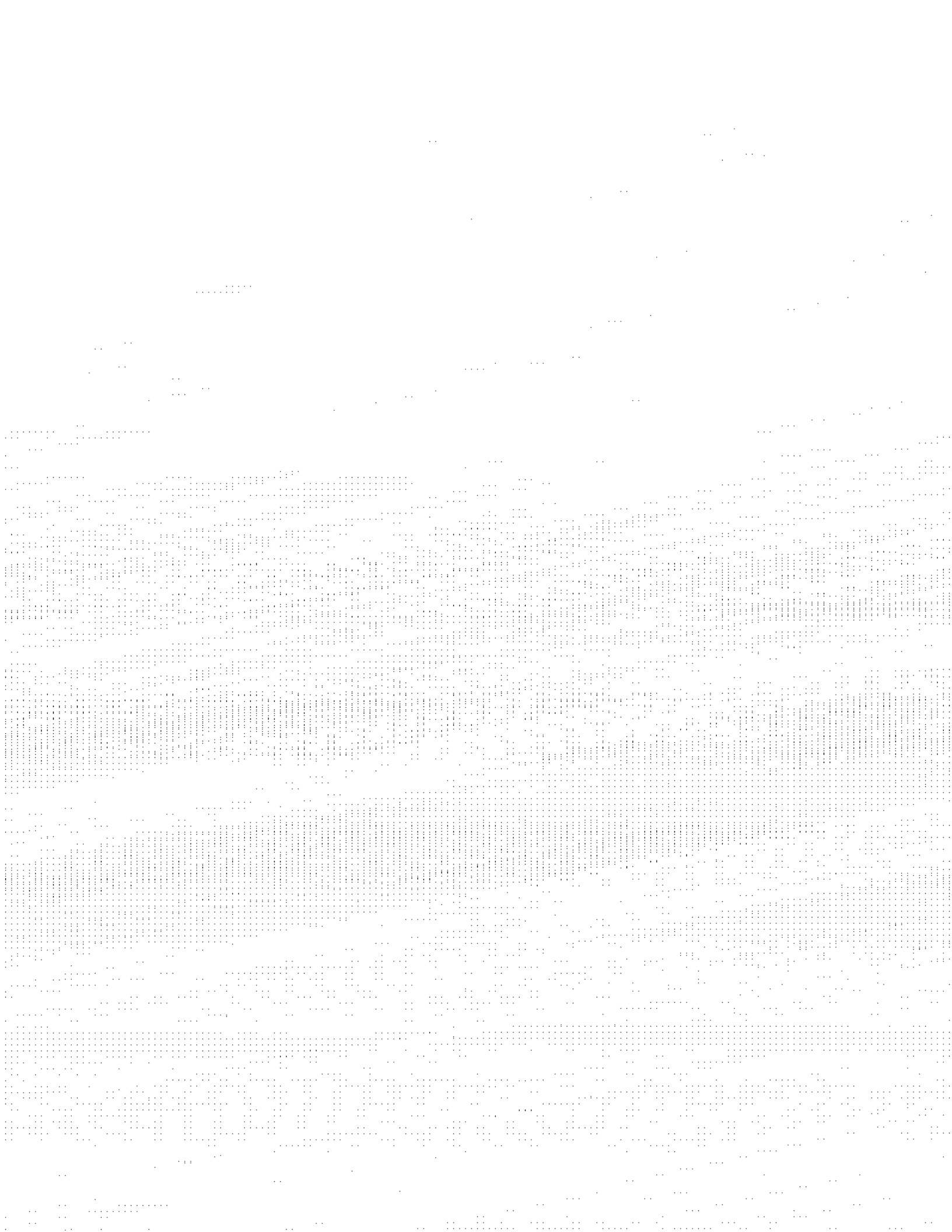



USDA

Veterinary Services
National Center for Import and Export

Health Certificate No. NM11-091
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

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

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

[Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.][

CY Brasmer
Name of Accredited Veterinarian
Nombre del Médico Veterinario Acreditado

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

[redacted] 04/06/11
Signature of Accredited Veterinarian and Date
Firma del Médico Veterinario Acreditado y Fecha

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

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

Mexico, Slaughter horse HC

NM11.091

AFFIDAVIT
DECLARACIÓN JURADA

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

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

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

Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicina, 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 thirostatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.

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

Date and signature of the exporter: [redacted] 4/06/2011

Fecha y firma del exportador

Date and signature of the Notary Pu[redacted] 4/06/2011

Fecha y firma del Notario Público

JUAN [illegible] NOTARY PUBLIC STATE OF NEW MEXICO

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please Type or Print in Ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE
LOAD 1 3:20 LOAD 3 3:55 LOAD 5 4:20
LOAD 2 3:45 LOAD 4 3:55

DATE 04/06/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
LOS LUNAS NEW MEXICO

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

NAME OF AUCTION/MARKET
SOUTHWEST LIVESTOCK AUCTION

CONSIGNOR (OWNER/SHIPPER) NAME
DENNIS CHAVEZ

CONSIGNEE (RECEIVER/DESTINATION) NAME (b)(6)

STREET ADDRESS
24 OALIES RD

STREET ADDRESS ELISA GRIENSEN 7741
COL INDEPENCIA 2

CITY, STATE, ZIP CODE
LOS LUNAS NM 87031

CITY, STATE, ZIP CODE
JUAREZ, CHIHUAHA MX

AREA CODE & TELEPHONE NO.
505-865-4600

AREA CODE & TELEPHONE NO.
915-252-6614

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFG	1401						Sorr		✓				✓			1017430	
2		02						Sorr		✓				✓			994192	
3		03						Brwn		✓				✓			992671	
4		04			✓					✓						✓	997073	
5		05						Dun		✓				✓			1004196	
6		06						Dun		✓				✓			1003832	
7		07						Sorr		✓				✓			1045177	
8		08						Sorr		✓						✓	988992	
9		09						Brwn		✓						✓	993988	
10		10		✓						✓				✓			997480	
11		11						Sorr		✓				✓			1001929	
12		12						Wht/Blk		✓				✓			986493	
13		13						Sorr		✓				✓			994915	
14		14		✓						✓						✓	1003244	
15	↓	15						Sorr		✓				✓			1026533	

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

SIGNATURE (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

FOIA 2012-2308 Pg 398

U.S. DEPARTMENT OF AGRICULTURE
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

NM11-09

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	USGF	1416						Sorr		✓						✓	990754	
17		17						APAL.		✓				✓			104897	
18		18						PAL		✓				✓			989240	
19		19				✓				✓						✓	986116	
20		20			✓					✓						✓	1004276	
21		21						Sorr		✓				✓			1028248	
22		22								✓						✓	1015689	
23		23						Sorr		✓				✓			990970	
24		24						Sorr		✓				✓			998565	
25		25						Brown		✓				✓			1001579	
26		26						Dun		✓				✓			987773	
27		27	✓							✓				✓			987878	
28		28						Roan		✓				✓			1000172	
29		29						Roan		✓						✓	1002343	
30		30						Brown					MULE	✓			988187	
31		31						Sorr		✓				✓			998095	
32		32		✓						✓						✓	992104	
33		33						Sorr		✓				✓			1045548	
34		34						Palom.		✓				✓			1002793	
35		35						Dun		✓				✓			990537	
36		36				✓				✓						✓	987882	
37		37						APAL.		✓				✓			1044782	
38		38						Dun		✓				✓			1015875	
39		39						APAL.		✓				✓			987359	
40		40	✓							✓						✓	988458	
41		41						Brown.		✓				✓			986397	
42		42	✓							✓				✓			982312	
43		43						APAL.		✓						✓	988054	
44		44						Sorr		✓						✓	989316	
45	↓	45						APAL.		✓				✓			997507	

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.) [redacted]

VS FORM 10-TSA (SEP 2002)

FOIA 2012-2308 Pg 399

U.S. DEPARTMENT OF AGRICULTURE
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

NM11-091

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE				SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGF	44						Sorr		✓				✓			1015977	
17		47						Sorr		✓						✓	1000412	
18		48	✓							✓				✓			998743	
19		49				✓				✓						✓	1047583	
20		50	✓							✓				✓			990533	
21		51		✓						✓				✓			1016040	
22		52	✓							✓						✓	1004344	
23		53						Sorr		✓				✓			99 3134	
24		54				✓				✓						✓	988693	
25		55						Roan		✓						✓	1047014	
26		56						Sorr		✓						✓	1017617	
27		57		✓						✓				✓			994085	
28		58						Pal.		✓						✓	1027100	
29		59						Sorr		✓				✓			1013081	
30		60	✓							✓						✓	1038428	
31		61	✓							✓						✓	1047582	
32		62	✓							✓						✓	997325	
33		63								✓						✓	1008533	
34		64				✓				✓						✓	1017977	
35		65	✓							✓						✓	993609	
36		66						Sorr		✓				✓			994960	
37		67				✓				✓						✓	1037707	
38		68						Pal.		✓				✓			1002253	
39		69		✓						✓						✓	989526	
40		70		✓						✓				✓			990069	
41		71						Pal		✓						✓	1008741	
42		72						White		✓						✓	991787	
43		73	1					Dun		✓						✓	1000452	
44		74			✓					✓				✓			1015947	
45	↓	75		✓						✓						✓	995516	

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.)

[redacted]

VS FORM 10-75A

FOIA 2012-2308 Pg 400

U.S. DEPARTMENT OF AGRICULTURE
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 6 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

NM11-09

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE				SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USDA	1476				✓				✓						✓	989969	
17	↓	77			✓					✓						✓	1016815	
18		78						WHITE		✓						✓	1002707	
19		79						BROWN		✓						✓	1015666	
20		80						GRAY		✓				✓			1002956	
21		81						SORR		✓				✓			1036556	
22		82						SORR		✓						✓	991597	
23		83						DUN					MULE	✓			1025218	
24		84				✓				✓				✓			1015878	
25		85						GRAY		✓				✓			1018209	
26		86	✓							✓				✓			987002	
27		87				✓				✓				✓			1017158	
28		88						SORR		✓						✓	989042	
29		89						SORR		✓						✓	1026516	
30		90		✓						✓						✓	992752	
31		91				✓				✓						✓	989965	
32		92				✓				✓				✓			997316	
33		93						SORR		✓						✓	991699	
34		94						BROWN		✓				✓			989949	
35		95	✓							✓				✓			986311	
36		96						SORR		✓				✓			1047318	
37		97	✓							✓						✓	1044436	
38		98						SORR		✓				✓			988965	
39		99						SORR		✓				✓			1002399	
40	↓	1500				✓				✓				✓			1016234	
41	↑	1858						SORR		✓				✓			991429	
42		52						SORR		✓						✓	1001700	
43		53						BLACK		✓						✓	990285	
44		54						BROWN		✓				✓			990459	
45	↓	55						DUN		✓						✓	1003675	

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.)

