

NCAHP - CCT - SLAUGHTER HORSE CENTRAL FUND SUMMARY FY 2004

| ENTRAL FUND ACCOUNT CODE | 4529991803 | BUDGETED FUNDS | OBLIGATED FUNDS | EXPENDED FUNDS | AVAILABLE FUNDS |
|--|----------------|---------------------|-----------------|----------------|-----------------|
| 00,1200 Salaries & Ben. | | \$75,000.00 | | | |
| Personal Compensation | Enter New Data | \$65,000.00 | | \$ | |
| Awards | Enter New Data | \$10,000.00 | | \$0.00 | |
| Overtime | Enter New Data | \$0.00 | \$0.00 | | |
| Lump Sum AL | Enter New Data | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | \$25,000.00 | | | |
| Travel | Enter New Data | \$25,000.00 | | | |
| Change of Station TRVL | Enter New Data | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 00 Transport of Things | | \$0.00 | | | |
| Change of Station Benefits | Enter New Data | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Transport of Things | Enter New Data | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Parcel Post (Fed Ex) | Enter New Data | \$0.00 | | | |
| 00 Rents, Communications, & Utilities | | \$0.00 | | | |
| Rent | Enter New Data | \$0.00 | | | |
| Communications (Cingular) | Enter New Data | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Communications (FTS) | Enter New Data | \$0.00 | | \$0.00 | \$0.00 |
| Utilities | Enter New Data | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 00 Printing | | \$0.00 | | | |
| Printing | Enter New Data | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 00 Other Services | | \$230,000.00 | | | |
| Reimbursables/Training | Enter New Data | \$25,000.00 | | | |
| Cooperative Agreements | Enter New Data | \$205,000.00 | | \$0.00 | |
| Contracts & Purchase Orders | Enter New Data | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 00 Supplies & Materials | | \$10,000.00 | | | |
| General & Scientific Supplies | Enter New Data | \$10,000.00 | | | |
| Fleet Vehicle | Enter New Data | \$0.00 | | \$0.00 | \$0.00 |
| Fleet Vehicle | Enter New Data | \$0.00 | | \$0.00 | \$0.00 |
| 00 Equipment | | \$0.00 | | | |
| Equipment | Enter New Data | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 00 Grants | | \$0.00 | | | |
| Grants | Enter New Data | \$0.00 | | \$0.00 | \$0.00 |
| Inter/Intra-Agency Transfers | Enter New Data | \$0.00 | | \$0.00 | \$0.00 |
| 00 Insurance & Claims | | \$0.00 | | | |
| Claims | Enter New Data | \$0.00 | | \$0.00 | \$0.00 |
| 00 Interest | | \$0.00 | | | |
| Interest | Enter New Data | \$0.00 | | \$0.00 | \$0.00 |
| 00 Depopulation & Indemnity | | \$0.00 | | | |
| Depopulation & Indemnity | Enter New Data | \$0.00 | | \$0.00 | \$0.00 |
| | Enter New Data | \$0.00 | | \$0.00 | \$0.00 |
| | Enter New Data | \$0.00 | | \$0.00 | \$0.00 |
| CENTRAL FUNDS TOTAL | | \$340,000.00 | | | |

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

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

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

FORM APPROVED
OMB NO.
0579-0160

| | | |
|---|--|---|
| TIME HORSES LOADED ON CONVEYANCE 1:30 pm | DATE 11-7-04 | CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE Sugar Creek, IL. |
| VEHICLE LICENSE NO. AND DRIVER'S NAME [REDACTED] | NAME OF AUCTION/MARKET Sugar Creek Livestock Market | CONSIGNEE/RECEIVER/DESTINATION NAME Dallas Crown |
| CONSIGNOR (OWNER/SHIPPER) NAME [REDACTED] | STREET ADDRESS 11. G row ST. | CITY, STATE, ZIP CODE Kaufman TX. |
| STREET ADDRESS [REDACTED] | AREA CODE & TELEPHONE NO. 972-932-3436 | |
| CITY, STATE, ZIP CODE [REDACTED] | | |
| AREA CODE & TELEPHONE NO. [REDACTED] | | |

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

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

| | TAG PREFIX | Tag NO. | COLOR DESCRIPTION | | | | | | BREED/TYPE | | | | | SEX | | | BRANDS Tattoos, etc. | REMARKS Include existing conditions | | |
|----|------------|---------|-------------------|------|------|-------|--------|-------|------------|----|-------|------|-------|------|------|------|----------------------|-------------------------------------|--|--|
| | | | Bay | Grey | Blk. | Pinto | Chestn | Other | TB | QT | Draft | Pony | Other | Mare | Stal | Geld | | | | |
| 1 | 458Q | 9001 | | | | | X | | | X | | | | | | | | X | | |
| 2 | | 9002 | X | | | | | | | X | | | | | | | | X | | |
| 3 | | 03 | X | | | | | | | X | | | | | | | | X | | |
| 4 | | 04 | X | | | | | | | X | | | | | | | | X | | |
| 5 | | 05 | | | | | | X | | X | | | | | | | | X | | |
| 6 | | 06 | X | | | | | | | | X | | | | | | | X | | |
| 7 | | 07 | | | X | | | | | | X | | | | | | X | | | |
| 8 | | 08 | | | X | | | | | | | X | | | | | X | | | |
| 9 | | 09 | | | | | | X | | | X | | | | | | X | | | |
| 10 | | 10 | X | | | | | | | | X | | | | | | X | | | |
| 11 | | 11 | X | | | | | | | | X | | | | | | | X | | |
| 12 | | 12 | | | | | | | X | | X | | | | | | X | | | |
| 13 | | 13 | | | X | | | | | | X | | | | | | X | | | |
| 14 | | 14 | | | | | | X | | | X | | | | | | X | | | |
| 15 | | 15 | X | | | | | | | | X | | | | | | X | | | |

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

SIGNATURE [REDACTED]

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]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____
DATE _____
TIME _____

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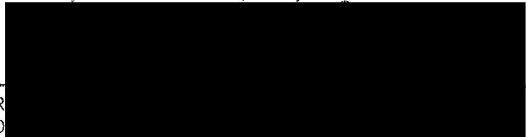
FORM APPROVED
OMB NO.
0579-0160

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

| | TAG PREFIX | Tag NO. | COLOR DESCRIPTION | | | | | | BREED/TYPE | | | | | SEX | | | BRANDS Tattoos, etc. | REMARKS Include precondition | |
|----|------------|---------|-------------------|------|------|-------|--------|-------|------------|----|-------|------|-------|------|------|------|----------------------|------------------------------|---|
| | | | Bay | Grey | Blk. | Pinto | Chestn | Other | TB | QT | Draft | Pony | Other | Mare | Stal | Geld | | | |
| 16 | USBA | 9016 | | | | | | X | | | | | | X | | | | | |
| 17 | | 17 | | | | | | X | | | | | | | | | | | X |
| 18 | | 18 | X | | | | | | | | | | | X | | | | | |
| 19 | | 19 | X | | | | | | | | | | | X | | | | | |
| 20 | | 20 | X | | | | | | | | | | | X | | | | | |
| 21 | | 21 | X | | | | | | X | | | | | | | | | X | |
| 22 | | 22 | | | X | | | | | X | | | | X | | | | | |
| 23 | | 23 | X | | | | | | | X | | | | | | | | X | |
| 24 | | 24 | X | | | | | | | X | | | | | | | | X | |
| 25 | | 25 | X | | | | | | | X | | | | | | | | X | |
| 26 | | 26 | X | | | | | | X | | | | | | | | | X | |
| 27 | | 27 | X | | | | | | X | | | | | | | | | X | |
| 28 | | 28 | X | | | | | | | X | | | | | | | | X | |
| 29 | | 29 | X | | | | | | | X | | | | | | | | X | |
| 30 | | 30 | X | | | | | | | X | | | | | | | | X | |
| 31 | | 31 | | | X | | | | X | | | | | | | | | X | |
| 32 | | 32 | X | | | | | | X | | | | | | | | | X | |
| 33 | | 33 | | | | X | | | | X | | | | | | | | X | |
| 34 | | 34 | | | | | | X | | X | | | | | | | | X | |
| 35 | | 35 | X | | | | | | X | | | | | X | | | | X | |
| 36 | | 36 | | | | | | X | | X | | | | | | | | X | |
| 37 | | 37 | X | | | | | | X | | | | | X | | | | X | |
| 38 | | 38 | | | X | | | | X | | | | | X | | | | X | |
| 39 | | 39 | X | | | | | | X | | | | | | | | | X | |
| 40 | | 40 | X | | | | | | X | | | | | | | | | X | |
| 41 | | 41 | X | | | | | | X | | | | | | | | | X | |
| 42 | | 42 | X | | | | | | X | | | | | X | | | | X | |
| 43 | | 43 | X | | | | | | X | | | | | | | | | X | |
| 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.)



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FORM APPROVED
OMB NO.
0579-0160
B.T.

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

| | | |
|---|---|---|
| TIME HORSES LOADED ON CONVEYANCE <i>12:00</i> | DATE <i>12-3-04</i> | CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <i>Sugarland Oh.</i> |
| VEHICLE LICENSE NO. AND DRIVER'S NAME [REDACTED] | NAME OF AUCTION/MARKET <i>Sugarland Livestock Market</i> | CONSIGNEE (RECEIVER/DESTINATION) NAME <i>Buyer</i> |
| CONSIGNOR (OWNER/SHIPPER) NAME [REDACTED] | STREET ADDRESS <i>N. Gore ST.</i> | CITY, STATE, ZIP CODE <i>Att. Wood Tr.</i> |
| STREET ADDRESS [REDACTED] | AREA CODE & TELEPHONE NO. | |
| CITY, STATE, ZIP CODE [REDACTED] | | |
| AREA CODE & TELEPHONE NO. [REDACTED] | | |

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

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

| TAG PREFIX | Tag NO. | COLOR DESCRIPTION | | | | | | BREED/TYPE | | | | | SEX | | | BRANDS Tattoos, etc. | REMARKS Include existing conditions | | |
|------------|---------|-------------------|------|------|-------|--------|-------|------------|----|-------|------|-------|------|------|------|-------------------------|--|--|--|
| | | Bay | Grey | Blk. | Pinto | Chestn | Other | TB | QT | Draft | Pony | Other | Mare | Stal | Geld | | | | |
| 1 | USBA | 7251 | | | | | X | | | | | X | | | X | | | | |
| 2 | | 7252 | | | | | X | | | | | X | | | X | | | | |
| 3 | | 7253 | | | | | X | | | | | X | | | | X | | | |
| 4 | | 7254 | | | | | X | | | | | X | | | X | | | | |
| 5 | | 7255 | | | | | X | | | | | X | | | X | | | | |
| 6 | | 7256 | | | | | X | | | | | X | | | X | | | | |
| 7 | | 7257 | | | | | X | | | | | X | | | X | | | | |
| 8 | | 7258 | | | | | X | | | | | X | | | X | | | | |
| 9 | | 7259 | | | | | X | | | | | X | | | | | X | | |
| 10 | | 7260 | | | | | X | | | | | X | | | | | X | | |
| 11 | | 7261 | | | | | X | | | | | X | | | | | X | | |
| 12 | | 62 | | | | | X | | | | | X | | | | | X | | |
| 13 | | 63 | | | | | X | | | | | X | | | | | X | | |
| 14 | | 64 | | | | | X | | | X | | | | | X | | | | |
| 15 | | 65 | X | | | | X | | | X | | | | | X | | | | |

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

SIGNATURE [REDACTED]

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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]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

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

(Please type or print in ink)

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FORM APPROVED
OMB NO. 0579-0160
B.J.