[redacted] (b)(6)

VS FORM 10-75A

FOIA 2012-2308 Pg 401

U.S. DEPARTMENT OF AGRICULTURE
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

NM11-09

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGF	1B54						Sorr		✓						✓	993964	
17		57	✓							✓				✓			1016961	
18		58	✓							✓						✓	989165	
19		59						WHITE		✓						✓	993511	
20		60				✓				✓						✓	989509	
21		61			✓					✓						✓	989751	
22		62						Palom.		✓				✓			990064	
23		63						Sorr		✓						✓	997776	
24		64						Bay		✓						✓	991134	
25		65	✓							✓				✓			989007	
26		66				✓				✓						✓	1004027	
27		67						Pal.		✓						✓	998465	
28		68						Bay		✓				✓			1046731	
29		69						Sorr		✓						✓	987317	
30		70		✓						✓						✓	1045391	
31		71						DUN		✓						✓	1002558	
32		72				✓				MARE						✓	1004698	
33		73						Sorr		QT						✓	991445	
34		74						Sorr		✓						✓	990860	
35		75						Sorr		✓						✓	1046923	
36		76						Roan		✓						✓	1010617	
37		77						Sorr		✓				✓			1004848	
38		78						Sorr		✓						✓	1047924	
39		79		✓						✓				✓			994244	
40		80	✓							✓				✓			1044451	
41		81		✓						✓						✓	1003480	
42		82						Sorr		✓						✓	990545	
43		83	✓							✓						✓	996158	
44		84	✓							✓				✓			997691	
45	↓	85	✓							✓						✓	998050	

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.)

[redacted]

VS FORM 10-13A

FOIA 2012-2308 Pg 402

U.S. DEPARTMENT OF AGRICULTURE
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

NM11-091

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE				SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USG#	1884						Sorr		✓						✓	1016161	
17	↓	87						Sorr		✓				✓			1045326	
18		88						Sorr		✓						✓	1027035	
19		89				✓				✓						✓	1028857	
20		90			✓					✓						✓	1045239	
21		91	✓							✓						✓	988032	
22		92	✓							✓						✓	1023348	
23		93			✓					✓						✓	1002987	
24		94						Sorr		✓						✓	991175	
25		95						Sorr		✓				✓			1017337	
26		96	✓							✓						✓	1045640	
27		97						NWest.		✓				✓			988943	
28		98	✓							✓						✓	988133	
29		99						Sorr		✓				✓			991020	
30	↑	1900						Palom		✓				✓			987696	
31		901			✓					✓						✓	989271	
32		02						Sorr		✓				✓			991347	
33		03						Brown		✓						✓	1039775	
34		04		✓						✓				✓			1023571	
35		05						Brown		✓				✓			992598	
36		06						Sorr		✓				✓			946927	
37		07			✓					✓				✓			989083	
38		08			✓					✓				✓			986398	
39		09	✓							✓				✓			1004522	
40	↓	10	✓							✓				✓			1002348	
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.)

[redacted]

VS FORM 10-13A
(SEP 2002)

FOIA 2012-2308 Pg 403

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

Originating Office Phone
505-589-6150
(b)(6) (b)(6) (b)(6)
Elisa Griensen #7741
Col.Independencia #2
Juarez CH 32679

Control Number: 3503A0670
Office Id: 973503
Service Date(s)
Begin: 13-JUL-10
End: 13-JUL-10
Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	0759735177 0250	51.00	1.00	51.00

Total Due $ 51.00

Remarks: VS HEALTH CERT# NM10-026 (SERVICE RENDERED) 7-1-10
DENNIS CHAVEZ,24 DALIES RD., LOS LUNAS, NM 87031

Payment Information

Nfc Id
9999999999V

Date	Amount	Payment Type	Account/Check #
13-JUL-10	$ 51.00	Check	1145

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

1145

88-6/1120 2936
2704163266

Date 7/01/2010

Pay To The Order of U.S.D.A $ 51.00

FIFTY ONE 00/0 Dollars

Security Features Details on Back.

WELLS FARGO Wells Fargo Bank, N.A.
El Paso, Texas
wellsfargo.com

(b)(6)

For 129 HORSES (#3503A0670)
(b)(6)

MP

APHIS FORM 81 (REV. 10/96) AUTOMATED GC

USDA

VS Veterinary Services

National Center for Import and Export

Health Certificate No. NM10-026
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

[redacted]

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: *Nombre y Dirección del Exportador:*
   Dennis Chavez
   24 Dalies Rd.
   Los Lunas, NM 87031

2. Name and Address of Importer: *Nombre y Dirección del Importador:*
   [redacted]
   Elisa Grlesen 7741
   Col. Independencia 2, Juárez, Chihuaha MX

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

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
369204	Mare	5 years	370118	Gelding	9 years
400991	Gelding	8 years	399277	Gelding	5 years
375732	Mare	7 years	374847	Mare	6 years
372694	Mare	9 years	377223	Gelding	8 years
376170	Gelding	6 years	401035	Mare	9 years
373887	Mare	7 years	366951	Mare	7 years
375892	Mare	5 years	380067	Gelding	7 years
378115	Gelding	9 years	379122	Mare	5 years
379202	Mare	7 years	379613	Gelding	6 years
405268	Mare	8 years	370841	Mare	8 years
399466	Mare	5 years	369209	Mare	5 years
400478	Mare	8 years	372766	Gelding	9 years
377363	Mare	8 years	374237	Mare	7 years
378269	Mare	7 years	399791	Mare	6 years
585584	Gelding	5 years	371503	Mare	8 years
341348	Mare	6 years	372989	Mare	5 years

USDA

VS
Veterinary Services
National Center for Import and Export

Health Certificate No. NM10-0261
(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*
377661	Mare	5 years	369462	Mare	7 years
371039	Gelding	8 years	367846	Mare	6 years
380141	Mare	5 years	366920	Mare	8 years
376345	Mare	7 years	375305	Gelding	7 years
380546	Gelding	8 years	376297	Mare	5 years
405049	Mare	6 years	369126	Mare	6 years
367082	Gelding	7 years	374411	Mare	8 years
368470	Mare	5 years	344288	Mare	7 years
368899	Mare	8 years	370920	Gelding	5 years
369151	Gelding	6 years	368610	Mare	9 years
367151	Mare	8 years	379304	Mare	8 years
373652	Mare	5 years	297502	Mare	7 years
368449	Mare	4 years	378063	Mare	9 years
377950	Gelding	5 years	374095	Mare	6 years
369152	Gelding	7 years	376355	Mare	7 yeare
370294	Gelding	7 years	376511	Mare	6 years
377138	Gelding	5 years	321650	Gelding	4 years
371976	Gelding	9 years	366938	Gelding	9 years
368863	Gelding	6 years	375073	Mare	8 years
371603	Gelding	5 years	342359	Mare	7 years
372400	Mare	7 years	367613	Mare	5 years
369184	Mare	8 years	366969	Gelding	6 years
372143	Gelding	4 years	375042	Gelding	8 years
372720	Gelding	7 years	379488	Gelding	9 years
380834	Gelding	9 years	375776	Mare	6 years
378207	Mare	7 years	370308	Gelding	7 years
367717	Mare	8 years	374809	Mare	8 years
371654	Mare	5 years	376185	Mare	5 years
376336	Mare	6 years	375705	Gelding	6 years
371807	Mare	7 years	401567	Mare	9 years
294469	Gelding	5 years	369089	Mare	8 years
370244	Gelding	8 years	379943	Gelding	8 years
405867	Mare	6 years	374747	Mare	6 years
368680	Mare	5 years	373833	Gelding	9 years
549725	Gelding	7 years	380694	Mare	5 years
583520	Mare	6 years	585750	Gelding	4 years
557866	Gelding	7 years	598927	Mare	5 years
559484	Gelding	8 years	549272	Mare	9 years
557955	Gelding	8 years	557722	Gelding	7 years
642874	Mare	9 years	585215	Gelding	6 years

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. NM10-026
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Nu [redacted]

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
566257	Mare	7 years	613413	Mare	8 years
550386	Gelding	9 years	566965	Mare	7 years
549114	Mare	5 years	583616	Gelding	7 years
585995	Mare	6 years	585636	Gelding	6 years
615775	Gelding	8 years	588224	Mare	9 years
584042	Gelding	5 years	586680	Gelding	8 years
646918	Mare	7 years	551639	Gelding	8 years
614040	Mare	9 years	642947	Mare	7 years
645047	Mare	6 years			

CERTIFICATION STATEMENTS / *CERTIFICACIONES*

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

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.
A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.
Inspection date / *Fecha de inspección* June 30, 2010

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.
Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.
Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.

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USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. NM10-026
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number) (b)(6)

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

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

[*Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.]*[

C. Y. Brasmer
Name of Accredited Veterinarian
Nombre del Médico Veterinario Acreditado

Walter F. Howe
Name of Endorsing Federal Veterinarian
Nombre del Médico Veterinario Federal que endosa

(b)(6)

6/30/2010
Sign dited Veterinarian and Date
Firma del Médico Veterinario Acreditado y Fecha

(b)(6)

7/01/2010
Signature of Endorsing Federal Veterinarian and Date
Firma del Médico Veterinario que endosa y Fecha

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

Mexico, Slaughter horse HC

AFFIDAVIT
DECLARACIÓN JURADA

NM10-026

(b)(6)

I (print) Dennis Chavez declare that the horses included in this shipment have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.
Por este medio declaro que los caballos en este embarque no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

1. Aristolochia spp and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.
Aristolochia spp *y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.*

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.
Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.

3. The following thirosthatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.
Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, fenitiuracilo y propiltiuracilo.

(b)(6)

Date and signature of the exporter 6/30/2010
Fecha y firma del exportador

Date and signature of the Notary Pu 6/30/2010
Fecha y firma del Notario Público Juan M. Chavez Exp. 2/11/2014

U.S. DEPARTMENT 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 0579-0180. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0180

NM10-026

TIME HORSES LOADED ON CONVEYANCE: 6:00 PM

DATE: 6-30-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Los Lunas NM New Mexico

VEHICLE LICENSE NO. AND DRIVER'S NAME: JJJ trucking

NAME OF AUCTION/MARKET: Southwest livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Dennis Chavez

CONSIGNEE (RECEIVER/DESTINATION) NAME: (b)(6)

STREET ADDRESS: 24 Dailes Rd.

STREET ADDRESS: Elisa Griesen 7741 Col. Independencia 2

CITY, STATE, ZIP CODE: Los Lunas NM 87031

CITY, STATE, ZIP CODE: Juarez Chihuahua MX

AREA CODE & TELEPHONE NO.: (505) 865-4600

AREA CODE & TELEPHONE NO.: (915) 252-6614

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFO	2603						Sorrel		✓				✓				369204
2		2604		✓						✓						✓		370118
3		2605	✓							✓						✓		400991
4		2606						Paint		✓						✓		399277
5		2607		✓						✓				✓				375732
6		2608		✓						✓				✓				374847
7		2609	✓							✓				✓				372694
8		2610						Sorrel		✓						✓		377223
9		2611						White		✓						✓		376170
10		2612	✓							✓				✓				401035
11		2613	✓							✓				✓				373887
12		2614						Dun		✓				✓				366951
13		2615			✓					✓				✓				375892
14		2616						Grulla		✓						✓		380067
15	↓	2617						Dun		✓						✓		378115

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

SIGNATURE: (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

VS FORM 10-13 Previous editions are obsolete

FOIA 2012-2308 Pg 410

U.S. DEPARTMENT OF AGRICULTURE
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

NM10-026

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFO	2618	✓							✓				✓				379122
17		2619						Sorrel		✓				✓				379202
18		2620	✓							✓						✓		379613
19		2621						Sorrel		✓				✓				405268
20		2622						Dunn		✓				✓				370841
21		2623		✓						✓				✓				399466
22		2624						Dunn		✓				✓				369209
23		2625						Sorrel		✓				✓				400478
24		2626		✓						✓						✓		372766
25		2627	✓							✓				✓				377363
26		2628	✓						✓					✓				374237
27		2629	✓						✓					✓				378269
28		2630						Dunn		✓				✓				399791
29		2631						Sorrel	✓							✓		585584
30		2632	✓							✓				✓				371503
31		2633						Palo		✓				✓				341348
32		2634		✓						✓				✓				372989
33		2635						Sorrel		✓				✓				377661
34		2636						Red Roan		✓				✓				369462
35		2637						Sorrel		✓						✓		371039
36		2638						Sorrel		✓				✓				367846
37		2639						Blk. Paint		✓				✓				380141
38		2640						Sorrel		✓				✓				366920
39		2641						Sorrel					mule	✓				376345
40		2642						Dunn		✓						✓		375305
41		2643						Sorrel	✓							✓		380546
42		2644						Sorrel	✓					✓				376297
43		2645						Dunn		✓				✓				405049
44		2646						White		✓				✓				369126
45	↓	2647		✓						✓						✓		367082

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).

SIG[redacted]tion contained in this form is true and correct to the best of my knowledge.)

VS. [redacted]

(SE[redacted]

[redacted] Government Printing Office: 2004—616-634/58766

U.S. DEPARTMENT OF AGRICULTURE
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 0579-0180. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0180

NM10-026

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Gold		
16	USFO	2648						White		✓				✓				374411
17		2649	✓							✓				✓				368470
18		2650	✓							✓				✓				344288
19		2651	✓							✓				✓				368899
20		2652						White		✓						✓		370920
21		2653						Grulla		✓						✓		369151
22		2654						Roan		✓				✓				368610
23		2655						Palom		✓				✓				367151
24		2656	✓							✓				✓				379304
25		2657		✓						✓				✓				373652
26		2658						Roan		✓				✓				297502
27		2659		✓						✓				✓				368449
28		2660	✓							✓				✓				378063
29		2661						White		✓						✓		377950
30		2662						Sorr		✓				✓				374095
31		2663		✓					✓									369152
32		2664						Sorr		✓				✓				376355
33		2665	✓							✓						✓		370294
34		2666					✓			✓				✓				376511
35		2667						Dun		✓						✓		377138
36		2668						Sorr		✓						✓		321650
37		2669	✓							✓						✓		371976
38		2670						Sorr		✓						✓		366938
39		2671	✓						✓							✓		368813
40		2672	✓							✓				✓				375073
41		2673	✓							✓						✓		371603
42		2674						Dun		✓				✓				342359
43		2675						White		✓				✓				372400
44		2676						Palom		✓				✓				367613
45		2677		✓						✓				✓				369184

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 certi[redacted] true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0180

NM10-026

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFO	2678	✓							✓						✓		366969
17		2679						paint		✓						✓		372143
18		2680						sorrel		✓						✓		375042
19		2681					✓			✓						✓		372720
20		2682						paint		✓						✓		379488
21		2683						sorrel		✓						✓		380834
22		2684						grulla		✓				✓				375776
23		2685						paint		✓				✓				378207
24		2686						paint		✓						✓		370308
25		2687						sorrel		✓				✓				367717
26		2688								✓				✓				374809
27		2689						Dunn		✓				✓				371654
28		2690						Dunn		✓				✓				376185
29		2691						palomino		✓				✓				376336
30		2692	✓							✓						✓		375705
31		2693						sorrel			✓			✓				371807
32		2694						sorrel		✓				✓				401567
33		2695		✓						✓						✓		294469
34		2696						sorrel		✓				✓				369089
35		2697	✓						✓							✓		370244
36		2698						paint		✓						✓		379943
37		2699	✓							✓				✓				405867
38		2700						Dunn		✓				✓				374747
39		2701		✓						✓				✓				368680
40		2702	✓										mule			✓		373833
41		2703						grulla		✓						✓		549725
42		2704	✓							✓				✓				380694
43		2705						grulla		✓				✓				583520
44		2706						sorrel		✓						✓		585750
45	✓	2707						paint		✓						✓		557866

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 [redacted] ined in this form is true and correct to the best of my knowledge.)

VS FORM- [redacted] ent Printing Office: 2004—616-024/59760
(SEP 2002)

U.S. DEPARTMENT OF AGRICULTURE
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

NM10-026

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFO	2708						paint		✓				✓				598927
17		2709						white		✓						✓		559484
18		2710						Blue Roan		✓				✓				549272
19		2711						palom		✓						✓		557955
20		2712						sorrel		✓						✓		557722
21		2713						sorrel		✓				✓				642874
22		2714						palomino		✓						✓		585215
23		2715						paint		✓				✓				566257
24		2716	✓							✓				✓				613413
25		2717		✓						✓						✓		550386
26		2718						sorrel		✓				✓				566965
27		2719						Roan		✓				✓				549114
28		2720								✓						✓		583~~3~~616
29		2721	✓							✓				✓				585995
30		2722						sorrel		✓						✓		585636
31		2723						Dunn		✓						✓		615775
32		2724						Dunn		✓				✓				588224
33		2725						paint		✓						✓		584042
34		2726	✓							✓						✓		586680
35		2727	✓							✓				✓				646918
36		2728						Roan		✓						✓		551639
37		2729	✓							✓				✓				614040
38		2730			✓					✓				✓				642947
39		2731						white		✓				✓				645047
40																		
41																		
42																		
43																		
44																		
45																		

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

VS FOR[redacted] U.S. Government Printing Office: 2004—616-624/99766
(SEP 20[redacted]

PAGE 5 OF 5

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

Originating Office Phone
505-589-6150
[redacted]

Control Number: 3503A0671
Office Id: 973503

Elisa Griensen #7741
Col.Independencia #2
Juarez CH 32679

Service Date(s)
Begin: 14-JUL-10
End: 14-JUL-10

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	0759735177 0250	51.00	1.00	51.00

Total Due $ 51.00

Remarks: VS HEALTH CERT# NM10-308
DENNIS CHAVEZ, 24 DALIES RD. LOS LUNAS,NM 87031

Payment Information

Nfc Id
9999999999V

Date	Amount	Payment Type	Account/Check #
14-JUL-10	$ 51.00	Money Order	R102934482497

THE FRONT OF THE DOCUMENT HAS A MICRO-PRINT AMOUNT BOX AND THERMOCHROMIC. ABSENCE OF THESE FEATURES WILL INDICATE A COPY.

MoneyGram. Money Orders — INTERNATIONAL MONEY ORDER

75-1618 / 919

07/12/2010

10293448249
MONEY ORDER

#3503A0671

PAY TO THE ORDER OF:/ PAGAR A LA ORDEN DE: U.S.D.A

▼ ▼ PAY ONLY THIS AMOUNT ▼ ▼

$*****51.00

FIFTY-ONE ******
DOLLARS 00 CENTS

[redacted]

PURCHASER, BY SIGNING YOU AGREE TO THE SERVICE CHARGE AND OTHER TERMS ON THE REVERSE SIDE

ADDRESS:/ DIRECCIÓN:

Payable Through Citizens State Bank of Clara City Clara City, MN

ISSUER/DRAWER: MONEYGRAM PAYMENT SYSTEMS, INC.

4314923084000 5
1592841193133249

TO AUTHENTICATE RUB CIRCLE
PARA AUTENTICAR RESTREGAR EL CÍRCULO

[redacted]

R102934482497

: issued by the
ill, mail your

: US postal Money
been cleared. If

APHIS FORM 81 (REV. 10/96) AUTOMATED

GC

USDA

VS
Veterinary Services
National Center for
Import and Export

Health Certificate No. NM10-308
(Valid only if the USDA Veterin
Appears over the Certificate N

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.*

7/8/10

Bill wants copy of check & the control number

1. Name and Address of Exporter: Dennis Chavez
   Nombre y Dirección del Exportador: 24 Dalies Rd
   Los Lunas,NM 87031
2. Name and Address of Importer: (b)(6) (b)(6) (b)(6)
   Nombre y Dirección del Importador: Elisa Grlesen 7741,Col.Independencia (b)(6)
   Juarez,Chihuaha MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados*

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
417838	Mare	6 Years	400876	Mare	5 Years
408756	Mare	7 Years	399795	Mare	8 Years
402337	Gelding	8 Years	404319	Mare	7 Years
410235	Gelding	8 Years	401238	Mare	5 Years
372393	Mare	7 Years	398710	Mare	6 Years
398586	Mare	5 Years	401590	Gelding	9 Years
408546	Gelding	5 Years	411908	Mare	5 Years
408211	Mare	4 Years	416879	Mare	8 Years
398391	Mare	7 Years	400655	Gelding	7 Years
410293	Mare	4 Years	405815	Mare	6 Years
409402	Gelding	6 Years	403098	Mare	8 Years
402318	Mare	8 Years	399857	Mare	4 Years
417159	Mare	5 Years	407367	Mare	7 Years
401036	Mare	5 Years	401496	Gelding	5 Years
399701	Mare	5 Years	405469	Gelding	4 Years
409447	Gelding	7 Years	379448	Gelding	8 Years

#3503AU671

USDA

VS
Veterinary Services

National Center for
Import and Export

Health Certificate No. NM10-308-1
(Valid only if the USDA Veterinary [redacted]
Appears over the Certificate Numb