| | TAG PREFIX | Tag NO. | COLOR DESCRIPTION | | | | | | 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 | 266 | | | X | | | | | | | | | | | | | | | | |
| 17 | | 67 | X | | | | | | | | | | | | | | | | | | |
| 18 | | 68 | X | | | | | | | | | | | | | | | | | | |
| 19 | | 69 | X | | | | | | | | | | | | | | | | | | |
| 20 | | 70 | | | | | X | | X | | | | | | | | | | | | |
| 21 | | 71 | X | | | | | | | | | | | | | | | | | | |
| 22 | | 72 | X | | | | | | | | | | | X | | | | | | | |
| 23 | | 73 | X | | | | | | X | | | | | | | | | | | | |
| 24 | | 74 | X | | | | | | X | | | | | | | | | | | | |
| 25 | | 75 | X | | | | | | X | | | | | | | | | | | | |
| 26 | | 76 | | | X | | | | | | | | | | | | | | | | |
| 27 | | 77 | | | | | X | | | | | | | | | | | | | | |
| 28 | | 78 | X | | | | | | | | | | | | | | | | | | |
| 29 | | 79 | | | | | X | | | | | | | | | | | | | | |
| 30 | | 80 | | | X | | | | | | | | | | | | | | | | |
| 31 | | 81 | | | X | | | | | | | | | | | | | | | | |
| 32 | | 82 | | | X | | | | | | | | | | | | | | | | |
| 33 | | 83 | | | | | X | | | | | | | | | | | | | | |
| 34 | | 84 | X | | | | | | | | | | | | | | | | | | |
| 35 | | 85 | | | | | X | | | | | | | X | | | | | | | |
| 36 | | 86 | | | | | X | | | | | | | | | | | | | | |
| 37 | | 87 | X | | | | | | X | | | | | | | | | | | | |
| 38 | | 88 | | | | | X | | | | | | | | | | | | | | |
| 39 | | 89 | | X | | | | | | | | | | | | | | | | | |
| 40 | | 90 | | X | | | X | | | | | | | | X | | | | | | |
| 41 | | | | | | | | | | | | | | | | | | | | | |
| 42 | | | | | | | | | | | | | | | | | | | | | |
| 43 | | | | | | | | | | | | | | | | | | | | | |
| 44 | | | | | | | | | | | | | | | | | | | | | |
| 45 | | | | | | | | | | | | | | | | | | | | | |

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

[Redacted Signature]

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**
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FORM APPROVED
OMB NO. 0579-0160
D.C.

| | | |
|---|------------------------|---|
| TIME HORSES LOADED ON CONVEYANCE <i>12:00</i> | DATE <i>12-3-04</i> | CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <i>Sugarland, TX</i> |
| VEHICLE LICENSE NO. AND DRIVER'S NAME [REDACTED] | | NAME OF AUCTION/MARKET <i>Sugarland Limited Market</i> |
| CONSIGNOR (OWNER/SHIPPER) NAME [REDACTED] | | CONSIGNEE (RECEIVER/DESTINATION) NAME <i>Dallas Crown</i> |
| STREET ADDRESS [REDACTED] | | STREET ADDRESS <i>2000 W. Fair</i> |
| CITY, STATE, ZIP CODE [REDACTED] | | CITY, STATE, ZIP CODE <i>Rouffman TX</i> |
| AREA CODE & TELEPHONE NO. [REDACTED] | | AREA CODE & TELEPHONE NO. <i>972-932-3436</i> |

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

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

| | TAG PREFIX | Tag NO. | COLOR DESCRIPTION | | | | | | BREED/TYPE | | | | | SEX | | | BRANDS Tattoos, etc. | REMARKS Include existing conditions | |
|----|------------|---------|-------------------|------|------|-------|--------|-------|------------|----|-------|------|-------|------|------|------|----------------------|-------------------------------------|--|
| | | | Bay | Grey | Blk. | Pinto | Chestn | Other | TB | QT | Draft | Pony | Other | Mare | Stal | Geld | | | |
| 1 | 4380 | 7291 | X | | | | | | X | | | | | | | | X | | |
| 2 | | 7292 | | | | | X | | X | | | | | | | | X | | |
| 3 | | 7293 | X | | | | | | X | | | | | | | | X | | |
| 4 | | 7294 | X | | | | | | X | | | | | X | | | | | |
| 5 | | 7295 | | X | | | | | X | | | | | | | | X | | |
| 6 | | 7296 | X | | | | | | X | | | | | | | | X | | |
| 7 | | 7297 | X | | | | | | X | | | | | X | | | | | |
| 8 | | 7298 | | | | | X | | | X | | | | X | | | X | | |
| 9 | | 7299 | | | X | | | | | X | | | | X | | | | | |
| 10 | | 7300 | | | | | X | | X | | | | | X | | | | | |
| 11 | | 7301 | X | | | | | | | X | | | | X | | | | | |
| 12 | | 7302 | X | | | | | | | | | | | | | | X | | |
| 13 | | 7303 | X | | | | | | X | | | | | | | | X | | |
| 14 | | 104 | | | | | X | | | X | | | | X | | | | | |
| 15 | | 05 | | | | X | | | | X | | | | | | | X | | |

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

SIGNATURE [REDACTED]

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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]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

**OWNER/SHIPPER CERTIFICATE
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(CONTINUATION SHEET)**

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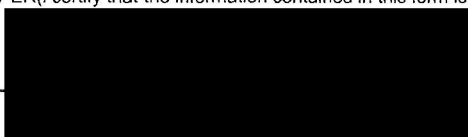
FORM APPROVED
OMB NO. 0579-0160

D.C.

| | TAG PREFIX | Tag NO. | COLOR DESCRIPTION | | | | | BREED/TYPE | | | | | SEX | | | BRANDS Tattoos, etc. | REMARKS Include precondition | |
|----|------------|---------|-------------------|------|------|-------|--------|------------|----|----|-------|------|-------|------|------|-------------------------|------------------------------------|------|
| | | | Bay | Grey | Blk. | Pinto | Chestn | Other | TB | QT | Draft | Pony | Other | Mare | Stal | | | Geld |
| 16 | 03/09 | 006 | | X | | | | | | | | | X | | | | | |
| 17 | | 07 | | | | X | | | | | | | X | | | | | |
| 18 | | 08 | X | | | | | | | | | | X | | | | | |
| 19 | | 09 | X | | | | | | | | | | X | | | | | |
| 20 | | 10 | | | | X | | | | | | | X | | | | X | |
| 21 | | 11 | | | | X | | | | | | | X | | | | | |
| 22 | | 12 | | X | | | | | X | | | | | | | | X | |
| 23 | | 13 | | | | | X | | X | | | | | | | | X | |
| 24 | | 14 | | X | | | | | | X | | | | X | | | | |
| 25 | | 15 | | | | | X | | | X | | | | X | | | | |
| 26 | | 16 | X | | | | | | | X | | | | | | | X | |
| 27 | | 17 | | | | | X | | | X | | | | X | | | | |
| 28 | | 18 | X | | | | | | | X | | | | | | | X | |
| 29 | | 19 | | | | | X | | | X | | | | X | | | | |
| 30 | | 20 | | | | | X | | | X | | | | X | | | | |
| 31 | | 21 | X | | | | | | | X | | | | X | | | | |
| 32 | | 22 | X | | | | | | X | | | | | | | | X | |
| 33 | | 23 | X | | | | | | X | | | | | | | | X | |
| 34 | | 24 | X | | | | | | | X | | | | | | | X | |
| 35 | | 25 | X | | | | | | | X | | | | X | | | | |
| 36 | | 26 | X | | | | | | | X | | | | X | | | | |
| 37 | | 27 | | | X | | | | | X | | | | X | | | | |
| 38 | | 28 | | | X | | | | | X | | | | | | | X | |
| 39 | | 29 | | | X | | | | | X | | | | X | | | | |
| 40 | | 30 | | | X | | | | | X | | | | X | | | | |
| 41 | | 31 | | | X | | | | | | X | | | X | | | | |
| 42 | | 32 | | | | X | X | | | X | | | | X | | | | |
| 43 | | 33 | X | | | | | | | X | | | | X | | | X | |
| 44 | | 34 | | | | | X | | | X | | | | X | | | | |
| 45 | | 35 | X | | | | | | | X | | | | X | | | | |

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



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

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FORM APPROVED
OMB NO.
0579-0160

| | | |
|--|------------------------|---|
| TIME HORSES LOADED ON CONVEYANCE 7:30 PM | DATE 6-20-04 | CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE Mitchell S.D. |
| VEHICLE LICENSE NO. AND DRIVER'S NAME [REDACTED] | | NAME OF AUCTION/MARKET Mitchell STD |
| CONSIGNOR (OWNER/SHIPPER) NAME Musick Hivestock h.h.c. | | CONSIGNEE (RECEIVER/DESTINATION) NAME Beltex Corp. |
| STREET ADDRESS 3201 N. Ohlman | | STREET ADDRESS 3801 N. Grove |
| CITY, STATE, ZIP CODE M. Tchell S.D. 57301 | | CITY, STATE, ZIP CODE Ft. Worth Texas |
| AREA CODE & TELEPHONE NO. 605-996-7813 | | AREA CODE & TELEPHONE NO. 817-624-1136 |

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 | USBH | 1341 | | ✓ | | | | | | | | | | | | | | | | | | |
| 2 | | 43 | | | | | | | | | | | | | | | | | | | | |
| 3 | | 45 | ✓ | | | | | | | | | | | | | ✓ | | | | | 1 eye | |
| 4 | | 49 | | | | | ✓ | | | | | | | | | ✓ | | | | | | |
| 5 | | 61 | ✓ | | | | | | | | | | | | | | | | | | | |
| 6 | | 63 | ✓ | | | | | | | | | | | | | | | | | | | |
| 7 | | 66 | | | | | | | | | | | | | | | | | | | | |
| 8 | | 1334 | | | | | | ✓ | | | | | | | | ✓ | | | | | | |
| 9 | | 35 | | | | | | ✓ | | | | | | | | ✓ | | | | | | |
| 10 | | 68 | | | | | | ✓ | | | | | | | | | | | | | | |
| 11 | | 69 | | | | | | | | | | | | | | | | | | | | |
| 12 | | 1149 | | ✓ | | | | | | | | | | | | | | | | | | Big knees |
| 13 | | 1156 | | ✓ | | | | | | | | | | | | ✓ | | RED | LN | | | |
| 14 | | 1177 | ✓ | | | | | | | | | | | | | ✓ | | | | | | |
| 15 | | 1180 | ✓ | | | | | | | | | | | | | ✓ | | | | | | |

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

SIGNATURE [REDACTED]

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

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FORM
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OMB NO.
0579-0160

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

| | TAG PREFIX | Tag NO. | COLOR DESCRIPTION | | | | | BREED/TYPE | | | | | SEX | | | BRANDS Tattoos, etc. | REMARKS Include precondition | |
|----|---------------|------------|-------------------|------|------|-------|--------|------------|----|----|-------|------|-------|------|------|-------------------------|------------------------------------|-------|
| | | | Bay | Grey | Blk. | Pinto | Chestn | Other | TB | QT | Draft | Pony | Other | Mare | Stal | | | Geld |
| 16 | USBH | 1306 | | | | | ✓ | | | | | | | ✓ | | | | |
| 17 | | 07 | | | ✓ | | | | | | | | | | | | ✓ | |
| 18 | | 08 | ✓ | | | | | | | | | | | ✓ | | | | 1 eye |
| 19 | | 09 | | | | | ✓ | | | | | | | ✓ | | | | |
| 20 | | 11 | | | | | | App | | | | | | ✓ | | | | |
| 21 | | 12 | | | | | ✓ | | | | | | | ✓ | | | | |
| 22 | | 1178 | ✓ | | | | | | | | | | | | ✓ | | | |
| 23 | | 81 | | | | | ✓ | | | | | | | | | | ✓ | |
| 24 | | 82 | | | | | | Pal | | | | | | ✓ | | | | |
| 25 | | 1243 | ✓ | | | | | | | | | | | | | | ✓ | |
| 26 | | 46 | | | | | ✓ | | | | | | | | | | ✓ | |
| 27 | | 48 | ✓ | | | | | | | | | | | ✓ | | | | |
| 28 | | 1251 | | | | | ✓ | | | | | | | | | | ✓ | 10 |
| 29 | | 52 | | | | | | App | | | | | | | | | ✓ | 10 |
| 30 | | 55 | ✓ | | | | | | | | | | | | | | ✓ | |
| 31 | | 56 | | | | ✓ | | | | | | | | | | | ✓ | |
| 32 | | 59 | ✓ | | | | | | | | | | | | | | ✓ | |
| 33 | | 59 | | | ✓ | | | | | | | | | | | | ✓ | |
| 34 | | 60 | | | | ✓ | | | | | | | | ✓ | | | | |
| 35 | | 62 | | | | ✓ | | | | | | | | | | | ✓ | 1 eye |
| 36 | | 68 | ✓ | | | | | | | | | | | | | | ✓ | |
| 37 | | 69 | | | ✓ | | | | | | | | | | | | ✓ | |
| 38 | | 73 | | | | ✓ | | | | | ✓ | | | | | | ✓ | |
| 39 | | | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | | | |
| 41 | | | | | | | | | | | | | | | | | | |
| 42 | | | | | | | | | | | | | | | | | | |
| 43 | | | | | | | | | | | | | | | | | | |
| 44 | | | | | | | | | | | | | | | | | | |
| 45 | | | | | | | | | | | | | | | | | | |