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
416840	Gelding	5 Years	409794	Mare	7 Years
401306	Gelding	7 Years	414243	Gelding	5 Years
400026	Gelding	6 Years	413132	Mare	7 Years
417389	Mare	5 Years	728003	Mare	5 Years
401692	Mare	7 Years	400307	Mare	8 Years
412785	Mare	6 Years	399361	Mare	6 Years
402791	Gelding	8 Years	411836	Mare	9 Years
407925	Mare	6 Years	403838	Mare	5 Years
409266	Mare	7 Years	408760	Mare	7 Years
416767	Gelding	5 Years	416334	Mare	5 Years
405684	Mare	8 Years	415280	Mare	5 Years
416898	Mare	6 Years	406033	Mare	8 Years
415796	Mare	7 Years	412116	Mare	4 Years
413496	Gelding	6 Years	417340	Gelding	5 Years
415748	Mare	6 Years	415856	Mare	8 Years
402224	Mare	5 Years	403762	Gelding	9 Years
409595	Gelding	5 Years	399716	Mare	7 Years
401823	Mare	8 Years	401423	Mare	4 Years
415244	Gelding	8 Years	714203	Mare	8 Years
726708	Mare	7 Years	402246	Mare	6 Years
408186	Gelding	6 Years	402009	Gelding	5 Years
736519	Mare	4 Years	411391	Gelding	8 Years
402891	Gelding	7 Years	739416	Mare	7 Years
726218	Gelding	5 Years	404680	Gelding	6 Years
401622	Gelding	6 Years	738826	Gelding	4 Years
399646	Mare	4 Years	416495	Mare	8 Years
403290	Gelding	5 Years	415376	Gelding	7 Years
413547	Gelding	7 Years	407287	Gelding	5 Years
407401	Mare	6 Years	417999	Gelding	5 Years
411577	Gelding	5 Years	730093	Mare	4 Years
729709	Gelding	4 Years	738723	Mare	7 Years
728053	Mare	4 Years	732214	Gelding	8 Years
409334	Mare	8 Years	401645	Gelding	6 Years
726958	Mare	6 Years	736698	Gelding	7 Years
402627	Gelding	7 Years	404833	Mare	5 Years
399953	Mare	5 Years	404001	Gelding	8 Years
405142	Mare	6 Years	399506	Gelding	6 Years
407767	Mare	5 Years	411811	Mare	5 Years
398769	Mare	8 Years	407360	Gelding	7 Years
409638	Mare	6 Years	400190	Gelding	6 Years

USDA

VS
Veterinary Services
National Center for
Import and Export

Health Certificate No. NI[illegible]-308
(Valid only if the USDA Vet
Appears over the Certificate

[redacted]

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
406193	Mare	5 Years	401627	Gelding	5 Years
402973	Mare	4 Years	402474	Mare	7 Years
401104	Mare	8 Years	403391	Mare	8 Years
413317	Gelding	5 Years	726044	Mare	6 Years
403900	Mare	5 Years	403786	Mare	8 Years
400140	Gelding	8 Years	400844	Mare	6 Years
415447	Gelding	7 Years	416531	Mare	7 Years
405462	Mare	5 Years	417677	Gelding	5 Years
398817	Mare	8 Years	400857	Mare	5 Years
402284	Mare	5 Years	412704	Mare	8 Years
726568	Mare	7 Years	715594	Gelding	5 Years
713782	Mare	6 Years	737681	Gelding	8 Years
730934	Mare	8 Years	731409	Mare	7 Years
400639	Mare	6 Years	402797	Mare	6 Years
399008	Mare	7 Years	401100	Mare	6 Years
402221	Gelding	5 Years	409603	Mare	5 Years
398419	Mare	5 Years	399135	Gelding	8 Years
412553	Gelding	5 Years	399827	Gelding	5 Years
401687	Gelding	7 Years	398552	Mare	7 Years
736978	Mare	4 Years	401345	Mare	4 Years
402529	Mare	7 Years	409544	Mare	8 Years
399794	Gelding	5 Years	407698	Mare	5 Years
412255	Mare	7 Years	739266	Gelding	8 Years
729869	Mare	5 Years			

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. NMIO-208 [redacted]
(Valid only if the USDA Veterinary S
Appears over the Certificate Numbe

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

CERTIFICATION STATEMENTS / *CERTIFICACIONES*

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

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.
A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.
Inspection date / *Fecha de inspección* July 7th 2010

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.
Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.
Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.

FOIA 2012-2308 Pg 419

USDA

Veterinary Services
National Center for Import and Export

Health Certificate No. NM10-308 [redacted]
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

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

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

[*Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.]*[

C.Y Brasmer
Name of Accredited Veterinarian
Nombre del Médico Veterinario Acreditado

Walter F. Howe
Name of Endorsing Federal Veterinarian
Nombre del Médico Veterinario Federal que endosa.

[redacted] 7/7/10
Signature o[redacted]d Veterinarian and Date
Firma del Médico Veterinario Acreditado y Fecha

[redacted] 7/7/10
Signature of Endorsing Federal Veterinarian and Date
Firma del Médico Veterinario que endosa y Fecha

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

Mexico, Slaughter horse HC

NM 10-308

[redacted]

AFFIDAVIT
DECLARACIÓN JURADA

I (print) Dennis Chavez declare that the horses included in this shipment have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.
Por este medio declaro que los caballos en este embarque no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

1. Aristolochia spp and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.
Aristolochia spp *y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.*

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.
Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.

3. The following thirosthatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.
Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.

Date and signature of the exporter [redacted] 7/7/10
Fecha y firma del exportador

Date and signature of the Notary Pu[redacted] 7/7/10
Fecha y firma del Notario Público exp. 2/2014

C.Y Brasmer
5900 Jones Place NW
Albuquerque,NM 87120
505-610-4711

I hereby certify to the best of my knowledge that the 159 head of horses tagged 2801-2959 are inspected today to accompany health certificate no. NM10-308 are in good health and not of Kentucky origin.

(b)(6)

(b)(6)

C.Y Brasmer

U.S. DEPARTMENT 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

NM10-308

TIME HORSES LOADED ON CONVEYANCE: 3:00pm	DATE: 7/7/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Los Lunas, New Mexico	
VEHICLE LICENSE NO. AND DRIVER'S NAME: J&J Trucking - 723322	NAME OF AUCTION/MARKET: Southwest Livestock
CONSIGNOR (OWNER/SHIPPER) NAME: Dennis Chavez	CONSIGNEE (RECEIVER/DESTINATION) NAME: [redacted]
STREET ADDRESS: 24 Dalies Rd	Col. Independencia 2
CITY, STATE, ZIP CODE: Los Lunas, NM 87031	CITY, STATE, ZIP CODE: Juarez, Chihuahua MX
AREA CODE & TELEPHONE NO.: 505-865-4600	AREA CODE & TELEPHONE NO.: 915-252-4614

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFQ	280						ODD		/				/			417838	
2		02						white		/				/			400876	
3		03	/							/				/			408756	
4		04					/			/				/			399795	
5		05					/			/						/	402337	
6		06						POOR		/				/			404319	
7		07				/				/						/	410235	
8		08				/				/				/			401238	
9		09						POOR		/				/			372393	
10		10		/						/				/			398710	
11		11	/							/				/			398586	
12		12	/							/						/	401590	
13		13				/				/						/	408546	
14		14	/							/				/			411908	
15		15				/				/				/			408211	

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

FOIA 2012-2308 Pg 423

U.S. DEPARTMENT OF AGRICULTURE
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

NMID 308

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFQ	2816	✓							✓				✓				416879
17		2817					✓			✓				✓		✓		398391
18		2818						POLO		✓				✓		✓		400GVT
19		2819						SHILA		✓				✓				410293
20		2820	✓							✓				✓				405BN
21		2821					✓			✓						✓		409402
22		2822					✓						MULE	✓				403098
23		2823						ROAN		✓				✓				402318
24		2824			✓					✓				✓				399857
25		2825						PAINT		✓				✓				417N9
26		2826						DUN		✓				✓				407367
27		2827						SORR		✓				✓				401036
28		2828						SORR		✓						✓		401496
29		2829						POLO		✓				✓				399701
30		2830						PAINT		✓						✓		405469
31		2831	✓							✓						✓		409447
32		2832	✓							✓						✓		379498
33		2833					✓			✓						✓		416840
34		2834						GRAY		✓				✓				407794
35		2835	✓							✓						✓		401306
36		2836	✓							✓						✓		414243
37		2837						GRULL		✓						✓		400026
38		2838						GRULL		✓				✓				413132
39		2839						BSTRN		✓				✓				417389
40		2840			✓					✓				✓				728003
41		2841					✓			✓				✓				401692
42		2842	✓							✓				✓				400307
43		2843			✓					✓				✓				412785
44		2844		✓						✓				✓				359361
45		2845						RED ROAN		✓						✓		402791

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

VS FORM 10-13A
(SEP 2002)

*U.S. Government Printing Office: 2004—616-624/99768

FOIA 2012-2308 Pg 424

U.S. DEPARTMENT OF AGRICULTURE
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

NM10-308

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFQ	2844		/						/				/				411836
17		2847		/						/				/				407425
18		2848	/							/				/				403838
19		2845						PALO		/				/				409266
20		2850						ROAN		/				/				408760
21		2851						SORR		/						/		416767
22		2852			/					/				/				416334
23		2853						PALO		/			MULE	/				405684
24		2854	/							/				/				415280
25		2855						ROAN		/				/				416848
26		2856						DUN		/			MULE	/				406033
27		2857						PAINT		/				/				415796
28		2858			/					/				/				412116
29		2859						SORR		/						/		413496
30		2860	/							/						/		417340
31		2861						SORR		/				/				415748
32		2862				/				/				/				415856
33		2863						PAINT		/				/				402224
34		2864						DUN		/						/		403762
35		2865						BAY		/						/		409595
36		2866						SORR		/				/				395716
37		2867						GRULLA		/				/				401823
38		2868						WHITE		/				/				401423
39		2869					/			/						/		415244
40		2870						DUN		/				/				714203
41		2871						SORR		/				/				727708
42		2872						ROAN		/				/				402246
43		2873						SORR		/						/		408186
44		2874			/					/						/		402009
45		2875						DUN		/				/				736574

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SIGNATURE OF OWNER/SHIP [redacted] true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

FOIA 2012-2308 Pg 425

U.S. DEPARTMENT OF AGRICULTURE
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

NM10-308

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFQ	2876	/							/						/		411391
17		2877					/			/						/		402891
18		2878				/				/				/				739416
19		2879	/							/						/		726218
20		2880	/							/						/		404680
21		2881	/							/						/		401622
22		2882				/				/						/		738826
23		2883				/				/				/				399646
24		2884				/				/				/				416495
25		2885			/					/						/		403290
26		2886	/							/						/		415376
27		2887	/							/						/		413547
28		2888				/				/						/		407287
29		2889						Roan		/				/				407401
30		2890						SORR		/						/		417999
31		2891			/					/						/		411577
32		2892				/				/				/				730093
33		2893				/				/						/		729709
34		2894						SORR		/				/				738723
35		2895	/							/				/				728053
36		2896						GRULLO		/						/		732214
37		2897						DUN		/				/				409334
38		2898						SORR		/						/		401645
39		2899					/			/				/				726508
40		2900				/				/						/		736198
41		2901						SORR		/						/		402427
42		2902	/							/				/				404833
43		2903	/							/				/				399573
44		2904						SORR		/						/		404001
45	↓	2905	/							/				/				405142

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SIGNATURE OF OWNER/SHIPPE[redacted] and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

*U.S. Government Printing Office: 2004—616-824/99766

FOIA 2012-2308 Pg 426

U.S. DEPARTMENT OF AGRICULTURE
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

NM10-308

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFQ	2906	/							/						/		399506
17		2907	/							/				/				407767
18		2908						Sorrel		/				/				411811
19		2909		/						/				/				398769
20		2910						Sorrel		/						/		407360
21		2911						Sorrel		/				/				409638
22		2912						Dun		/						/		400190
23		2913	/							/				/				406193
24		2914						Roan		/						/		401627
25		2915						Sorrel		/				/				402973
26		2916	/							/				/				402474
27		2917						Sorrel		/				/				401104
28		2918	/							/				/				403391
29		2919				/				/						/		413317
30		2920						Sorrel		/				/				726044
31		2921	/							/				/				403900
32		2922						Sorrel		/				/				403786
33		2923	/							/						/		400140
34		2924			/					/				/				400844
35		2925						Roan		/						/		415447
36		2926	/							/				/				416531
37		2927	/							/				/				405462
38		2928			/					/						/		417677
39		2929						Roan		/				/				398817
40		2930						White		/				/				400857
41		2931						White		/				/				402284
42		2932			/					/				/				412704
43		2933						Roan		/				/				726548
44		2934				/				/						/		7NJ94
45		2935						Roan		/				/				713782

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SIGNATURE OF OWNER/SHIPPER(I certify the [redacted] correct to the best of my knowledge.)

FOIA 2012-2308 Pg 427

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

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

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FORM APPROVED OMB NO. 0579-0160

NM10-308

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFG	2936	/							/						/		737681
17	↑	2937						BLK SK.		/				/				730434
18		2938						SOR		/				/				731409
19		2939	/							/				/				400639
20		2940			/					/				/				402797
21		2941	/							/				/				399008
22		2942	/							/				/				401100
23		2943						WHITE		/						/		402221
24		2944	/							/				/				405603
25		2945						ROAN		/				/				398419
26		2946						PALO		/						/		399139
27		2947	/										MULE			/		412JJ3
28		2948						ROAN		/						/		399827
29		2949						ROAN		/						/		401687
30		2950						ROAN		/				/				398JJ2
31		2951						ROAN		/				/				736678
32		2952	/							/				/				401345
33		2953						SOR		/				/				402529
34		2954	/							/				/				406744
35		2955	/							/						/		399794
36		2956	/								/			/				407698
37		2957	/								/			/				412JJ
38		2958						BLK		/						/		739266
39	↓	2959						SOR			/			/				729869
40																		
41																		
42																		
43																		
44																		
45																		

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SIGNATURE OF OWNER/SHIPPER(I ce[redacted] (b)(6) [redacted] d correct to the best of my knowledge.)

VS FORM 10-13A
(SEP 2002)

U.S. Government Printing Office: 2004—616-624/99766

FOIA 2012-2308 Pg 428

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

Originating Office Phone
505-589-6150
[redacted]
Elisa Griensen #7741
Col.Independencia #2
Juarez CH 32679

Control Number: 3503A0672
Office Id: 973503

Service Date(s)
Begin: 14-JUL-10
End: 14-JUL-10

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	0759735177 0250	51.00	1.00	51.00

Total Due $ 51.00

Remarks: VS HEALTH CERT# NM10-027
DENNIS CHAVEZ, 24 DALIES RD. LOS LUNAS, NM 87031

Nfc Id
9999999999V

Payment Information

Date	Amount	Payment Type	Account/Check #
14-JUL-10	$ 51.00	Money Order	R102934482508

THE FRONT OF THE DOCUMENT HAS A MICRO-PRINT AMOUNT BOX AND THERMOCHROMIC. ABSENCE OF THESE FEATURES WILL INDICATE A COPY.

75-1618
919

MoneyGram. Money Orders INTERNATIONAL MONEY ORDER

07/12/2010

R102934482508

#3503A0672

10293448250
MONEY ORDER

PAY TO THE ORDER OF:/ PAGAR A LA ORDEN DE: U.S.D.A

PAY ONLY THIS AMOUNT
****51.00
FIFTY-ONE ******
DOLLARS 00 CENTS

IMPORTANT - SEE BACK BEFORE CASHING
[redacted]

[redacted], FIRMA DEL LIBRADOR
PURCHASER, BY SIGNING YOU AGREE TO THE SERVICE CHARGE AND OTHER TERMS ON THE REVERSE SIDE

ADDRESS:/ DIRECCIÓN:
Payable Through
Citizens State Bank
of Clara City
Clara City, MN

ISSUER/DRAWER:
MONEYGRAM PAYMENT SYSTEMS, INC.

43149230840005
15928411931332 50

TO AUTHENTICATE RUB CIRCLE
PARA AUTENTICAR RESTREGAR EL CÍRCULO

[redacted]

...e issued by the
...oill, mail your

...a US postal Money
... been cleared. If

APHIS FORM 81 (REV. 10/96) AUTOMATED

GC

USDA

VS Veterinary Services

National Center for Import and Export

Health Certificate No. NM10-027
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number) [redacted]

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO

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

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

1. Name and Address of Exporter: Dennis Chavez
   Nombre y Dirección del Exportador 24 Dalies Rd
   Los Lunas,NM 87031
2. Name and Address of Importer: [redacted]
   Nombre y Dirección del Importador Elisa Grlesen 7741,Col.Independencia 2
   Juarez,Chihuaha MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
318909	Gelding	6	366667	Mare	6
375203	Mare	8	377722	Mare	8
369142	Gelding	9	416712	Mare	7
375479	Gelding	7	369512	Gelding	5
297346	Gelding	5	368353	Mare	8
369956	Mare	8	376623	Mare	7
366533	Mare	7	367294	Mare	9
369400	Gelding	5	417547	Gelding	5
375185	Gelding	6	375871	Gelding	6
416445	Gelding	8	377827	Mare	8
368301	Mare	4	370525	Gelding	6
374258	Mare	7	376179	Gelding	5
371329	Mare	6	411932	Mare	9
367082	Gelding	8	415885	Mare	7
418543	Gelding	5	368280	Gelding	5
381148	Gelding	5	377159	Mare	8

#3503A0672

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. NM10-027
(Valid only if the USDA Veterinary Se[illegible]
Appears over the Certificate Number [redacted]

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
370035	Mare	7	368226	Mare	6
380873	Gelding	6	415289	Gelding	7
378017	Gelding	8	398679	Gelding	8
730092	Mare	6	558399	Gelding	5
715404	Gelding	5	715831	Gelding	6
727936	Mare	8	730460	Gelding	8
714610	Gelding	6	415537	Gelding	8
736381	Gelding	7	380101	Gelding	7
374883	Gelding	4	368259	Mare	9
643318	Mare	9	731341	Gelding	9
567939	Gelding	9	376173	Gelding	6
588406	Gelding	7	416362	Mare	8
738708	Gelding	4	588101	Gelding	7
728437	Gelding	7	418271	Gelding	9
585248	Mare	8	559809	Gelding	8
739387	Mare	7	381503	Gelding	7
376985	Gelding	6	642742	Mare	6
586916	Gelding	5	584675	Gelding	9
411930	Mare	5	550829	Gelding	4
376848	Gelding	7	567755	Gelding	7
701526	Mare	7	615938	Gelding	6
294927	Gelding	6	417064	Mare	8
407278	Gelding	8	414313	Mare	7
415246	Mare	7	406860	Mare	8
418319	Mare	6	410922	Gelding	6
400106	Mare	9	416905	Mare	7
415061	Mare	8	410181	Gelding	6
413806	Gelding	8	418164	Gelding	6
418594	Gelding	5	416167	Mare	4
417548	Mare	7	400679	Gelding	7
367856	Mare	6	413533	Mare	5
400094	Mare	8	416331	Mare	8
410302	Mare	7	416635	Mare	6
415684	Mare	6	378814	Mare	9
370053	Mare	8	415331	Mare	7
342506	Gelding	5	406050	Mare	5
643944	Gelding	6	600090	Gelding	4
643191	Gelding	6	400694	Mare	7
704526	Gelding	7	704415	Mare	5
644866	Gelding	5	614379	Mare	6

USDA

VS
Veterinary Services
National Center for
Import and Export

Health Certificate No. NM10-027
(Valid only if the USDA Veterinary Se[redacted]
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*
725915	Gelding	6	646761	Gelding	6
614222	Gelding	7	369802	Gelding	8
701253	Gelding	5	550390	Gelding	6
587743	Gelding	5	614850	Gelding	9
600138	Gelding	3	370409	Gelding	5
323783	Gelding	4	372626	Gelding	9
401693	Gelding	5	737788	Gelding	5
377812	Mare	5	550703	Mare	6
558190	Mare	5	376419	Gelding	7
378007	Mare	7			

CERTIFICATION STATEMENTS / *CERTIFICACIONES*

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

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.
A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.
Inspection date / *Fecha de inspección* July 11th, 2010

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.
Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.
Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.

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USDA

Veterinary Services
National Center for
Import and Export

Health Certificate No. NM 10-027
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)
[redacted]

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

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

[*Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.][*

C.Y Brasmer
Name of Accredited Veterinarian
Nombre del Médico Veterinario Acreditado

Walter F. Howe
Name of Endorsing Federal Veterinarian
Nombre del Médico Veterinario Federal que endosa.

[redacted] 7/11/2010
Signature of Accredited Veterinarian and Date
Firma del Médico Veterinario Acreditado y Fecha

[redacted] 7/12/10
Signature of Endorsing Federal Veterinarian and Date
Firma del Médico Veterinario que endosa y Fecha

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

AFFIDAVIT
DECLARACIÓN JURADA

NM10.027

(b)(6)

I (print) Dennis Chavez declare that the horses included in this shipment have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.
Por este medio declaro que los caballos en este embarque no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

1. Aristolochia spp and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.
Aristolochia spp *y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.*

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.
Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.

3. The following thirosthatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.
Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.