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(CONTINUATION SHEET)**
(Please type or print in ink)

| | TAG PREFIX | Tag NO. | COLOR DESCRIPTION | | | | | BREED/TYPE | | | | | SEX | | | BRANDS Tattoos, etc. | REMARKS Include precondition | |
|----|------------|---------|-------------------|------|------|-------|--------|-------------|----|----|-------|------|-------|------|------|----------------------|------------------------------|---------|
| | | | Bay | Grey | Blk. | Pinto | Chestn | Other | TB | QT | Draft | Pony | Other | Mare | Stal | | | Geld |
| 16 | USBH | 1391 | | | | | ✓ | | | | | | ✓ | | | ✓ | | |
| 17 | | 92 | | | | | ✓ | | | | | | ✓ | | | ✓ | | |
| 18 | | 93 | | | ✓ | | | | | | | | ✓ | | | | | |
| 19 | | 94 | ✓ | | | | | | | | | | ✓ | | | ✓ | | |
| 20 | | 1370 | | | | | | Donkey ✓ | | | | | ✓ | | | | | |
| 21 | | 71 | | | | | | Donkey ✓ | | | | | | | ✓ | | | |
| 22 | | 72 | | | | | | App ✓ | | | | | ✓ | | | | | |
| 23 | | 73 | | | | | ✓ | | | | | ✓ | | | | ✓ | | |
| 24 | | 1395 | | | | | | Roan ✓ | | | | | ✓ | | | ✓ | | |
| 25 | | 1405 | | | | | | Roan ✓ | | | | | ✓ | | | ✓ | E | |
| 26 | | 09 | | | | | ✓ | | | | | | ✓ | | | | | |
| 27 | | 11 | | | ✓ | | | | | | | | | | | ✓ | | |
| 28 | | 13 | | | | | ✓ | | | | | | ✓ | | | | | |
| 29 | | 14 | | | | | ✓ | | | | | | | | | ✓ | | |
| 30 | | 18 | ✓ | | | | | | | | | | ✓ | | | ✓ | | |
| 31 | | 23 | | | | | ✓ | | | | | | ✓ | | | ✓ | | |
| 32 | | 26 | | | | | ✓ | | | | | | ✓ | | | | E | |
| 33 | | 28 | | | | | | Roan ✓ | | | | | ✓ | | | ✓ | | |
| 34 | | 1396 | | | | | | Roan ✓ | | | | | ✓ | | | ✓ | TJ | |
| 35 | | 97 | | | | | ✓ | | | | | | ✓ | | ⊗ | | | |
| 36 | | 98 | | | | | ✓ | | | | | | ✓ | | | | | |
| 37 | | 99 | ✓ | | | | | | | | | | ✓ | | | | | |
| 38 | | 1400 | | | | | ✓ | | | | | | ✓ | | | | | |
| 39 | | 01 | | | ✓ | | | | | | | | ✓ | | | | | |
| 40 | | 02 | | | | | ✓ | | | | | | ✓ | | | | | Cut Eye |
| 41 | | 03 | | | | | ✓ | | | | | | ✓ | | | | | |
| 42 | | 04 | | | | | ✓ | | | | | | ✓ | | | ✓ | E | |
| 43 | | 06 | | | | | ✓ | | | | | | ✓ | | | | B | |
| 44 | | 07 | ✓ | | | | | | | | | | ✓ | | | | | |
| 45 | | 08 | ✓ | | | | | | | | | | ✓ | | | ✓ | | |

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| | TAG PREFIX | Tag NO. | COLOR DESCRIPTION | | | | | | BREED/TYPE | | | | | SEX | | | BRANDS Tattoos, etc. | REMARKS Include precondition | |
|----|------------|---------|-------------------|------|------|-------|--------|-------|------------|----|-------|------|-------|------|------|------|-------------------------|------------------------------------|----------------|
| | | | Bay | Grey | Blk. | Pinto | Chestn | Other | TB | QT | Draft | Pony | Other | Mare | Stal | Geld | | | |
| 16 | WSBH | 1400 | | | | | ✓ | | | ✓ | | | | | | ✓ | | | |
| 17 | | 12 | | | ✓ | | | | | ✓ | | | | | ✓ | | | | |
| 18 | | 15 | | | | ✓ | | | | | | | | | | ✓ | | | |
| 19 | | 16 | | ✓ | | | | | | ✓ | | | | | ✓ | | | | |
| 20 | | 17 | | | | | | Race | | ✓ | | | | | | ✓ | | | |
| 21 | | 19 | | | | | ✓ | | | ✓ | | | | | | ✓ | | | |
| 22 | | 20 | | | | | | App | | ✓ | | | | | | ✓ | | | |
| 23 | | 21 | | | | | | Down | | ✓ | | | | | ✓ | | | | |
| 24 | | 22 | | | | | | Down | | ✓ | | | | | ✓ | | | | Crossed Ankles |
| 25 | | 24 | | | | ✓ | | | | | | | | | | ✓ | | | |
| 26 | | 25 | | | ✓ | | | | | ✓ | | | | | ✓ | | PT | | Cut Side |
| 27 | | 27 | | | | | ✓ | | | ✓ | | | | | ✓ | | | | |
| 28 | | 29 | | | | ✓ | | | | | | | | | ✓ | | | | Hip Down |
| 29 | | | | | | | | | | | | | | | | | | | |
| 30 | | | | | | | | | | | | | | | | | | | |
| 31 | | | | | | | | | | | | | | | | | | | |
| 32 | | | | | | | | | | | | | | | | | | | |
| 33 | | | | | | | | | | | | | | | | | | | |
| 34 | | | | | | | | | | | | | | | | | | | |
| 35 | | | | | | | | | | | | | | | | | | | |
| 36 | | | | | | | | | | | | | | | | | | | |
| 37 | | | | | | | | | | | | | | | | | | | |
| 38 | | | | | | | | | | | | | | | | | | | |
| 39 | | | | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | | | | |
| 41 | | | | | | | | | | | | | | | | | | | |
| 42 | | | | | | | | | | | | | | | | | | | |
| 43 | | | | | | | | | | | | | | | | | | | |
| 44 | | | | | | | | | | | | | | | | | | | |
| 45 | | | | | | | | | | | | | | | | | | | |

58

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FORM
APPROVED
OMB NO.
0579-0160

| | | |
|---|--|--|
| TIME HORSES LOADED ON CONVEYANCE 10:00 AM | DATE 6-8-04 | CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE Mitchell S.O |
| VEHICLE LICENSE NO. AND DRIVER'S NAME [REDACTED] | NAME OF AUCTION/MARKET Mitchell S.O | CONSIGNEE (RECEIVER/DESTINATION) NAME Beltex Corp. |
| CONSIGNOR (OWNER/SHIPPER) NAME Musick Lvst L.L.C. | STREET ADDRESS 3201 N Ohlman | STREET ADDRESS 3801 N Grove |
| CITY, STATE, ZIP CODE Mitchell S.O 57301 | CITY, STATE, ZIP CODE Fort Worth Tex | AREA CODE & TELEPHONE NO. 817-624-1136 |
| AREA CODE & TELEPHONE NO. 605-996-7813 | | |

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

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

| TAG PREFIX | Tag NO. | COLOR DESCRIPTION | | | | | | BREED/TYPE | | | | | SEX | | | BRANDS Tattoos, etc. | REMARKS Include existing conditions | | |
|------------|---------|-------------------|------|------|-------|--------|-------|------------|----|-------|------|-------|------|------|------|----------------------|-------------------------------------|--|--|
| | | Bay | Grey | Blk. | Pinto | Chestn | Other | TB | QT | Draft | Pony | Other | Mare | Stal | Geld | | | | |
| USBA | 1463 | | ✓ | | | | | | | ✓ | | | | | | | | | |
| | 64 | | | | | | | | ✓ | | | | | | | | | | |
| | 65 | ✓ | | | | | | | ✓ | | | | | | | | | | |
| | 66 | | | | | | | Back ✓ | ✓ | | | | | ✓ | | | | | |
| | 67 | | | | | | | ✓ | ✓ | | | | | | | | | | |
| | 68 | ✓ | | | | | | | ✓ | | | | | | | | | | |
| | 69 | | | | | | | | ✓ | | | | | | | | | | |
| | 70 | | | | | | | ✓ | ✓ | | | | | | | | | | |
| | 71 | | | | | | | ✓ | ✓ | | | | | | | | | | |
| | 72 | | | | | | | ✓ | ✓ | | | | | | | | | | |
| | 73 | ✓ | | | | | | | ✓ | | | | | | | | | | |
| | 74 | | | | | | | ✓ | ✓ | | | | | | | | | | |
| | 75 | | | | | | | | ✓ | | | | | ✓ | | | | | |
| | 1754 | ✓ | | | | | | | ✓ | | | | | ✓ | | | | | |
| | 55 | | | | | | | ✓ | ✓ | | | | | | | | | | |

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

SIGNATURE [REDACTED]

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CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

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|----|------------|---------|-------------------|------|------|-------|--------|-------|------------|-----|-------|------|-------|------|------|------|-------------------------|------------------------------------|------------|
| | | | Bay | Grey | Blk. | Pinto | Chestn | Other | TB | QT | Draft | Pony | Other | Mare | Stal | Geld | | | |
| 16 | USDH | 1476 | ✓ | | | | | | | | ✓ | | | ✓ | | | | | |
| 17 | | 77 | ✓ | | | | | | | | ✓ | | | | | | | | ✓ |
| 18 | | 78 | ✓ | | | | | | | | ✓ | | | | | | | | ✓ |
| 19 | | 79 | | | | | | ✓ | | | ✓ | | | | | | | | ✓ |
| 20 | | 80 | | | | | | ✓ | | | ✓ | | | ✓ | | | | | |
| 21 | | 1430 | ✓ | | | | | | | | ✓ | | | | | | | | ✓ |
| 22 | | 31 | | | | | | ✓ | | | ✓ | | | | | | | | ✓ |
| 23 | | 32 | ✓ | | | | | | | | ✓ | | | ✓ | | | | | |
| 24 | | 33 | | | | | | ✓ | | | ✓ | | | | | | | | ✓ |
| 25 | | 34 | | | | | | ✓ | | | ✓ | | | | | | | | ✓ |
| 26 | | 35 | | | | | | ✓ | | | ✓ | | | | | | | | ✓ |
| 27 | | 36 | | | | | | ✓ | | | ✓ | | | | | | | | ✓ |
| 28 | | 37 | | | | | | ✓ | | | ✓ | | | | | | | | ✓ |
| 29 | | 38 | | | ✓ | | | | | | | | | ✓ | | | | | |
| 30 | | 39 | | | | | | | | App | ✓ | | | ✓ | | | | | |
| 31 | | 40 | | | ✓ | | | | | | | | | ✓ | | | | | Cut on Jaw |
| 32 | | 41 | | ✓ | | | | | | | | | | ✓ | | | | | |
| 33 | | 42 | | | ✓ | | | | | | ✓ | | | | | | | | ✓ |
| 34 | | 43 | ✓ | | | | | | | | ✓ | | | ✓ | | | | | |
| 35 | | 44 | ✓ | | | | | | | | ✓ | | | | | | | ✓ | ✓ |
| 36 | | 45 | | | | | | ✓ | | | ✓ | | | | | | | | ✓ |
| 37 | | 46 | | | | | | ✓ | | | ✓ | | | ✓ | | | | | |
| 38 | | 47 | | | | | | | | App | ✓ | | | ✓ | | | | | |
| 39 | | 48 | | | | | | | | App | ✓ | | | | | | | | ✓ |
| 40 | | 49 | ✓ | | | | | | | | ✓ | | | | | | | | ✓ |
| 41 | | 50 | | | | | | | | App | | | | | | | | | Big knee |
| 42 | | 51 | | | | | | ✓ | | | ✓ | | | | | | | | ✓ |
| 43 | | 52 | ✓ | | | | | | | | ✓ | | | ✓ | | | | | |
| 44 | | 53 | | | | | | | | App | | | | ✓ | | | | | |
| 45 | | 56 | | | | | | ✓ | | | ✓ | | | ✓ | | | | | |

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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 Signature]

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

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FORM APPROVED
OMB NO.
0579-0160

| | | |
|---|---|---|
| TIME HORSES LOADED ON CONVEYANCE 6:00 PM | DATE 6-9-04 | CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE Mitchell S.D. |
| VEHICLE LICENSE NO. AND DRIVER'S NAME [REDACTED] | NAME OF AUCTION/MARKET Mitchell S-D | CONSIGNEE (RECEIVER/DESTINATION) NAME Beltex Corp |
| CONSIGNOR (OWNER/SHIPPER) NAME Musick Lest L.L.C. | STREET ADDRESS 3201 N. Ohlman | STREET ADDRESS 3801 N. Grove |
| CITY, STATE, ZIP CODE Mitchell S.D. 57301 | CITY, STATE, ZIP CODE Fort Worth TX | AREA CODE & TELEPHONE NO. 817-624-1136 |
| AREA CODE & TELEPHONE NO. 605-996-7813 | | |