(b)(6)

Date and signature of the exporter [redacted] /11/2010
Fecha y firma del exportador

Date and signature of the Notary Pu[redacted] 7/11/2010
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

NM10-027

TIME HORSES LOADED ON CONVEYANCE: 7:00pm

DATE: 7/11/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Los Lunas, New Mexico

VEHICLE LICENSE NO. AND DRIVER'S NAME: J&J Trucking - 723322

NAME OF AUCTION/MARKET: Southwest Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Dennis Chavez

[redacted]

STREET ADDRESS: 24 Davies Rd

Col. Independencia S

CITY, STATE, ZIP CODE: Los Lunas, NM 87031

CITY, STATE, ZIP CODE: Juarez, Chihuahua MX

AREA CODE & TELEPHONE NO.: 505-865-4600

AREA CODE & TELEPHONE NO.: 915-259-6614

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFQ	0001		/						/						/	3[illegible]989	
2		02						SR		/				/			3[illegible]667	
3		03		/						/				/			375203	
4		04						Roan		/				/			377722	
5		05						Buck Skin		/						/	3[illegible]142	
6		06						SR		/				/			4[illegible]712	
7		07		/						/						/	375479	
8		08	/							/						/	3[illegible]9512	
9		09						Buck Skin		/						/	2[illegible]7346	
10		10		/						/				/			3[illegible]8353	
11		11		/						/				/			3[illegible]9956	
12		12	/							/				/			3[illegible]623	
13		13					/			/				/			373331	
14		14						Roan		/				/			3[illegible]6533	
15	↓	15						SR		/				/			367294	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFO[redacted]

SIGNATURE [redacted]

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 knowledg[redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

FOIA 2012-2308 Pg 435

U.S. DEPARTMENT OF AGRICULTURE
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

NM10-027

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	LSFG0016							DSKN		/						/	994927	
17		17						SR		/				/			4170164	
18		18	/							/						/	407278	
19		19		/						/				/			414313	
20		20		/						/				/			4152466	
21		21						QUP		/				/			4068600	
22		22						SR		/				/			418319	
23		23				/				/						/	410922	
24		24	/							/				/			4001106	
25		25						SR		/				/			4116905	
26		26	/							/				/			4150661	
27		27		/						/						/	410181	
28		28				/				/						/	4138016	
29		29	/							/						/	4181164	
30		30						SR		/						/	418594	
31		31						SR		/				/			4116167	
32		32	/							/				/			417548	
33		33						DSKN		/						/	4001679	
34		34		/						/				/			3678516	
35		35						DSKN		/				/			413533	
36		36	/							/				/			400094	
37		37	/							/				/			416331	
38		38	/							/				/			410302	
39		39						QUN		/				/			4116635	
40		40	/							/				/			415684	
41		41						DSKN		/				/			378814	
42		42	/							/				/			370053	
43		43	/							/				/			415331	
44		44						SR		/						/	342506	
45	✓	45						SR		/				/			4060150	

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SIGNATURE OF OWNER/SI [redacted] this form is true and correct to the best of my knowledge.)

VS FORM 10-13A
(SEP 2002)

U.S. Government Printing Office: 2004—616-624/99766

FOIA 2012-2308 Pg 436

U.S. DEPARTMENT OF AGRICULTURE
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

NM10-027

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFQ	0046	/							/						/	3109400	
17		47	/							/						/	407547	
18		48						SR		/						/	375185	
19		49	/							/						/	375871	
20		50						SR		/						/	4116445	
21		51	/							/				/			377827	
22		52	/							/				/			368301	
23		53	/							/						/	370525	
24		54						SR		/				/			374258	
25		55	/							/						/	376179	
26		56	/							/				/			371329	
27		57						SR					mule	/			411932	
28		58		/						/						/	367082	
29		59						SR		/				/			415885	
30		60						SR		/						/	418843	
31		61						SR		/						/	368280	
32		62						DOCK		/						/	381148	
33		63	/							/				/			377159	
34		64	/							/				/			370035	
35		65						SR		/				/			3688226	
36		66						SR		/						/	380873	
37		67	/							/						/	415289	
38		68						APP		/						/	378017	
39		69				/				/						/	398679	
40		70						SR		/				/			730092	
41		71		/						/						/	558399	
42		72	/							/						/	715404	
43		73				/				/						/	715831	
44		74				/				/				/			727936	
45		75	/							/						/	730460	

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

VS FORM 10-13A

U.S. DEPARTMENT OF AGRICULTURE
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

NH10.027

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFQ	00716						SR			/					/	7146l0	
17		77						DSH		/						/	415537	
18		78						POLL		/						/	736381	
19		79	/							/						/	380101	
20		80	/							/						/	374883	
21		81			/					/				/			308259	
22		82		/						/				/			643318	
23		83		/						/						/	731341	
24		84	/							/						/	567939	
25		85	/							/						/	376173	
26		86						SR		/						/	588406	
27		87	/							/				/			4116362	
28		88						SR		/						/	738708	
29		89						SR		/						/	588101	
30		90					/			/						/	728437	
31		91						SR		/						/	418871	
32		92						APP		/				/			585248	
33		93			/					/						/	559809	
34		94	/							/				/			739367	
35		95	/							/						/	381503	
36		96	/							/						/	376985	
37		97						SR		/				/			642742	
38		98						SR		/						/	5816916	
39		99				/				/						/	5541675	
40		0100	/							/				/			411930	
41		01						SR		/						/	550829	
42		02	/							/						/	376848	
43		03	/							/						/	567755	
44		04						SR		/				/			705216	
45	↓	05				/				/						/	615938	

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SIGNATURE OF OWNER/SHI[redacted] (b)(6) [redacted] m 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)

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FORM APPROVED OMB NO. 0579-0160

NM10-027

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFQ	0160	✓							✓						✓	643944	
17		07	✓							✓						✓	600090	
18		08						SR		✓						✓	643191	
19		09	✓							✓				✓			400694	
20		10	✓							✓						✓	704526	
21		11	✓							✓				✓			704415	
22		12						SR		✓						✓	644866	
23		13	✓							✓				✓			614379	
24		14			✓					✓						✓	725915	
25		15	✓							✓						✓	646761	
26		16						SR		✓						✓	614222	
27		17	✓							✓						✓	369802	
28		18	✓							✓						✓	701253	
29		19						SR		✓						✓	550390	
30		20						SR		✓						✓	587743	
31		21	✓							✓						✓	614350	
32		22	✓							✓						✓	600138	
33		23						SR		✓						✓	370409	
34		24	✓							✓						✓	323783	
35		25				✓				✓						✓	372626	
36		26				✓				✓						✓	401693	
37		27		✓						✓						✓	737788	
38		28						palo		✓				✓			371812	
39		29		✓						✓				✓			550703	
40		30	✓							✓				✓			558190	
41		31						palo		✓						✓	376419	
42	↓	32						SR		✓				✓			378007	
43																		
44																		
45																		

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SIGNATURE OF OWNER/SHIPPER(I certify [redacted] (b)(6) [redacted] rrect to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99766

FOIA 2012-2308 Pg 439

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

Originating Office Phone
505-589-6150

[redacted]
Elisa Griensen #7741
Col.Independencia #2
Juarez CH 32679

Control Number: 3503A0684
Office Id: 973503

Service Date(s)
Begin: 20-JUL-10
End: 20-JUL-10

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	0759735177 0250	51.00	1.00	51.00

Total Due $ 51.00

Remarks: VS HEALTH CERT# NM10-029 (SERVICE RENDERED 7-14-10)
DENNIS CHAVEZ, 24 DALIES RD.LOS LUNAS,NM 87031

Nfc Id
9999999999V

Payment Information

Date	Amount	Payment Type	Account/Check #
20-JUL-10	$ 51.00	Check	1001

[redacted]

1001

88-6/1120 2936
7191160071

7/14/2010
Date

Pay to the Order of U. S. D. A $51.00

FIFTY ONE 00 Dollars

Security Features Details on Back.

WELLS FARGO Wells Fargo Bank, N.A. El Paso, Texas wellsfargo.com

For #3503A0684

[redacted]

issued by the
ill, mail your

US postal Money
been cleared. If

APHIS FORM 81 (REV. 10/96) AUTOMATED GC

USDA

VS
Veterinary Services
National Center for
Import and Export

Health Certificate No. NM10-028
(Valid only if the USDA Veterinary Ser
Appears over the Certificate Number)

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO

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

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

1. Name and Address of Exporter: Dennis Chavez
   Nombre y Dirección del Exportador: 24 Dalies Rd
   Los Lunas,NM 87031
2. Name and Address of Importer:
   Nombre y Dirección del Importador: [redacted] Elisa Grlesen 7741,Col.Independencia 2
   Juarez,Chihuaha MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
698855	Mare	6	726084	Gelding	7
728164	Gelding	7	737761	Mare	5
726858	Mare	4	697619	Mare	4
726031	Mare	5	728137	Gelding	6
736901	Mare	7	737703	Gelding	6
728808	Mare	6	713807	Gelding	6
738130	Gelding	5	714965	Mare	7
736923	Gelding	6	715302	Mare	5
584908	Gelding	6	730756	Mare	5
735520	Mare	7	737299	Gelding	6
738695	Mare	6	729502	Gelding	9
403683	Gelding	8	725970	Gelding	7
731601	Mare	6	701904	Mare	4
697864	Gelding	6	647213	Mare	8
737139	Mare	7	738375	Gelding	5
735081	Gelding	4	415416	Mare	7

#3503A0684

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. NM10-028
(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*
598717	Mare	7	644376	Mare	7
565909	Mare	8	583463	Gelding	9
402496	Gelding	5	405722	Gelding	5
600467	Gelding	5	716471	Mare	6
398351	Mare	7	727291	Gelding	7
736566	Gelding	5	417007	Gelding	5
736456	Gelding	8	734010	Gelding	6
738737	Mare	5	587241	Mare	7
411934	Mare	5	697446	Mare	5
418233	Gelding	6	418620	Gelding	6
401917	Gelding	7	407306	Mare	7
399563	Mare	6	417672	Mare	6
409482	Mare	5	403793	Mare	6
372631	Gelding	6	417926	Gelding	9
700217	Mare	8	415558	Gelding	9
401558	Mare	5	732266	Gelding	6
407607	Gelding	9	584507	Gelding	7
726669	Gelding	7	699617	Gelding	5
403129	Gelding	5	714250	Mare	6
698179	Gelding	6	416369	Gelding	5
399268	Mare	8	728372	Gelding	8
414732	Gelding	6	725667	Mare	7
416456	Gelding	7	368499	Gelding	6
417805	Mare	6	408141	Mare	7
355845	Mare	4			

USDA

VS
Veterinary Services
National Center for
Import and Export

Health Certificate No. NMIO-028
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

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

CERTIFICATION STATEMENTS / *CERTIFICACIONES*

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

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.
A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.
Inspection date / *Fecha de inspección* July 13th 2010

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.
Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.
Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.

FOIA 2012-2308 Pg 443

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. NM 10-028 (b)(6)
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

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

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

[*Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.]*[

C.Y Brasmer
Name of Accredited Veterinarian
Nombre del Médico Veterinario Acreditado

Walter F. Howe
Name of Endorsing Federal Veterinarian
Nombre del Médico Veterinario Federal que endosa.

(b)(6) 7/13/2010
Signature of Accredited Veterinarian and Date
Firma del Médico Veterinario Acreditado y Fecha

(b)(6) 7/14/2010
Signature of Endorsing Federal Veterinarian and Date
Firma del Médico Veterinario que endosa y Fecha

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

AFFIDAVIT
DECLARACIÓN JURADA

NM10-[redacted]

I (print) Dennis Chavez declare that the horses included in this shipment have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.
Por este medio declaro que los caballos en este embarque no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

1. Aristolochia spp and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.
Aristolochia spp *y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.*

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.
Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.

3. The following thirosthatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.
Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.