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 | USOH | 482 | | | | | ✓ | | | ✓ | | | | | | | ✓ | | |
| 2 | | 83 | | | | ✓ | | | | ✓ | | | | | | | ✓ | | |
| 3 | | 85 | | | | | ✓ | | | ✓ | | | | | | | ✓ | T | |
| 4 | | 95 | | | | | ✓ | | | ✓ | | | | | | | ✓ | | |
| 5 | | 95 | | | | | | App | | ✓ | | | | | | | ✓ | | |
| 6 | | 96 | | | | | | App | | ✓ | | | | | | | ✓ | | |
| 7 | | 97 | | | | | ✓ | | | ✓ | | | | | | | ✓ | | Limps |
| 8 | | 98 | ✓ | | | | | | | ✓ | | | | | | | ✓ | | |
| 9 | | 99 | | | | | | App | | ✓ | | | | | | | ✓ | | |
| 10 | | 1500 | ✓ | | | | | | | ✓ | | | | | | | ✓ | | |
| 11 | | 02 | ✓ | | | | | | | ✓ | | | | | | | ✓ | | |
| 12 | | 04 | ✓ | | | | | | | ✓ | | | | | | | ✓ | | |
| 13 | | 05 | | | | | | App | | ✓ | | | | | | | ✓ | | |
| 14 | | 1336 | ✓ | | | ✓ | | | | ✓ | | | | | | | ✓ | | 1 eye wire cut L. Hoof |
| 15 | | 37 | | | | ✓ | | | | ✓ | | | | | | | ✓ | | |

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

SIGNATURE [REDACTED]

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

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

(Please type or print in ink)

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FORM
APPROVED
OMB NO.
0579-0160

| | TAG PREFIX | Tag NO. | COLOR DESCRIPTION | | | | | | BREED/TYPE | | | | | SEX | | | BRANDS Tattoos, etc. | REMARKS Include precondition | |
|----|---------------|------------|-------------------|------|------|-------|--------|------------|------------|----|-------|------|-------|------|------|------|-------------------------|------------------------------------|------------------|
| | | | Bay | Grey | Blk. | Pinto | Chestn | Other | TB | QT | Draft | Pony | Other | Mare | Stal | Geld | | | |
| 16 | USBH | 1338 | | | | ✓ | | | | | | | | ✓ | | | | | |
| 17 | | 39 | | | | | | App | | | | | | ✓ | | | | | |
| 18 | | 40 | | | ✓ | | | | | ✓ | | | | | | | ✓ | | |
| 19 | | 42 | | | | ✓ | | | | | | | | | | | ✓ | | |
| 20 | | 43 | | | | ✓ | | | | | | | | | | | ✓ | | |
| 21 | | 44 | | | | ✓ | | | | | | | | | | | ✓ | | |
| 22 | | 46 | | | | | ✓ | | | ✓ | | | | ✓ | | | | | |
| 23 | | 47 | ✓ | | | | | | | ✓ | | | | ✓ | | | | | |
| 24 | | 1350 | | | | | ✓ | | | ✓ | | | | ✓ | | | | | Small Cut RTF |
| 25 | | 51 | | | | | | Duan ✓ | | ✓ | | | | ✓ | | | | | |
| 26 | | 52 | | | | | | Roan ✓ | | ✓ | | | | ✓ | | | | | |
| 27 | | 53 | ✓ | | | | | | | ✓ | | | | ✓ | | | | | |
| 28 | | 54 | ✓ | | | | | | | ✓ | | | | ✓ | | | | | |
| 29 | | 55 | | | | | ✓ | | | ✓ | | | | ✓ | | | | | |
| 30 | | 56 | | | | | ✓ | | | ✓ | | | | ✓ | | | | | |
| 31 | | 57 | | | | | | White ✓ | | ✓ | | | | | | | ✓ | | |
| 32 | | 58 | | | ✓ | | | | | ✓ | | | | ✓ | | | | | Small Cut L.S |
| 33 | | 59 | | | | | ✓ | | | ✓ | | | | | | | ✓ | | |
| 34 | | 60 | | | | | | App | | | | | | | | | ✓ | | |
| 35 | | 62 | | | | ✓ | | | | | | | | | | | ✓ | | |
| 36 | | 64 | ✓ | | | | | | | ✓ | | | | ✓ | | | | | |
| 37 | | 65 | | | | | ✓ | | | ✓ | | | | ✓ | | | | | |
| 38 | | 67 | | | | | ✓ | | | ✓ | | | | ✓ | | | | | |
| 39 | | 1374 | | | | | ✓ | | | ✓ | | | | ✓ | | | | | |
| 40 | | 75 | | | | | | Pal ✓ | | ✓ | | | | ✓ | | | | | |
| 41 | | 1286 | | | | | ✓ | | | ✓ | | | | | | | ✓ | | |
| 42 | | 1263 | ✓ | | | | | | | ✓ | | | | ✓ | | | Ⓞ | | Cut LH leg |
| 43 | | 0550 | | | ✓ | | | | | ✓ | | | | | | | ✓ | | |
| 44 | | 1174 | | | | ✓ | | | | | | | | ✓ | | | | | |
| 45 | | 1265 | | | | | | App | | | | | | ✓ | | | | | |

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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 Signature]

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FORM APPROVED
OMB NO.
0579-0160

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

(Please type or print in ink)

| | TAG PREFIX | Tag NO. | COLOR DESCRIPTION | | | | | | BREED/TYPE | | | | | SEX | | | BRANDS Tattoos, etc. | REMARKS Include precondition | | |
|----|------------|---------|-------------------|------|------|-------|--------|-------|------------|-----|-------|------|-------|------|------|------|----------------------|------------------------------|---|----------------|
| | | | Bay | Grey | Blk. | Pinto | Chestn | Other | TB | QT | Draft | Pony | Other | Mare | Stal | Geld | | | | |
| 16 | USBH | 1766 | ✓ | | | | | | | ✓ | | | | | | | | | | |
| 17 | | 58 | | | ✓ | | | | | ✓ | | | | | ✓ | | | | | Navel |
| 18 | | 50 | ✓ | | | | | | | ✓ | | | | | ✓ | | | | | |
| 19 | | 75 | | | | | | ✓ | | ✓ | | | | | | | | | | |
| 20 | | 82 | | | | | | ✓ | | ✓ | | | | | | | | | | |
| 21 | | 1173 | | | | ✓ | | | | | | | | | ✓ | | | | X | |
| 22 | | 0720 | ✓ | | | | | | | ✓ | | | | | | | | | | |
| 23 | | 1264 | | | | | | | App | | | | | | ✓ | | | | | |
| 24 | | 1241 | | | | | | ✓ | | ✓ | | | | | | | | | | |
| 25 | | 1270 | | | | | | ✓ | | ✓ | | | | | | | | | | |
| 26 | | 1324 | ✓ | | | | | | | ✓ | | | | | | | | | | |
| 27 | | 1313 | | | | | | | | | | | | | ✓ | | | | | |
| 28 | | 1289 | ✓ | | | | | | | ✓ | | | | | | | | | | |
| 29 | | 1310 | | | | | | ✓ | | ✓ | | | | | ✓ | | | | | |
| 30 | | 1288 | | | | | | ✓ | | ✓ | | | | | | | | | | Crossed Ankles |
| 31 | | 1172 | | | | ✓ | | | | | | | | | ✓ | | | | X | |
| 32 | | 1189 | | | ✓ | | | | | ✓ | | | | | | | | | | |
| 33 | | 1271 | | | | | | | | ✓ | | | | | | | | | | |
| 34 | | 1242 | | | | | | | | App | | | | | | | | | | |
| 35 | | 99 | ✓ | | | | | | | ✓ | | | | | ✓ | | | | | |
| 36 | | 1301 | | | | | | | | ✓ | | | | | ✓ | | | | | |
| 37 | | 14 | | | | ✓ | | | | | | | | | ✓ | | | | | |
| 38 | | 19 | | | | | | ✓ | | ✓ | | | | | | | | | | |
| 39 | | 1245 | ✓ | | | | | | | ✓ | | | | | ✓ | | | | | |
| 40 | | 1254 | | | | ✓ | | | | | | | | | ✓ | | | | | |
| 71 | | 1325 | | | | | | | | ✓ | | | | | | | | | | |
| 42 | | | | | | | | | | | | | | | | | | | | |
| 43 | | | | | | | | | | | | | | | | | | | | |
| 44 | | | | | | | | | | | | | | | | | | | | |
| 45 | | | | | | | | | | | | | | | | | | | | |

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**OWNER/SHIPPER CERTIFICATE
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(CONTINUATION SHEET)**

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| | TAG PREFIX | Tag NO. | COLOR DESCRIPTION | | | | | | BREED/TYPE | | | | | SEX | | | BRANDS Tattoos, etc. | REMARKS Include precondition |
|----|------------|---------|-------------------|------|------|-------|--------|-------|------------|----|-------|------|-------|------|------|------|----------------------|------------------------------|
| | | | Bay | Grey | Blk. | Pinto | Chestn | Other | TB | QT | Draft | Pony | Other | Mare | Stal | Geld | | |
| 16 | USBH | 1513 | | | | | ✓ | | | ✓ | | | | | | ✓ | | |
| 17 | | 1514 | | | | | ✓ | | | ✓ | | | | | | ✓ | | |
| 18 | | 1515 | ✓ | | | | | | | ✓ | | | | | ✓ | | | |
| 19 | | 1516 | | | | | ✓ | | | ✓ | | | | | | ✓ | | |
| 20 | | 1517 | | | | | ✓ | Roan | | ✓ | | | | | ✓ | | | |
| 21 | | 1518 | ✓ | | | | | | | ✓ | | | | | ✓ | | | |
| 22 | | 1519 | | | | | | Dark | | ✓ | | | | | ✓ | | | |
| 23 | | 1520 | ✓ | | | | | | | ✓ | | | | | ✓ | | | |
| 24 | | 1521 | | | | | ✓ | | | ✓ | | | | | | ✓ | | |
| 25 | | 1550 | | | | | | Dark | | ✓ | | | | | | ✓ | | |
| 26 | | 1522 | | | ✓ | | | | | ✓ | | | | | ✓ | | M h.Hip | |
| 27 | | 1523 | ✓ | | | | | | | ✓ | | | | | | ✓ | | |
| 28 | | 1524 | ✓ | | | | | | | ✓ | | | | | ✓ | | | |
| 29 | | 1525 | | | | | | Ag | | ✓ | | | | | ✓ | | | |
| 30 | | 1526 | | | | | ✓ | | | ✓ | | | | | | ✓ | | |
| 31 | | 1527 | ✓ | | | | | | | ✓ | | | | | | ✓ | | |
| 32 | | 1528 | | | ✓ | | | | | | | | ✓ | ✓ | | | | |
| 33 | | 1529 | | | | | ✓ | | | ✓ | | | | | | ✓ | | |
| 34 | | 1530 | | | | | | Dark | | ✓ | | | | | | ✓ | | Cut on Neck |
| 35 | | 1531 | | | | | ✓ | | | ✓ | | | | | | ✓ | | |
| 36 | | 1532 | ✓ | | | | | | | ✓ | | | | | | ✓ | | |
| 37 | | 1533 | | | | | ✓ | | | ✓ | | | | | | ✓ | | |
| 38 | | 1534 | | | | | ✓ | | | | | | ✓ | ✓ | | | | |
| 39 | | 1535 | | | | | ✓ | | | ✓ | | | | | ✓ | | | |
| 40 | | 1536 | | | | | ✓ | | | | | | ✓ | ✓ | | | | Crooked Hoof |
| 41 | | 1537 | ✓ | | | | | | | ✓ | | | | | ✓ | | A B.S | |
| 42 | | 1539 | ✓ | | | | | | | ✓ | | | | | ✓ | | | |
| 43 | | 1540 | ✓ | | | | | | | ✓ | | | | ✓ | | | J h.Hip | |
| 44 | | 1541 | ✓ | | | | | Ag | | ✓ | | | | | ✓ | | | |
| 45 | | 1542 | | | | | | Ag | | | | | ✓ | ✓ | | | | ← P.H.P Buck-up #01 |

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FORM APPROVED
OMB NO.
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**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**

(Please type or print in ink)

| | TAG PREFIX | Tag NO. | COLOR DESCRIPTION | | | | | | BREED/TYPE | | | | | SEX | | | BRANDS Tattoos, etc. | REMARKS Include precondition | |
|----|---------------|------------|-------------------|------|------|-------|--------|-------|------------|----|-------|------|-------|------|------|------|-------------------------|------------------------------------|--|
| | | | Bay | Grey | Blk. | Pinto | Chestn | Other | TB | QT | Draft | Pony | Other | Mare | Stal | Geld | | | |
| 46 | USBH | 1543 | | | ✓ | | | | | ✓ | | | | | | | ✓ | Y.H.S | |
| 47 | USBH | 1484 | | | | ✓ | | | | | | | | ✓ | | | ✓ | | |
| 18 | | | | | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | | | | | |
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FORM APPROVED
OMB NO.
0579-0160

| | | |
|--|------------------------|---|
| TIME HORSES LOADED ON CONVEYANCE 1:30 P.M. | DATE 6-14-04 | CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE Mitchell S.D. |
| VEHICLE LICENSE NO. AND DRIVER'S NAME [REDACTED] | | NAME OF AUCTION/MARKET Mitchell S.D. |
| CONSIGNOR (OWNER/SHIPPER) NAME Musick Livestock L.L.C. | | CONSIGNEE (RECEIVER/DESTINATION) NAME Beltex Corp. |
| STREET ADDRESS 3201 N. Ohlman | | STREET ADDRESS 3801 N. Grove |
| CITY, STATE, ZIP CODE Mitchell S.D. 57301 | | CITY, STATE, ZIP CODE Ft. Worth Texas |
| AREA CODE & TELEPHONE NO. 605-996-7813 | | AREA CODE & TELEPHONE NO. 817-624-1136 |

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 | USBH | 1544 | | | | | | ✓ | | ✓ | | | | | | | | | | |
| 2 | | 1545 | | | ✓ | | | | | ✓ | | | | | | | | | | Bite Marks |
| 3 | | 1547 | | | | | | Donkey | | | | | | | | | | | | |
| 4 | | 1548 | | | | | | ✓ | | ✓ | | | | | | | | | | |
| 5 | | 1549 | | | | | | ✓ | | ✓ | | | | | | | | | | Lame Behind |
| 6 | | 1552 | | | | | | ✓ | | ✓ | | | | | | | | | | B.R.S. |
| 7 | | 1553 | | | | | | ✓ | | | | | | ✓ | ✓ | | | | | Cut Shoulder |
| 8 | | 1554 | ✓ | | | | | | | ✓ | | | | | ✓ | | | | | |
| 9 | | 1555 | | | | | | Pol | | ✓ | | | | | | | | | | A R. Hip |
| 10 | | 1556 | ✓ | | | | | | | ✓ | | | | | ✓ | | | | | H R.S. |
| 11 | | 1557 | | | | | | Donkey | | ✓ | | | | | | | | | | |
| 12 | | 1558 | | | | | | ✓ | | ✓ | | | | | | | | | | |
| 13 | | 1559 | | | | | | ✓ | | ✓ | | | | | | | | | | |
| 14 | | 1560 | | | | | | ✓ | | | | | | ✓ | ✓ | | | | | |
| 15 | | 1561 | | | | | | Grata | | ✓ | | | | | ✓ | | | | | XTC R.S. |

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

SIGNATURE [REDACTED]

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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]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

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

(Please type or print in ink)

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OMB NO.
0579-0160

| | TAG PREFIX | Tag NO. | COLOR DESCRIPTION | | | | | | | BREED/TYPE | | | | | SEX | | | BRANDS Tattoos, etc. | REMARKS Include precondition | |
|----|------------|---------|-------------------|------|------|-------|--------|-------|-------|------------|-------|------|-------|------|------|------|---|-------------------------|------------------------------------|-----------------|
| | | | Bay | Grey | Blk. | Pinto | Chestn | Other | TB | QT | Draft | Pony | Other | Mare | Stal | Geld | | | | |
| 16 | USBH | 1562 | | | | | | | Dunn | ✓ | | | | | | | ✓ | | | |
| 17 | | 1563 | | | | | | | ✓ | ✓ | | | | | | | ✓ | | | |
| 18 | | 1564 | | | | | | | Black | ✓ | | | | | | | | PL Jaw | L90 | |
| 19 | | 1565 | | | | | | | Dunn | ✓ | | | | | | | ✓ | | | Big Knee |
| 20 | | 1566 | ✓ | | | | | | | ✓ | | | | | | | ✓ | | | Lame Hind Foot |
| 21 | | 1567 | | | | | | | Road | ✓ | | | | | | | ✓ | | | old wire F Foot |
| 22 | | 1568 | | | ✓ | | | | | ✓ | | | | | | | ✓ | | | |
| 23 | | 1569 | | | | | | ✓ | | ✓ | | | | | | | ✓ | | | Cut on Mouth |
| 24 | | 1570 | | | | | | ✓ | | ✓ | | | | | | | ✓ | | | |
| 25 | | 1571 | | | | | | | Dunn | ✓ | | | | | | | ✓ | | | |
| 26 | | 1572 | | | ✓ | | | | | ✓ | | | | | | | ✓ | | | L.H.S. |
| 27 | | 1573 | ✓ | | | | | | | ✓ | | | | | | | ✓ | | | |
| 28 | | 1574 | | | | | | | Road | ✓ | | | | | | | ✓ | | | L.H.S. |
| 29 | | 1575 | | | | | | ✓ | | ✓ | | | | | | | ✓ | | | L62 |
| 30 | | 1576 | | | ✓ | | | | | ✓ | | | | | | | ✓ | | | L.Hip |
| 31 | | 1577 | ✓ | | | | | | | ✓ | | | | | | | ✓ | | | |
| 32 | | 1578 | | | ✓ | | | | | ✓ | | | | | | | ✓ | | | |
| 33 | | 1579 | | | | | | ✓ | | ✓ | | | | | | | ✓ | | | L.Hip |
| 34 | | 1580 | | | | | | ✓ | | ✓ | | | | | | | ✓ | | | |
| 35 | | 1582 | ✓ | | | | | | | ✓ | | | | | | | ✓ | | | |
| 36 | | 1583 | | | | | | ✓ | | ✓ | | | | | | | ✓ | | | |
| 37 | | 1584 | | | | | | ✓ | | ✓ | | | | | | | ✓ | | | |
| 38 | | 1585 | | | ✓ | | | | | ✓ | | | | | | | ✓ | | | |
| 39 | | 1586 | | | | | | ✓ | | ✓ | | | | | | | ✓ | | | Bite Marks |
| 40 | | 1587 | | | | | | ✓ | | ✓ | | | | | | | ✓ | | | |
| 41 | | 1588 | | | | | | ✓ | | ✓ | | | | | | | ✓ | | | |
| 42 | | 1589 | | | | | | ✓ | | ✓ | | | | | | | ✓ | | | |
| 43 | | 1590 | | | | | | ✓ | | ✓ | | | | | | | ✓ | | | Bite marks |
| 44 | | 1591 | | | | | | ✓ | | ✓ | | | | | | | ✓ | | | Bite Marks |
| 45 | | 1592 | | | | | | | Dunn | ✓ | | | | | | | ✓ | | | Blue eye |

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[Redacted Signature]

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0579-0160

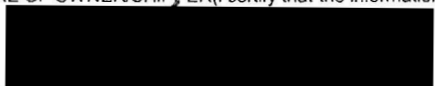
**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**

(Please type or print in ink)

| | TAG PREFIX | Tag NO. | COLOR DESCRIPTION | | | | | | BREED/TYPE | | | | | SEX | | | BRANDS Tattoos, etc. | REMARKS Include precondition | |
|----|---------------|------------|-------------------|------|------|-------|--------|-------|------------|----|-------|------|-------|------|------|------|-------------------------|------------------------------------|--------------|
| | | | Bay | Grey | Blk. | Pinto | Chestn | Other | TB | QT | Draft | Pony | Other | Mare | Stal | Geld | | | |
| 46 | USBH | 1593 | | | | ✓ | | | | | | | | ✓ | | | ✓ | | Lame L F leg |
| 47 | | 1598 | | | | | ✓ | | | | ✓ | | | | ✓ | | | | |
| 48 | | 1599 | | | | ✓ | | | | | | | | ✓ | | | ✓ | | |
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| 45 | | | | | | | | | | | | | | | | | | | |

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



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

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FORM
APPROVED
OMB NO.
0579-0160

| | | |
|--|--|---|
| TIME HORSES LOADED ON CONVEYANCE <i>1:15 PM</i> | DATE <i>6-16-04</i> | CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <i>Mitchell S.D.</i> |
| VEHICLE LICENSE NO. AND DRIVER'S NAME [REDACTED] | NAME OF AUCTION/MARKET <i>Mitchell S.D.</i> | |
| CONSIGNOR (OWNER/SHIPPER) NAME <i>Musick Livestock L.H.C.</i> | CONSIGNEE (RECEIVER/DESTINATION) NAME <i>Beltex Corp.</i> | |
| STREET ADDRESS <i>3201 N. Ohlman</i> | STREET ADDRESS <i>3801 N. Grove</i> | |
| CITY, STATE, ZIP CODE <i>Mitchell S.D. 57301</i> | CITY, STATE, ZIP CODE <i>Ft. Worth Texas</i> | |
| AREA CODE & TELEPHONE NO. <i>605-996-7813</i> | AREA CODE & TELEPHONE NO. <i>817-624-1136</i> | |

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 | <i>USBH</i> | <i>1601</i> | | <input checked="" type="checkbox"/> | | | | | | | | | | | <input checked="" type="checkbox"/> | | | | |
| 2 | | <i>03</i> | | | | | <input checked="" type="checkbox"/> | | | | | | | | <input checked="" type="checkbox"/> | | | | |
| 3 | | <i>07</i> | | | | | <input checked="" type="checkbox"/> | | | | | | | | | | <input checked="" type="checkbox"/> | | |
| 4 | | <i>16</i> | | | | | <input checked="" type="checkbox"/> | | | | | | | | <input checked="" type="checkbox"/> | | | | |
| 5 | | <i>1594</i> | | | | | | <input checked="" type="checkbox"/> | | | | | | | <input checked="" type="checkbox"/> | | | | |
| 6 | | <i>95</i> | | | | | | <input checked="" type="checkbox"/> | | | | | | | <input checked="" type="checkbox"/> | | | | |
| 7 | | <i>96</i> | | | <input checked="" type="checkbox"/> | | | | | | | | | | <input checked="" type="checkbox"/> | | | | |
| 8 | | <i>97</i> | <input checked="" type="checkbox"/> | | | | | | | | | | | | <input checked="" type="checkbox"/> | | | | |
| 9 | | <i>1546</i> | | | | | | | <i>Pal</i> <input checked="" type="checkbox"/> | | | | | | | | <input checked="" type="checkbox"/> | <i>R-S</i> | |
| 10 | | <i>1619</i> | <input checked="" type="checkbox"/> | | | | | | | | | | | | <input checked="" type="checkbox"/> | | | | |
| 11 | | <i>1620</i> | | | | | <input checked="" type="checkbox"/> | | | | | | | | <input checked="" type="checkbox"/> | | | | |
| 12 | | <i>21</i> | <input checked="" type="checkbox"/> | | | | | | | | | | | | <input checked="" type="checkbox"/> | | | | |
| 13 | | <i>22</i> | | | | | <input checked="" type="checkbox"/> | | | | | | | | <input checked="" type="checkbox"/> | | | | |
| 14 | | <i>23</i> | <input checked="" type="checkbox"/> | | | | | | | | | | | | <input checked="" type="checkbox"/> | | | | |
| 15 | | <i>24</i> | <input checked="" type="checkbox"/> | | | | | | | | | | | | <input checked="" type="checkbox"/> | | | | |

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

SIGNATURE [REDACTED]

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CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

**OWNER/SHIPPER CERTIFICATE
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(CONTINUATION SHEET)**

(Please type or print in ink)