Date and signature of the exporter [redacted] 7/13/2010
Fecha y firma del exportador

Date and signature of the Notary Pu[redacted] 7/13/2010
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

NM10.028

TIME HORSES LOADED ON CONVEYANCE: 3:00 pm

DATE: 7/13/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Los Lunas, New Mexico

VEHICLE LICENSE NO. AND DRIVER'S NAME: J3J-723322

NAME OF AUCTION/MARKET: Southwest Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Dennis Chavez

CONSIGNEE (RECEIVER/DESTINATION): (b)(6)

STREET ADDRESS: 24 Dalies Rd

STREET ADDRESS: Elisa Carleon 7741 Col. Independencia 2

CITY, STATE, ZIP CODE: Los Lunas, NM 87031

CITY, STATE, ZIP CODE: Juarez, Chihuahua Mx

AREA CODE & TELEPHONE NO.: 505-865-4600

AREA CODE & TELEPHONE NO.: 915-252-6614

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USER	020				•		dpp		/				/			1058855	
2		02						sr		/						/	726084	
3		03		/						/						/	728164	
4		04	/							/				/			737761	
5		05						sr		/				/			726858	
6		06		/						/				/			727619	
7		07						sr		/				/			726C31	
8		08						sr		/						/	728137	
9		09	/							/				/			736901	
10		10						dun		/						/	737703	
11		11						palo		/				/			728808	
12		12						dun		/						/	713807	
13		13						sr		/						/	735130	
14		14		/		•				/				/			714965	
15	↓	15						sr		/						/	736923	

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

SIGNATURE [redacted]

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 O[redacted] (b)(6) nation contained in this form is true and correct to the best of my

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsolete PAGE 1 OF 4

PART 1 - INSPECTOR

FOIA 2012-2308 Pg 446

U.S. DEPARTMENT OF AGRICULTURE
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

NM10-028

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USER	0216	/							/				/			715302	
17		217				/				/						/	584908	
18		18						DUN		/				/			730756	
19		19				/				/				/			735520	
20		20						SR		/						/	737299	
21		21						SR		/				/			738685	
22		22						SR		/						/	729502	
23		23						SR		/						/	403683	
24		24				/				/						/	725970	
25		25						GRY		/				/			731101	
26		216	/							/				/			701904	
27		27	/							/						/	697864	
28		28						BSKN		/				/			647213	
29		29	/							/				/			737139	
30		30	/							/						/	738375	
31		31						BSKN		/						/	735081	
32		32						GRY		/				/			415411	
33		33				/				/				/			598717	
34		34	/							/				/			644376	
35		35	/							/				/			569909	
36		36						SR		/						/	583463	
37		37	/							/						/	402496	
38		38	/							/						/	405722	
39		39		/						/						/	600467	
40		40	/							/				/			716471	
41		41	/							/				/			398351	
42		42	/							/						/	727291	
43		43						SR		/						/	732516	
44		44	/							/						/	417007	
45		45	/							/						/	731451	

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SIGNATURE OF OWNER/SHIP [redacted] true and correct to the best of my knowledge.)

*U.S. Government Printing Office: 2004—616-624/99786

FOIA 2012-2308 Pg 447

U.S. DEPARTMENT OF AGRICULTURE
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

NM10.028

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEP	0246	/							/						/	734010	
17		47						SR		/				/			738737	
18		48				/				/				/			587241	
19		49	/							/				/			411934	
20		50						SR		/				/			697446	
21		51						DSHN		/						/	418233	
22		52						DSHN		/						/	418620	
23		53				/				/						/	401917	
24		54						POLL		/				/			407306	
25		55	/							/				/			399563	
26		56						SR		/				/			417672	
27		57	/							/				/			409480	
28		58	/							/				/			403793	
29		59	/							/						/	372631	
30		60	/							/						/	417926	
31		61	/							/				/			700217	
32		62						SR		/						/	415558	
33		63						SR		/				/			401558	
34		64						CHP		/						/	732266	
35		65						SR		/						/	407607	
36		66						CHP		/						/	584507	
37		67						DHN		/						/	726069	
38		68						SR		/						/	699617	
39		69			/					/						/	403129	
40		70				/				/				/			714250	
41		71						DSHN		/						/	698179	
42		72	/							/						/	416369	
43		73				/				/				/			399268	
44		74		/						/						/	728372	
45	↓	75		/						/						/	414732	

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SIGNATURE OF OWNER/SHIPPER(I c[redacted] (b)(6) [redacted] nd correct to the best of my knowledge.)

VS FORM 10-13A
(SEP 2002)

U.S. Government Printing Office: 2004—616-624/99766

FOIA 2012-2308 Pg 448

U.S. DEPARTMENT OF AGRICULTURE
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

NM10-02 F

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEP	2276			/					/				/			729667	
17		77						POA		/						/	4116456	
18		78						SR		/						/	368499	
19		79	/							/				/			417805	
20		80	/							/				/			408141	
21	↓	81						QH		/				/			355845	
22																		
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SIGNATURE OF OWNER/SHIPPER(I c[redacted] correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

PAGE 4 OF 4

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

Originating Office Phone
505-589-6150

[redacted]
Elisa Griensen #7741
Col.Independencia #2
Juarez CH 32679

Control Number: 3503A0685
Office Id: 973503

Service Date(s)
Begin: 20-JUL-10
End: 20-JUL-10

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	0759735177 0250	51.00	1.00	51.00

Total Due $ 51.00

Remarks: VS HEALTH CERT#NM10-028
DENNIS CHAVEZ, 24 DALIES RD. LOS LUNAS,NM 87031

Payment Information

Nfc Id
9999999999V

Date	Amount	Payment Type	Account/Check #
20-JUL-10	$ 51.00	Check	1002

[redacted]

1002
88-6/1120 2936
7191160071

7/19/2010
Date

Pay to the Order of U.S.D.A $ 51 =
- FIFTY ONE 00/0 Dollars

Security Features Details on Back.

issued by the
ill, mail your

US postal Money
been cleared. If

WELLS FARGO
Wells Fargo Bank, N.A.
El Paso, Texas
wellsfargo.com

For #3503A0685

[redacted]

APHIS FORM 81 (REV. 10/96) AUTOMATED

GC

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. NM10-029 WFA
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED FROM THE UNITED STATES OF AMERICA TO MEXICO

CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO

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

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

1. Name and Address of Exporter: Dennis Chavez
   Nombre y Dirección del Exportador: 24 Dalies Rd
   Los Lunas,NM 87031
2. Name and Address of Importer: (b)(6) (b)(6) (b)(6)
   Nombre y Dirección del Importador: Elisa Grlesen 7741,Col.Independencia 2
   Juarez,Chihuaha MX
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / *Número de microchip*	Sex/*Sexo*	Approximate age/*Edad aproximada*	Microchip Number / *Número de microchip*	Sex / *Sexo*	Approximate age/ *Edad aproximada*
318909	Gelding	6 Years	375203	Mare	4 Years
377722	Mare	5 Years	369142	Gelding	7 Years
416712	Mare	3 Years	375479	Gelding	8 Years
369512	Gelding	7 Years	297346	Gelding	5 Years
368353	Mare	9 Years	369956	Mare	7 Years
376623	Mare	4 Years	373331	Mare	8 Years
366533	Mare	7 Years	367294	Mare	5 Years
294927	Gelding	8 Years	417064	Mare	8 Years
407278	Gelding	9 Years	414313	Mare	4 Years
415246	Mare	6 Years	406860	Mare	6 Years
418319	Mare	7 Years	410922	Gelding	9 Years
400106	Mare	6 Years	416905	Mare	7 Years
415061	Mare	5 Years	410181	Gelding	9 Years
413806	Gelding	5 Years	418164	Gelding	5 Years
418594	Gelding	6 Years	416167	Mare	5 Years
417548	Mare	8 Years	400679	Gelding	8 Years

#3503AD685

USDA

Veterinary Services

National Center for Import and Export

Health Certificate No. NN10-029
(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*
367856	Mare	6 Years	413533	Mare	6 Years
400094	Mare	8 Years	416331	Mare	8 Years
410302	Mare	9 Years	416635	Mare	7 Years
415684	Mare	7 Years	378814	Mare	9 Years
370053	Mare	4 Years	415331	Mare	7 Years
342506	Gelding	8 Years	406050	Mare	5 Years
369400	Gelding	6 Years	417547	Gelding	9 Years
375185	Mare	6 Years	375871	Gelding	6 Years
416445	Gelding	7 Years	377827	Mare	5 Years
368301	Mare	5 Years	370525	Gelding	8 Years
374258	Mare	8 Years	376179	Gelding	6 Years
371329	Mare	6 Years	411932	Mare	7 Years
367082	Gelding	5 Years	415885	Mare	5 Years
418543	Gelding	6 Years	368280	Gelding	5 Years
381148	Gelding	7 Years	377159	Mare	8 Years
370035	Mare	5 Years	368226	Mare	5 Years
380873	Gelding	5 Years	415289	Gelding	7 Years
378017	Gelding	6 Years	398679	Gelding	5 Years
730092	Mare	5 Years	558399	Gelding	4 Years
715404	Gelding	7 Years	715831	Gelding	5 Years
727936	Mare	4 Years	730460	Gelding	8 Years
714610	Gelding	8 Years	415537	Gelding	7 Years
736381	Gelding	4 Years	380101	Gelding	5 Years
374883	Gelding	7 Years	368259	Mare	9 Years
643319	Mare	5 Years	731341	Gelding	7 Years
567939	Gelding	9 Years	376173	Gelding	5 Years
588406	Gelding	8 Years	416362	Mare	8 Years
738708	Gelding	6 Years	588101	Gelding	7 Years
728437	Gelding	7 Years	418271	Mare	6 Years
585248	Mare	5 Years	559809	Gelding	7 Years
739387	Mare	6 Years	381503	Gelding	6 Years
376985	Gelding	7 Years	642742	Mare	5 Years
581916	Gelding	6 Years	584675	Gelding	9 Years
411930	Mare	5 Years	550829	Gelding	6 Years
376848	Gelding	5 Years	567755	Gelding	5 Years
701526	Mare	6 Years	615938	Gelding	9 Years
643944	Gelding	5 Years	600901	Gelding	8 Years
643191	Gelding	8 Years	400694	Mare	7 Years
704526	Gelding	7 Years	704415	Mare	5 Years
644866	Gelding	6 Years	614379	Mare	8 Years

USDA

VS
Veterinary Services
National Center for
Import and Export

Health Certificate No. NM10-027
(Valid only if the USDA Veterinary Seal [redacted] 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*
725915	Gelding	6 Years	646761	Gelding	6 Years
614222	Gelding	7 Years	369802	Gelding	8 Years
701253	Gelding	5 Years	550390	Gelding	8 Years
587743	Gelding	4 Years	614850	Gelding	7 Years
600138	Gelding	5 Years	370409	Gelding	6 Years
323783	Gelding	8 Years	372626	Gelding	9 Years
401693	Gelding	7 Years	737788	Gelding	8 Years
377812	Mare	5 Years	550703	Mare	5 Years
558190	Mare	5 Years	376419	Gelding	7 Years
378007	Mare	8 Years			

CERTIFICATION STATEMENTS / *CERTIFICACIONES*

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

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.
A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.
Inspection date / *Fecha de inspección* July 18th 2010

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.
Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.
Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.