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|----|------------|---------|-------------------|------|------|-------|--------|-------|------------|----|-------|------|-------|------|------|------|-------------------------|------------------------------------|--------|-------------------|
| | | | Bay | Grey | Blk. | Pinto | Chestn | Other | TB | QT | Draft | Pony | Other | Mare | Stal | Geld | | | | |
| 16 | WSDH | 1625 | | | | | ✓ | | | | | | | | ✓ | | | | | |
| 17 | | 28 | | | | | ✓ | | | | | | | | | | ✓ | | | Old white LH Foot |
| 18 | | 1638 | | | | | ✓ | | | | | | | | | | | ✓ | | |
| 19 | | 52 | | | | | ✓ | | | | | | | | ✓ | | | | 1/7 2J | |
| 20 | | 54 | ✓ | | | | | | | | | | | | ✓ | | | | | |
| 21 | | 60 | | | | | | | Dun ✓ | | | | | | | | ✓ | | | |
| 22 | | 1581 | | | | | ✓ | | | | | | | | | | | ✓ | | |
| 23 | | 1600 | | | | | ✓ | | | | | | | | ✓ | | | | | |
| 24 | | 02 | | | | | | | Red ✓ | | | | | | | | | ✓ | | |
| 25 | | 04 | | | | | ✓ | | | | | | | | ✓ | | | | | |
| 26 | | 05 | | | | | ✓ | | | | | | | | | | | ✓ | | Frozen Ears |
| 27 | | 06 | | | | | ✓ | | | | | | | | | | | ✓ | | " " |
| 28 | | 08 | | | | | ✓ | | | | | | | | ✓ | | | | | |
| 29 | | 09 | | | | | ✓ | | | | | | | | ✓ | | | | I | |
| 30 | | 10 | | | | | ✓ | | | | | | | | | | | ✓ | | |
| 31 | | 11 | | | ✓ | | | | | | | | | | | | | ✓ | | |
| 32 | | 12 | | | | | ✓ | | | | | | | | ✓ | | | | | |
| 33 | | 13 | ✓ | | | | | | | | | | | | ✓ | | | | | |
| 34 | | 14 | | | | | ✓ | | | | | | | | | | | ✓ | | |
| 35 | | 15 | | | | | ✓ | | | | | | | | ✓ | | | | | |
| 36 | | 17 | ✓ | | | | | | | | | | | | ✓ | | | ✓ | | Cut Fore arm |
| 37 | | 18 | | | | | ✓ | | | | | | | | ✓ | | | | | |
| 38 | | 1626 | ✓ | | | | | | | | | | | | ✓ | | | | | |
| 39 | | 27 | | | | | ✓ | | | | | | | | | | | ✓ | | |
| 40 | | 29 | | | | | ✓ | | | | | | | | | | | ✓ | | |
| 41 | | 30 | | | | | ✓ | | | | | | | | ✓ | | | | | |
| 42 | | 31 | | | | | | | Dun ✓ | | | | | | | | | ✓ | | |
| 43 | | 34 | | | | | ✓ | | | | | | | | ✓ | | | | | |
| 44 | | 35 | | | | | ✓ | | | | | | | | ✓ | | | | | |
| 45 | | 36 | | | | | ✓ | | | | | | | | | | | ✓ | | |

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

| | TAG PREFIX | Tag NO. | COLOR DESCRIPTION | | | | | | BREED/TYPE | | | | | SEX | | | BRANDS Tattoos, etc. | REMARKS Include precondition | |
|----|------------|---------|-------------------|------|------|-------|--------|-------|------------|----|-------|------|-------|------|------|------|-------------------------|---------------------------------|--|
| | | | Bay | Grey | Blk. | Pinto | Chestn | Other | TB | QT | Draft | Pony | Other | Mare | Stal | Geld | | | |
| 16 | USAH | 1637 | | | | ✓ | | | | | | | | | | ✓ | | P 3 | |
| 17 | | 39 | | | | ✓ | | | | | | | | | ✓ | | | | |
| 18 | | 42 | | | | | | | Buck ✓ | | ✓ | | | | ✓ | | | | |
| 19 | | 43 | | | ✓ | | | | | | ✓ | | | | | ✓ | | | |
| 20 | | 44 | | | | | | | Roan ✓ | | ✓ | | | | ✓ | | | | |
| 21 | | 45 | | | | | | ✓ | | | ✓ | | | | | ✓ | | | |
| 22 | | 46 | | | | | | ✓ | | | ✓ | | | ✓ | | | | | |
| 23 | | 47 | | | | | | | Buck ✓ | | ✓ | | | | | ✓ | | | |
| 24 | | 48 | | | | | | ✓ | | | ✓ | | | | | ✓ | | | |
| 25 | | 49 | | | | | | | App ✓ | | | | | | | ✓ | | | |
| 26 | | 50 | | | | | | ✓ | | | ✓ | | | ✓ | | | | P 3 | |
| 27 | | 51 | | | | | | | Dun ✓ | | ✓ | | | ✓ | | | | P 3 | |
| 28 | | 53 | | | | | | | Dun ✓ | | ✓ | | | ✓ | | | | | |
| 29 | | 55 | | | | ✓ | | | | | | | | ✓ | | | | | |
| 30 | | 56 | | | | | | | Roan ✓ | | ✓ | | | ✓ | | | | | |
| 31 | | 58 | | | | | | ✓ | | | ✓ | | | ✓ | | ✓ | | | |
| 32 | | 59 | | | | | | ✓ | | | ✓ | | | ✓ | | | | | |
| 33 | 63 | 61 | | | | | | ✓ | | | ✓ | | | ✓ | | | | | |
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FORM APPROVED
OMB NO.
0579-0160

| | | |
|--|------------------------|---|
| TIME HORSES LOADED ON CONVEYANCE 11:00 A.M. | DATE 6-20-04 | CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE Mitchell S.D. |
| VEHICLE LICENSE NO. AND DRIVER'S NAME [REDACTED] | | NAME OF AUCTION/MARKET Mitchell S.D. |
| CONSIGNOR (OWNER/SHIPPER) NAME Musick Livestock L.H.C. | | CONSIGNEE (RECEIVER/DESTINATION) NAME Beltex Corp. |
| STREET ADDRESS 3201 N. Ohlman | | STREET ADDRESS 3801 N. Grove |
| CITY, STATE, ZIP CODE Mitchell S.D. 57301 | | CITY, STATE, ZIP CODE Ft. Worth Texas |
| AREA CODE & TELEPHONE NO. 605-996-7813 | | AREA CODE & TELEPHONE NO. 817-624-1136 |

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

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

| | TAG PREFIX | Tag NO. | COLOR DESCRIPTION | | | | | | BREED/TYPE | | | | | SEX | | | BRANDS Tattoos, etc. | REMARKS Include existing conditions | |
|----|------------|---------|-------------------|------|------|-------|--------|-------|------------|----|-------|------|-------|------|------|------|-------------------------|--|-----------|
| | | | Bay | Grey | Blk. | Pinto | Chestn | Other | TB | QT | Draft | Pony | Other | Mare | Stal | Geld | | | |
| 1 | USBH | 1493 | ✓ | | | | | | | ✓ | | | | | ✓ | | | | |
| 2 | | 1501 | | | ✓ | | | | | ✓ | | | | | | | | | |
| 3 | | 1503 | | | | ✓ | | | | | | | | ✓ | ✓ | | | | |
| 4 | | 1632 | | | | ✓ | | | | | | | | ✓ | ✓ | | | | |
| 5 | | 1633 | | | | | ✓ | | | ✓ | | | | | | | | | |
| 6 | | 1640 | | | | | ✓ | | | ✓ | | | | ✓ | | | | | 2 → L.Hip |
| 7 | | 1641 | | | | ✓ | | | | | | | | ✓ | | | | | |
| 8 | | 1657 | | | | | ✓ | | | ✓ | | | | ✓ | | | | | |
| 9 | | 1662 | | | ✓ | | | | | ✓ | | | | | | | | | |
| 10 | | 63 | | | | | ✓ | | | ✓ | | | | ✓ | | | | | |
| 11 | | 64 | | | | | | ✓ | | | | | | ✓ | | | | | |
| 12 | | 65 | | | | | ✓ | | | ✓ | | | | ✓ | | | | | 3 Wh.Hip |
| 13 | | 66 | | | | | ✓ | | | ✓ | | | | ✓ | | | | | |
| 14 | | 67 | | | | ✓ | | | | ✓ | | | | ✓ | | | | | |
| 15 | | 68 | | | | | ✓ | | | ✓ | | | | ✓ | | | | | |

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

SIGNATURE [REDACTED]

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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]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

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

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FORM
APPROVED
OMB NO.
0579-0160

| | TAG PREFIX | Tag NO. | COLOR DESCRIPTION | | | | | | BREED/TYPE | | | | | SEX | | | BRANDS Tattoos, etc. | REMARKS Include precondition | |
|----|------------|---------|-------------------|------|------|-------|--------|-------|------------|----|-------|------|-------|------|------|------|-------------------------|------------------------------------|--|
| | | | Bay | Grey | Blk. | Pinto | Chestn | Other | TB | QT | Draft | Pony | Other | Mare | Stal | Geld | | | |
| 16 | USBAF | 1669 | | | ✓ | | | | | ✓ | | | | ✓ | | | | | |
| 17 | | 1670 | | | | | | ✓ | | ✓ | | | | ✓ | | | | | |
| 18 | | 1671 | | | | | | ✓ | | ✓ | | | | ✓ | | | | | |
| 19 | | 1672 | | | | | | ✓ | Red | ✓ | | | | ✓ | | | | | |
| 20 | | 1673 | ✓ | | | | | | | ✓ | | | | ✓ | | | ✓ | | |
| 21 | | 1674 | | | | | | ✓ | | ✓ | | | | ✓ | | | ✓ | | |
| 22 | | 1708 | | | | | | ✓ | | | | | | ✓ | ✓ | | | | |
| 23 | | 1675 | | | | | | ✓ | | | | | | ✓ | ✓ | | | | |
| 24 | | 1676 | | | ✓ | | | | | ✓ | | | | ✓ | ✓ | | | | |
| 25 | | 1677 | | | | | | ✓ | | ✓ | | | | ✓ | ✓ | | | | |
| 26 | | 1678 | | | | | | | App | | | | | ✓ | ✓ | | | | |
| 27 | | 1679 | | | | | | | App | | | | | ✓ | ✓ | | | | |
| 28 | | 1680 | | | | | | | App | | | | | ✓ | ✓ | | | | |
| 29 | | 1681 | | | | | | ✓ | | ✓ | | | | ✓ | ✓ | | | | |
| 30 | | 1682 | | | | | | ✓ | | ✓ | | | | ✓ | ✓ | | | | |
| 31 | | 1683 | | | | | | ✓ | | | | | | ✓ | ✓ | | | | |
| 32 | | 1684 | | | | | | ✓ | Dark | ✓ | | | | | | | ✓ | | |
| 33 | | 1685 | | | | | | ✓ | | ✓ | | | | ✓ | | | 26 h.h.p | Big Knees | |
| 34 | | 1686 | ✓ | | | | | | | ✓ | | | | ✓ | | | | | |
| 35 | | 1687 | ✓ | | | | | | | ✓ | | | | | | | ✓ | | |
| 36 | | 1688 | ✓ | | | | | | | ✓ | | | | ✓ | | | CV h.h.p | | |
| 37 | | 1689 | | | | | | | App | | | | | ✓ | ✓ | | | | |
| 38 | | 1690 | | | | | | | Dark | ✓ | | | | ✓ | ✓ | | | | |
| 39 | | 1691 | | | | ✓ | | | | ✓ | | | | ✓ | ✓ | | | | |
| 40 | | 1692 | | | | | | ✓ | | ✓ | | | | ✓ | ✓ | | | | |
| 41 | | 1693 | | | | | | ✓ | | ✓ | | | | ✓ | ✓ | | | | |
| 42 | | 1694 | | ✓ | | | | | | ✓ | | | | ✓ | ✓ | | | | |
| 43 | | 1695 | | | | | | ✓ | | | | | | ✓ | ✓ | | | | |
| 44 | | 1696 | | | | | | | Buck | ✓ | | | | ✓ | ✓ | | | | |
| 45 | | 1697 | | | | | | ✓ | | ✓ | | | | ✓ | ✓ | | | | |

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[Redacted Signature]

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FORM APPROVED
OMB NO. 0579-0160

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

(Please type or print in ink)

| | TAG PREFIX | Tag NO. | COLOR DESCRIPTION | | | | | | BREED/TYPE | | | | | SEX | | | BRANDS Tattoos, etc. | REMARKS Include precondition | | | |
|----|------------|---------|-------------------|------|------|-------|--------|-------|------------|----|-------|------|-------|------|------|------|----------------------|------------------------------|--|------------|--|
| | | | Bay | Grey | Blk. | Pinto | Chestn | Other | TB | QT | Draft | Pony | Other | Mare | Stal | Geld | | | | | |
| 16 | USBH | 1698 | | | ✓ | | | | | | | | | | ✓ | | | | | | |
| 17 | | 1699 | | | | | | | App | | | | | | ✓ | ✓ | | | | | |
| 18 | | 1700 | | | | | | ✓ | | | | | | | ✓ | | | | | | |
| 19 | | 1701 | | | | | | ✓ | | | | | | | | | ✓ | | | Bite Marks | |
| 20 | | 1702 | | | | | | ✓ | | | | | | | ✓ | | | | | | |
| 21 | | 1703 | | ✓ | | | | | | | | | | | | | ✓ | | | | |
| 22 | | 1704 | | | | | | | App | | | | | | ✓ | ✓ | | | | | |
| 23 | | 1705 | | | | | | | App | | | | | | ✓ | | ✓ | | | eye | |
| 24 | | 1706 | | | | | | | App | | | | | | ✓ | | ✓ | | | | |
| 25 | | 1707 | | | | | | | App | | | | | | ✓ | | ✓ | | | | |
| 26 | | | | | | | | | | | | | | | | | | | | | |
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| 45 | | | | | | | | | | | | | | | | | | | | | |