Mexico, Slaughter horse HC

USDA

VS
Veterinary Services
National Center for Import and Export

Health Certificate No. NN10-076
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)
(b)(6)

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

5.

[Within 5 days prior to export, the animals were dipped in coumaphos at 400 ppm. Spraying of the product is only authorized using a motor pump with coumaphos at 400 ppm.] (NOM-019-ZOO-1994)] 7/13/2010

[Los animales fueron tratados dentro de los 5 dias previos al embarque con un baño de inmersión con coumaphos a concentración de 400 ppm. Solamente se autoriza el baño de aspersión cuando se utilice bomba de motor y se aplique una dosis de 400 ppm de coumaphos] (NOM-019-ZOO-i994)] 7/13/2010

C.Y Brasmer
Name of Accredited Veterinarian
Nombre del Médico Veterinario Acreditado

Walter F. Howe
Name of Endorsing Federal Veterinarian
Nombre del Médico Veterinario Federal que endosa.

(b)(6)

(b)(6)
7/18/2010
Signature of Accredited Veterinarian and Date
Firma del Médico Veterinario Acreditado y Fecha

(b)(6)
7/19/2010
Signature of Endorsing Federal Veterinarian and Date
Firma del Médico Veterinario que endosa y Fecha

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

Mexico. Slaughter horse HC

P.01

MAY-08-2010 08:29 PM

AFFIDAVIT
DECLARACIÓN JURADA

NM10-029

(b)(6)

I (print) Dennis Chavez declare that the horses included in this shipment have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.
Por este medio declaro que los caballos en este embarque no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

1. Aristolochia spp and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.
Aristolochia spp *y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.*

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.
Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.

3. The following thirosthatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.
Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.

(b)(6)

Date and signature of the exporter 7/18/2010
Fecha y firma del exportador

Date and signature of the Notary Pul 7/18/2010
Fecha y firma del Notario Público exp.2/2014

U.S. DEPARTMENT 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

NM10-029

TIME HORSES LOADED ON CONVEYANCE: 3:00pm

DATE: 7/18/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Los Lunas, New Mexico

VEHICLE LICENSE NO. AND DRIVER'S NAME: J&J Trucking - 723322

NAME OF AUCTION/MARKET: Southwest Livestock

CONSIGNOR (OWNER/SHIPPER) NAME: Dennis Chavez

CONSIGNEE (RECEIVER/DESTINATION) NAME: [redacted]

STREET ADDRESS: 24 Davies Rd

STREET ADDRESS: Col. Independencia 2

CITY, STATE, ZIP CODE: Los Lunas, nm 87031

CITY, STATE, ZIP CODE: Juarez, Chihuahua mx

AREA CODE & TELEPHONE NO.: 505-865-4600

AREA CODE & TELEPHONE NO.: 915-252-1614

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USF0	0001		/						/						/	318909	
2		03		/						/				/			375203	
3		04						roan		/				/			377722	
4		05						bskin		/						/	369142	
5		06						se		/				/			416712	
6		07		/						/						/	375479	
7		08	/							/						/	369512	
8		09						bskin		/						/	297346	
9		10		/						/				/			368353	
10		11		/						/				/			369956	
11		12	/							/				/			3716023	
12		13						se		/				/			373331	
13		14						roan		/				/			3616533	
14		15						se		/				/			367294	
15		16						bskin		/						/	294927	

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

SIGNATURE: [redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

FOIA 2012-2308 Pg 456

U.S. DEPARTMENT OF AGRICULTURE
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

NM10-02

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFQ	0017						BSKN		✓				✓			417064	
17		18	✓							✓						✓	407278	
18		19		✓						✓				✓			414813	
19		20		✓						✓				✓			415246	
20		21						ADP		✓				✓			406860	
21		22						SORR		✓				✓			418319	
22		23				✓				✓						✓	410922	
23		24	✓							✓				✓			400106	
24		25						SORR		✓				✓			416905	
25		26	✓							✓				✓			415061	
26		27		✓						✓						✓	410181	
27		28				✓				✓						✓	413806	
28		29	✓							✓						✓	418164	
29		30						SORR		✓						✓	418594	
30		31						SORR		✓				✓			416167	
31		32	✓							✓				✓			417548	
32		33						BSKN		✓						✓	400679	
33		34		✓						✓				✓			367856	
34		35						BSKN		✓				✓			413533	
35		36	✓							✓				✓			400094	
36		37	✓							✓				✓			416331	
37		38	✓							✓				✓			410302	
38		39						DUN		✓				✓			416635	
39		40	✓							✓				✓			415684	
40		41						BSKN		✓				✓			378814	
41		42	✓							✓				✓			370053	
42		43	✓							✓				✓			415331	
43		44						SORR		✓						✓	342506	
44		45						SORR		✓				✓			406056	
45	↓	46	✓							✓						✓	369400	369400

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 t [redacted] e and correct to the best of my knowledge.)

FOIA 2012-2308 Pg 457

U.S. DEPARTMENT OF AGRICULTURE
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

NN10-029

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFQ	0047	/							/						/	417547	
17		48						Sorr		/				/			375185	
18		49	/							/						/	375871	
19		50						Sorr		/						/	416445	
20		51	/							/				/			377827	
21		52	/							/				/			368301	
22		53	/							/						/	370525	
23		54						Sorr		/				/			374258	
24		55	/							/						/	376179	
25		56	/							/				/			371329	
26		57						Sorr		/			MULE	/			411932	
27		58		/						/						/	367082	
28		59						Sorr		/				/			415885	
29		60						Sorr		/						/	418543	
30		61						Sorr		/						/	368280	
31		62						Dun		/						/	381148	
32		63	/							/				/			377159	
33		64	/							/				/			370035	
34		65						Sorr		/				/			348226	
35		66						Sorr		/						/	380873	
36		67	/							/						/	415289	
37		68						Appl		/						/	378017	
38		69				/				/						/	398679	
39		70						Sorr		/				/			730092	
40		71		/						/						/	558399	
41		72	/							/						/	715404	
42		73				/				/						/	715831	
43		74				/				/				/			727936	
44		75	/							/						/	730460	
45		76						Sorr		/						/	714610	

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 [redacted]).

SIGNATURE OF OWNER/SHIPPER [redacted] true and correct to the best of my knowledge.)

VS FORM 10-13A
(SEP 2002)

*U.S. Government Printing Office: 2004—616-624/99766

U.S. DEPARTMENT OF AGRICULTURE
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

NM10-029

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFQ	0077						BACK N.		✓						✓	415537	
17	↓	78						BACK N.		✓						✓	736381	
18		79	✓							✓						✓	380101	
19		80	✓							✓						✓	374883	
20		81			✓					✓				✓			368259	
21		82		✓						✓				✓			643318	
22		83		✓						✓						✓	731341	
23		84	✓							✓						✓	567939	
24		85	✓							✓						✓	376173	
25		86						SORA		✓						✓	588406	
26		87	✓							✓				✓			416362	
27		88						SORA		✓						✓	738708	
28		89						SORA		✓						✓	588101	
29		90					✓			✓						✓	728437	
30		91						SORA		✓				✓			418271	
31		92			✓			BOAR		✓				✓			585248	
32		93			✓					✓						✓	559809	
33		94	✓							✓				✓			739387	
34		95	✓							✓						✓	381503	
35		96	✓							✓						✓	376985	
36		97						SORA		✓				✓			642742	
37		98						SORA		✓						✓	581916	
38		99				✓				✓						✓	584675	
39		0100	✓							✓				✓			411930	
40		101						SORA		✓						✓	550829	
41		102	✓							✓						✓	376848	
42		103	✓							✓						✓	567755	
43		104						SORA		✓				✓			701126	
44		105								✓						✓	615938	
45	↓	106	✓			✓				✓						✓	643944	

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SIGNATURE OF OWNER/SHIPPER(I cert[redacted] is true and correct to the best of my knowledge.)

[redacted]

*U.S. Government Printing Office: 2004—616-624/99766

FOIA 2012-2308 Pg 459

U.S. DEPARTMENT OF AGRICULTURE
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

NM10.02

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFQ	0107	✓							✓						✓	600901	
17		108						Sorrel		✓						✓	643191	
18		109	✓							✓				✓			400694	
19		110	✓							✓						✓	704526	
20		111	✓							✓				✓			704415	
21		112						Sorrel		✓						✓	644866	
22		113	✓							✓				✓			614374	
23		114			✓					✓						✓	725915	
24		115	✓							✓						✓	646761	
25		116						Sorrel		✓						✓	614222	
26		117	✓							✓						✓	369802	
27		118	✓							✓						✓	701253	
28		119						Sorrel		✓						✓	550390	
29		120						Sorrel		✓						✓	587743	
30		121	✓							✓						✓	614850	
31		122	✓							✓						✓	600138	
32		123						Sorrel		✓						✓	370405	
33		124	✓							✓						✓	323783	
34		125				✓				✓						✓	372624	
35		126				✓				✓						✓	401693	
36		127		✓						✓						✓	737988	
37		128						Pala		✓				✓			377812	
38		129		✓						✓				✓			500703	
39		130	✓							✓				✓			558190	
40		131						Pala		✓						✓	376419	
41	↓	132						Sorrel		✓				✓			378007	
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 M[illegible] N 1001).

SIGNATURE OF OWNER/SHI[illegible] rm is true and correct to the best of my knowledge.)

[redacted]

VS FORM 10-13A
(SEP 2002)

*U.S. Government Printing Office: 2004—616-624/99766

FOIA 2012-2308 Pg 460

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

Originating Office Phone
505-589-6150
(b)(6) (b)(6) (b)(6)
Elisa Griensen #7741
Col.Independencia #2
Juarez CH 32679

Control Number: 3503A0699
Office Id: 973503
Service Date(s)
Begin: 31-JUL-10
End: 31-JUL-10
Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	0759735177 0250	51.00	1.00	51.00

Total Due $ 51.00

Remarks: VS HEALTH CERT# NM10-030
SERVICE 7-26-10 DENNIS CHAVEZ, 24 DALIES, LOS LUNAS,NM 87031

Nfc Id
9999999999V

Payment Information

Date	Amount	Payment Type	Account/Check #
31-JUL-10	$ 51.00	Check	1005

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

1005
88-6/1120 2936
7191160071

7/26/2010
Date

Pay to the Order of U. S. D. A. $51=

FIFTY ONE 00/ Dollars

Security Features Details on Back.

WELLS FARGO
Wells Fargo Bank, N.A.
El Paso, Texas
wellsfargo.com

3503A0699

For 165 HORSES

(b)(6)

(b)(6)

issued by the
ill, mail your

US postal Money
been cleared. If

APHIS FORM 81 (REV. 10/96) AUTOMATED

GC