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

[Redacted Signature]

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

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FORM
APPROVED
OMB NO.
0579-0160

| | | |
|--|---|---|
| TIME HORSES LOADED ON CONVEYANCE <i>11:45 A.M.</i> | DATE <i>6-22-04</i> | CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE <i>Mitchell S.D.</i> |
| VEHICLE LICENSE NO. AND DRIVER'S NAME [REDACTED] | NAME OF AUCTION/MARKET <i>Mitchell S.D.</i> | CONSIGNEE (RECEIVER/DESTINATION) NAME <i>Beltex Corp.</i> |
| CONSIGNOR (OWNER/SHIPPER) NAME <i>Musick Livestock L.H.C.</i> | STREET ADDRESS <i>3201 N. Ohlman</i> | STREET ADDRESS <i>3801 N. Grove</i> |
| CITY, STATE, ZIP CODE <i>Mitchell S.D. 57301</i> | CITY, STATE, ZIP CODE <i>FT. Worth Texas</i> | AREA CODE & TELEPHONE NO. <i>817-624-1136</i> |
| AREA CODE & TELEPHONE NO. <i>605-996-7813</i> | | |

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 | USBH | 1709 | | ✓ | | | | | | ✓ | | | | | ✓ | | | |
| 2 | | 1712 | ✓ | | | | | | | ✓ | | | | | ✓ | | | |
| 3 | | 1713 | | | | ✓ | | | | | | | ✓ | ✓ | | | | |
| 4 | | 1715 | | | | | | ✓ | | ✓ | | | | | ✓ | | | |
| 5 | | 1716 | | | | | | | App | | | | | ✓ | | | ✓ | |
| 6 | | 1718 | | | | | | ✓ | | ✓ | | | | | | | ✓ | |
| 7 | | 1719 | | ✓ | | | | | | ✓ | | | | | | | ✓ | |
| 8 | | 1720 | | | | | | | App | | | | | ✓ | ✓ | | | |
| 9 | | 1721 | | | | | | ✓ | | ✓ | | | | | | | ✓ | |
| 10 | | 1722 | | | | | | ✓ | | ✓ | | | | | | | ✓ | |
| 11 | | 1723 | | ✓ | | | | | | ✓ | | | | | ✓ | | | |
| 12 | | 1724 | | | | | | ✓ | | ✓ | | | | | | | ✓ | |
| 13 | | 1725 | | | | | | ✓ | | ✓ | | | | | | | ✓ | |
| 14 | | 1726 | ✓ | | | | | | | ✓ | | | | | | | ✓ | |
| 15 | | 1727 | ✓ | | | | | | | ✓ | | | | | | | ✓ | |

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

SIGNATURE [REDACTED]

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CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

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

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|----|------------|---------|-------------------|------|------|-------|--------|-------|------------|----|-------|------|-------|------|------|------|----------------------|------------------------------|--|
| | | | Bay | Grey | Blk. | Pinto | Chestn | Other | TB | QT | Draft | Pony | Other | Mare | Stal | Geld | | | |
| 46 | VSBH | 1763 | | | | ✓ | | | | | | | | | ✓ | | | | |
| 47 | | 1764 | | | | ✓ | | | | | | | | | ✓ | | | | |
| 48 | | 1765 | | | | | | | Adp | | | | | | ✓ | | | ✓ | |
| 49 | | 1766 | | ✓ | | | | | | | | | | | ✓ | | | ✓ | |
| 50 | | 1767 | | | | | | | | | | | | | ✓ | | | 151 H/L | |
| 51 | | 1768 | | | | | | | | | | | | | ✓ | | | 058 E/R.H.P | |
| 52 | | 1769 | | ✓ | | | | | | | | | | | ✓ | | | | |
| 53 | | 1770 | | ✓ | | | | | | | | | | | ✓ | | | R.H.P | |
| 24 | | | | | | | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | | | | | | | |
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FORM
APPROVED
OMB NO.
0579-0160

| | | |
|--|---|---|
| TIME HORSES LOADED ON CONVEYANCE 1:30 P.M. | DATE 6-23-04 | CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE Mitchell S.D. |
| VEHICLE LICENSE NO. AND DRIVER'S NAME [REDACTED] | NAME OF AUCTION/MARKET Mitchell S.D. | CONSIGNEE (RECEIVER/DESTINATION) NAME Beltex Corp. |
| CONSIGNOR (OWNER/SHIPPER) NAME Mosick Livestock L.H.C. | STREET ADDRESS 3201 N. Ohlman | STREET ADDRESS 3801 N. Grove |
| CITY, STATE, ZIP CODE Mitchell S.D. 57301 | CITY, STATE, ZIP CODE Ft. Worth Texas | AREA CODE & TELEPHONE NO. 817-624-1136 |
| AREA CODE & TELEPHONE NO. 605-996-7813 | | |

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

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

| No. | TAG PREFIX | Tag NO. | COLOR DESCRIPTION | | | | | | | BREED/TYPE | | | | | SEX | | | BRANDS Tattoos, etc. | REMARKS Include existing conditions | | | |
|-----|------------|---------|-------------------|------|------|-------|-------|-------|------|------------|-------|------|-------|------|------|------|--|-------------------------|--|--|----------------------------------|---------|
| | | | Bay | Grey | Blk. | Pinto | Chest | Other | TB | QT | Draft | Pony | Other | Mare | Stal | Geld | | | | | | |
| 1 | USBA | 1775 | | | | | ✓ | | | | | | | | | | | | | | | |
| 2 | | 1777 | | | | | | | Pal | | | | | | | | | | | | | |
| 3 | | 1780 | | ✓ | | | | | | | | | | | | | | | | | | |
| 4 | | 1781 | | | | ✓ | | | | | | | | | | | | | | | | |
| 5 | | 1784 | | | | ✓ | | | | | | | | | | | | | | | | |
| 6 | | 1785 | | | | | | | Roan | | | | | | | | | | | | ✓ L.H.P | |
| 7 | | 1786 | | | | | | | | | | | | | | | | | | | ✓ | |
| 8 | | 1787 | | | | | | | | | | | | | | | | | | | ✓ Ch.H.P Cut Foot Cut F. Foot | |
| 9 | | 1790 | | | | | | | | | | | | | | | | | | | ✓ 2-X L.S. | |
| 10 | | 1791 | | | | ✓ | | | | | | | | | | | | | | | ✓ | |
| 11 | | 1792 | | | | | | | App | | | | | | | | | | | | ✓ | |
| 12 | | 1793 | | | | | | | | | | | | | | | | | | | ✓ 2-X L.S. | |
| 13 | | 1794 | | | | | | | Roan | | | | | | | | | | | | | ✓ L.H.P |
| 14 | | 1795 | | ✓ | | | | | | | | | | | | | | | | | | ✓ R.H.P |
| 15 | | 1796 | | | | | | | | | | | | | | | | | | | | ✓ |

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

SIGNATURE [REDACTED]

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

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(CONTINUATION SHEET)**

(Please type or print in ink)

| TAG PREFIX | Tag NO. | COLOR DESCRIPTION | | | | | | | BREED/TYPE | | | | | SEX | | | BRANDS Tattoos, etc. | REMARKS Include precondition |
|---------------|------------|-------------------|------|------|-------|--------|-------|------|------------|-------|------|-------|------|------|------|--|-------------------------|------------------------------------|
| | | Bay | Grey | Blk. | Pinto | Chestn | Other | TB | QT | Draft | Pony | Other | Mare | Stal | Geld | | | |
| USBH | 1798 | | | | | ✓ | | | | | | | | ✓ | ✓ | | P 3 L.Hip | |
| | 1799 | | | | ✓ | | | | | | | | | | ✓ | | N L.S. | |
| | 1800 | ✓ | | | | | | | | | | | | | | | M R.S. | |
| | 1802 | | | | | | ✓ | | | | | | | | | | | |
| | 1803 | | ✓ | | | | | | | | | | | | ✓ | | N L.S. | |
| | 1804 | ✓ | | | | | | | | | | | | | | | W X L.Hip | |
| | 1805 | | | | | | | Dund | | | | | | | ✓ | | P 3 L.Hip | |
| | 1806 | ✓ | | | | | | | | | | | | | | | | |
| | 1807 | | | | | | | Roon | | | | | | | | | | GH R.N.P |
| | 1809 | | | | | | ✓ | | | | | | | | ✓ | | N L.S. | |
| | 1810 | ✓ | | | | | | | | | | | | | | | | Lot Nose |
| | 1811 | | | ✓ | | | | | | | | | | | | | | Bite Marks |
| | 1812 | | | | | | | Pal | | | | | | | | | W7 R.Hip | Lot eye |
| | 1813 | | | | | | ✓ | | | | | | | | | | | |
| | 1814 | | | | | | | Buck | | | | | | | | | | W2 R.Hip |
| | 1816 | | | | | | ✓ | | | | | | | | | | | |
| | 1818 | | | | | | ✓ | | | | | | | | | | P 3 L.Hip | |
| | 1821 | | ✓ | | | | | | | | | | | | | | | Scratches on head |
| | 1822 | | | | | | | Roon | | | | | | | | | | |
| | 1823 | | | | | | ✓ | | | | | | | | | | | 7 2 L.Hip |
| | 1824 | | | | | | ✓ | | | | | | | ✓ | ✓ | | | 1/2 R.Hip |
| | 1774 | ✓ | | | | | | | | | | | | | | | | 1/2 R.Hip |
| | 1772 | | | | | | ✓ | | | | | | | ✓ | ✓ | | | 1/2 R.Hip |
| | 1773 | ✓ | | | | | | | | | | | | | | | | |
| | 1776 | | | | | | ✓ | | | | | | | | | | | H L.S. |
| | 1778 | ✓ | | | | | | | | | | | | | | | | |
| | 1779 | ✓ | | | | | | | | | | | | | | | | |
| | 1782 | | | | | | | Roon | | | | | | | | | | |
| | 1783 | | | | | | ✓ | | | | | | | | | | | 1/2 R.Hip |
| | 1788 | | | | | | ✓ | | | | | | | | | | | 1/2 R.Hip |

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

[Redacted Signature]

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

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FORM
APPROVED
OMB NO.
0579-0160

| | TAG PREFIX | Tag NO. | COLOR DESCRIPTION | | | | | | BREED/TYPE | | | | | SEX | | | BRANDS Tattoos, etc. | REMARKS Include precondition | | | |
|----|---------------|------------|-------------------------------------|------|------|-------------------------------------|--------|-------------------------------------|------------|-------------------------------------|-------|------|-------------------------------------|------|-------------------------------------|------|-------------------------|-------------------------------------|---------|--|--|
| | | | Bay | Grey | Blk. | Pinto | Chestn | Other | TB | QT | Draft | Pony | Other | Mare | Stal | Geld | | | | | |
| 46 | USBH | 1789 | <input checked="" type="checkbox"/> | | | | | | | <input checked="" type="checkbox"/> | | | | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | ♂ R.H.P | | |
| 47 | | 1797 | | | | | | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | | | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | |
| 48 | | 1801 | | | | <input checked="" type="checkbox"/> | | | | | | | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | ♂ R.H.P | | |
| 49 | | 1808 | | | | <input checked="" type="checkbox"/> | | | | | | | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | |
| 50 | | 1815 | <input checked="" type="checkbox"/> | | | | | | | <input checked="" type="checkbox"/> | | | | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | |
| 51 | | 1817 | | | | <input checked="" type="checkbox"/> | | | | | | | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | |
| 52 | | 1819 | | | | <input checked="" type="checkbox"/> | | | | | | | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | ♂ R.H.P | | |
| 53 | | 1820 | | | | | | <input checked="" type="checkbox"/> | Beck | <input checked="" type="checkbox"/> | | | | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | | |
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SIGNATURE OF OWNER/SHIPPER(certify that the information contained in this form is true and correct to the best of my knowledge.)

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

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FORM
APPROVED
OMB NO.
0579-0160

| | | |
|--|--|---|
| TIME HORSES LOADED ON CONVEYANCE 12:05 PM | DATE 6-27-04 | CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE Mitchell SD |
| VEHICLE LICENSE NO. AND DRIVER'S NAME [REDACTED] | NAME OF AUCTION/MARKET Mitchell SQ | CONSIGNEE (RECEIVER/DESTINATION) NAME Beltex Corp. |
| CONSIGNOR (OWNER/SHIPPER) NAME Musick Livestock LLC. | STREET ADDRESS 3801 N. Grove | CITY, STATE, ZIP CODE Fort Worth TX |
| STREET ADDRESS 3201 N. Ohlman | AREA CODE & TELEPHONE NO. 817-624-1136 | |
| CITY, STATE, ZIP CODE Mitchell S.D. 57301 | | |
| AREA CODE & TELEPHONE NO. 605-996-7813 | | |

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 | | | | |
| USBH | 1825 | | | | | ✓ | | | | ✓ | | | | ✓ | | | | | |
| | 26 | ✓ | | | | | | | | ✓ | | | | ✓ | | | | | |
| | 27 | | | | | ✓ | | | | ✓ | | | | ✓ | | | A | | |
| | 28 | | | | ✓ | | | | | | | | | ✓ | | | #102 | | |
| | 29 | | ✓ | | | | | | | | | | | ✓ | | | JIC 36 | | |
| | 31 | ✓ | | | | | | | | ✓ | | | | ✓ | | | JIC 20 | | |
| | 32 | ✓ | | | | | | | | ✓ | | | | | ✓ | | | | |
| | 33 | | | | ✓ | | | | | | | | | | | | | | |
| | 34 | | | | ✓ | | | | | | | | | | | | | | |
| | 35 | | | | | | | APP | | | | | | ✓ | | | | | |
| | 36 | ✓ | | | | | | | | ✓ | | | | ✓ | | | | | Big Minder |
| | 37 | | | ✓ | | | | | | ✓ | | | | | ✓ | | | | |
| | 38 | | | ✓ | | | | | | ✓ | | | | ✓ | | | Y | | |
| | 40 | | | | | | | ✓ | | ✓ | | | | ✓ | | | ♀ or | | Big knee |
| | 41 | | | | | | | ✓ | | ✓ | | | | ✓ | | | 408 | | |

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

SIGNATURE [REDACTED]

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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]

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

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FORM
APPROVED
OMB NO.
0579-0160

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

| | TAG PREFIX | Tag NO. | COLOR DESCRIPTION | | | | | | BREED/TYPE | | | | | SEX | | | BRANDS Tattoos, etc. | REMARKS Include precondition |
|----|---------------|------------|-------------------|------|------|-------|--------|-----------------|------------|----|-------|------|-------|------|------|------|-------------------------|------------------------------------|
| | | | Bay | Grey | Blk. | Pinto | Chestn | Other | TB | QT | Draft | Pony | Other | Mare | Stal | Geld | | |
| 16 | WSBH | 1842 | | | | | ✓ | | | ✓ | | | | | | ✓ | | |
| 17 | | 43 | | | | | | Ran ✓ | | ✓ | | | | | ✓ | | | III 6 |
| 18 | | 44 | | | | | ✓ | | | ✓ | | | | | | ✓ | | 7 |
| 19 | | 45 | | | | | ✓ | | | ✓ | | | | ✓ | | | | |
| 20 | | 46 | | | | | ✓ | | | ✓ | | | | ✓ | | | | |
| 21 | | 47 | ✓ | | | | | Red Ran ✓ | | ✓ | | | | | | | ✓ | |
| 22 | | 48 | | | | | | Ran ✓ | | ✓ | | | | | | | ✓ | |
| 23 | | 49 | | | | | ✓ | | | ✓ | | | | ✓ | | | | |
| 24 | | 51 | | | | | | App ✓ | | | | | | ✓ | | | | |
| 25 | | 52 | ✓ | | | | | | | ✓ | | | | | | | ✓ | |
| 26 | | 53 | | | | | | App ✓ | | | | | | ✓ | | | | |
| 27 | | 54 | | | | | | App ✓ | | | | | | ✓ | | | | |
| 28 | | 55 | | | ✓ | | | | | ✓ | | | | | | ✓ | | 7 |
| 29 | | 56 | | | ✓ | | | | | ✓ | ✓ | | | | | ✓ | | 7 |
| 30 | | 57 | | | | | | Gulla ✓ | | ✓ | | | | ✓ | | | | |
| 31 | | 58 | ✓ | | | | | | | ✓ | | | | ✓ | | | | |
| 32 | | 59 | ✓ | | | | | | | ✓ | | | | ✓ | | | | |
| 33 | | 60 | ✓ | | | | | | | ✓ | | | | | | ✓ | | H7 M7 |
| 34 | | 61 | | | ✓ | | | | | | | | | ✓ | | | | |
| 35 | | 62 | ✓ | | | | | | | ✓ | | | | | | ✓ | | T? |
| 36 | | 63 | | ✓ | | | | | | | | | | ✓ | | | | |
| 37 | | 64 | | | | | | Am ✓ | | | | | | | | | ✓ | Black Marks |
| 38 | | 65 | | | | | ✓ | | | ✓ | | | | ✓ | | | | |
| 39 | | 66 | | | | | ✓ | | | ✓ | | | | ✓ | | | | |
| 40 | | 67 | ✓ | | | | | | | ✓ | | | | | | ✓ | | |
| 41 | | 68 | ✓ | | | | | | | ✓ | | | | | | ✓ | | |
| 42 | | 69 | | | | | ✓ | | | ✓ | | | | | | ✓ | | |
| 43 | | 70 | | | | | | Ran ✓ | | ✓ | | | | ✓ | | | | |
| 44 | | 71 | | | | | ✓ | | | ✓ | | | | | | ✓ | | |
| 45 | | 72 | ✓ | | | | | | | ✓ | | | | | | ✓ | | |

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

| | TAG PREFIX | Tag NO. | COLOR DESCRIPTION | | | | | | BREED/TYPE | | | | | SEX | | | BRANDS Tattoos, etc. | REMARKS Include precondition | | | |
|----|------------|---------|-------------------|------|------|-------|--------|-------|------------|----|-------|------|-------|------|------|------|----------------------|------------------------------|--|--|--|
| | | | Bay | Grey | Blk. | Pinto | Chestn | Other | TB | QT | Draft | Pony | Other | Mare | Stal | Geld | | | | | |
| 46 | USBH | 1573 | | | ✓ | | | | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | | | | | | | | | |
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FORM
APPROVED
OMB NO.
0579-0160

| | | |
|---|---|---|
| TIME HORSES LOADED ON CONVEYANCE 1:45 PM | DATE 6-27-04 | CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE Mitchell S.D. |
| VEHICLE LICENSE NO. AND DRIVER'S NAME [REDACTED] | NAME OF AUCTION/MARKET Mitchell S.D. | |
| CONSIGNOR (OWNER/SHIPPER) NAME Musick Lusk L.L.C. | CONSIGNEE (RECEIVER/DESTINATION) NAME Beltex Corp | |
| STREET ADDRESS 3201 N. Ohlman | STREET ADDRESS 3801 N Grove | |
| CITY, STATE, ZIP CODE Mitchell S.D 57301 | CITY, STATE, ZIP CODE Fort Worth TX | |
| AREA CODE & TELEPHONE NO. 605-996-7813 | AREA CODE & TELEPHONE NO. 817-624-1136 | |

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

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

| | TAG PREFIX | Tag NO. | COLOR DESCRIPTION | | | | | | | BREED/TYPE | | | | | SEX | | | BRANDS Tattoos, etc. | REMARKS Include existing conditions | | | |
|----|------------|---------|-------------------|------|------|-------|--------|-------|-----|------------|-------|------|-------|------|------|------|--|----------------------|-------------------------------------|--|----------|----------|
| | | | Bay | Grey | Blk. | Pinto | Chestn | Other | TB | QT | Draft | Pony | Other | Mare | Stal | Geld | | | | | | |
| 1 | USBH | 1903 | | | | | | | App | | | | | | | | | | | | | |
| 2 | | 06 | | | | | | | ✓ | | | | | | | | | | | | | |
| 3 | | 07 | | | | | | | ✓ | | | | | | | | | | | | ✓✓ ✓✓ | |
| 4 | | 08 | ✓ | | | | | | | | | | | | | | | | | | ✓ | |
| 5 | | 09 | | | | | | | ✓ | | | | | | | | | | | | ✓ | |
| 6 | | 10 | | | | | | | ✓ | | | | | | | | | | | | ✓ | Cut Foot |
| 7 | | 11 | | | | | | | ✓ | | | | | | | | | | | | 0 | |
| 8 | | 12 | | | | | | | ✓ | | | | | | | | | | | | 7 | MYM |
| 9 | | 13 | | | | | | | ✓ | | | | | | | | | | | | 70 | |
| 10 | | 14 | | ✓ | | | | | | | | | | | | | | | | | ✓ | |
| 11 | | 15 | | ✓ | | | | | | | | | | | | | | | | | ✓ | |
| 12 | | 16 | | | | | | | ✓ | | | | | | | | | | | | ✓ | |
| 13 | | 17 | | | | | | | ✓ | | | | | | | | | | | | ✓ | |
| 14 | | 18 | | | | | | | ✓ | | | | | | | | | | | | ✓ | ✓ |
| 15 | | 19 | | | | | | | ✓ | | | | | | | | | | | | ✓ | |

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

SIGNATURE [REDACTED]

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

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(CONTINUATION SHEET)**
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| | TAG PREFIX | Tag NO. | COLOR DESCRIPTION | | | | | | BREED/TYPE | | | | | SEX | | | BRANDS Tattoos, etc. | REMARKS Include precondition | |
|----|---------------|------------|-------------------|------|------|-------|--------|-------|------------|----|-------|------|-------|------|------|------|-------------------------|------------------------------------|-------|
| | | | Bay | Grey | Blk. | Pinto | Chestn | Other | TB | QT | Draft | Pony | Other | Mare | Stal | Geld | | | |
| 16 | USBM | 1920 | | | | | ✓ | | | | | | | | ✓ | | | | |
| 17 | | 1874 | ✓ | | | | | | | | | | | | | | | ✓ | ♥ |
| 18 | | 75 | | | | | | Grk | ✓ | | | | | | | | | ✓ | |
| 19 | | 76 | | ✓ | | | | | | | | | | | | | | ✓ | |
| 20 | | 77 | | | ✓ | | | | | | | | | | | | | ✓ | |
| 21 | | 78 | | | | | | ✓ | | | | | | | ✓ | | | | |
| 22 | | 79 | | | | | | App | ✓ | | | | | | ✓ | | | | |
| 23 | | 80 | | | | | | ✓ | | | | | | | ✓ | | | | |
| 24 | | 81 | | | | | | Pal | ✓ | | | | | | | | | ✓ | |
| 25 | | 82 | | | | | | ✓ | | | | | | | ✓ | | | | |
| 26 | | 83 | | | ✓ | | | | | | | | | | | | | ✓ | 22 |
| 27 | | 84 | | | | | | ✓ | | | | | | | | | ✓ | | |
| 28 | | 85 | | | | | ✓ | | | | | | | | ✓ | | | | |
| 29 | | 86 | | | ✓ | | | | | | | | | | | | | ✓ | |
| 30 | | 87 | ✓ | | | | | | | | | | | | ✓ | | | ♂ | |
| 31 | | 88 | | | | | | ✓ | | | | | | | | | | ✓ | ♂ |
| 32 | | 89 | | | | | | Rem | ✓ | | | | | | ✓ | | | | |
| 33 | | 90 | | | | | | Dum | ✓ | | | | | | ✓ | | | | |
| 34 | | 91 | | | | | ✓ | | | | | | | | | | | ✓ | |
| 35 | | 92 | ✓ | | | | | | | | | | | | ✓ | | | | FT |
| 36 | | 93 | | | | | | App | ✓ | | | | | | ✓ | | | | |
| 37 | | 94 | | ✓ | | | | | | | | | | | | | | ✓ | |
| 38 | | 95 | ✓ | | | | | | | | | | | | | | | ✓ | |
| 39 | | 96 | ✓ | | | | | | | | | | | | ✓ | | | | |
| 40 | | 97 | ✓ | | | | | | | | | | | | ✓ | | | | R |
| 41 | | 98 | | | | | | ✓ | | | | | | | ✓ | | | ✓ | |
| 42 | | 99 | ✓ | | | | | | | | | | | | ✓ | | | | |
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

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FORM
APPROVED
OMB NO.
0579-0160

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

(Please type or print in ink)

| | TAG PREFIX | Tag NO. | COLOR DESCRIPTION | | | | | | BREED/TYPE | | | | | SEX | | | BRANDS Tattoos, etc. | REMARKS Include precondition | |
|----|---------------|------------|-------------------|------|------|-------|--------|-------|------------|----|-------|------|-------|------|------|------|-------------------------|------------------------------------|--|
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[Redacted Signature]