

Health Certificate No. TL117431
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

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

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

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

- 1. Name and Address of Exporter: Beltex Corporation
3801 N Grove
Nombre y Dirección del Exportador: Fort Worth, Texas 76106
- 2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV
Avenida Plateros #480, Zona Centro
Nombre y Dirección del Importador: Fresnillo, Zacatecas
Mexico, C.P. 99000
- 3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / <i>Número de microchip</i>	Sex/Sexo	Approximate age/Edad <i>aproximada</i>	Microchip Number / <i>Número de microchip</i>	Sex / Sexo	Approximate age/Edad <i>aproximada</i>
333623	mare	96months	356677	gelding	36months
355997	mare	84months	359020	mare	48months
358663	mare	108months	328115	mare	48months
349487	mare	108months	336863	mare	36months
347912	gelding	96months	334245	mare	84months
329743	gelding	120months	340441	mare	60months
355389	mare	96months	342785	gelding	108months
352668	mare	96months	345196	gelding	120months

Mexico, Slaughter horse HC

3/1/11



VS
Veterinary Services
 National Center for
 Import and Export

Health Certificate No. 71117431
 (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
332141	gelding	72months	331065	gelding	72months
348401	mare	72months	346854	mare	72months
344968	mare	36months	339071	mare	108months
354729	gelding	60months	331024	gelding	108months
332195	mare	96months	338832	mare	120months
339185	mare	108months	357001	gelding	96months
328652	gelding	120months	339102	mare	48months
338590	mare	36months	357688	mare	60months
Total: 32hd					

Mexico, Slaughter horse HC

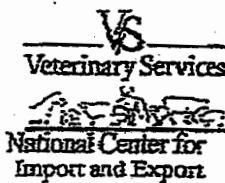


Health Certificate No. TLL17431
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

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

- Horses originate from the United States.
Los animales son originarios de Estados Unidos.
- Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.
A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.
Inspection date / Fecha de inspección February 28, 2011
- Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.
Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.
- During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.
Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.



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

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

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

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

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

(b)(6) 

(b)(6) 

32

3-1-11

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.*)

CWS

AFFIDAVIT
DECLARACIÓN JURADA

I (print) ^{(b) (6)} [redacted] Beltex Corp declare that the horses included in this shipment and accompanied by the health certificate number T1117431 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 T1117431 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

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

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

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

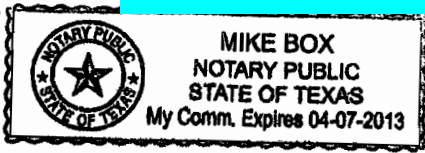
Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.

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

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

Date and signature of the exporter ^{(b) (6)} [redacted] 2/28/2011
Fecha y firma del exportador

Date and signature of the Notary Public ^{(b) (6)} [redacted] 2/28/2011
Fecha y firma del Notario Público



**R2: 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

71117431

TIME HORSES LOADED ON CONVEYANCE 2:00	DATE 7-29-11	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE Morton Texas
(b) (6)		NAME OF AUCTION/MARKET Pen # 26
CONSIGNEE (RECEIVER/DESTINATION) NAME Baeza Cattle Co.		HO 32
STREET ADDRESS Belder fieldlot 2180 CR 120	STREET ADDRESS Cattle Drive	
CITY, STATE, ZIP CODE Morton Texas 79346	CITY, STATE, ZIP CODE Presidio, TX	
AREA CODE & TELEPHONE NO. (806) 525-4221	AREA CODE & TELEPHONE NO. (626) 453-1001	

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE				SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal			Geld
1	USGV	2535					✓						✓	✓			AKA	338623
2		2536	✓										✓					356677
3		2537					✓						✓	✓				355997
4		2538					✓						✓	✓				359820
5		2539		✓									✓	✓				358663
6		2540						Pal					✓	✓				328115
7		2541					✓						✓	✓				349487
8		2542	✓										✓	✓				336868
9		2543					✓						✓			✓		347912
10		2544						APP					✓	✓				334245
11		2546					✓						✓			✓		329743
12		2547					✓						✓	✓				340441
13		2548						Pal					✓	✓				355889
14		2549	✓										✓			✓		342785
15	USGV	2550						Pal					✓	✓			AKA	352667

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 AFFIRM THAT THE INFORMATION AND THE INFORMATION IN IT AS COMPLETED IS TRUE AND CORRECT AND THAT THE SUBMISSION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A 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 _____

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

pen # 26

7667431

**R.I. 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	WGV	2551					✓									✓	AM Ship	345196
17		2552	✓													✓		332141
18		2553	✓													✓		3311065
19		2554					✓						✓					348401
20		2555					✓						✓					346854
21		2556				✓							✓					344968
22		2557	✓										✓					339071
23		2558			✓								✓					354729
24		2559					✓	Bm					✓					331024
25		2560					✓						✓					332195
26		2561	✓										✓					338832
27		2562	✓										✓					339185
28		2563						Red					✓					357001
29		2564				✓							✓					328652
30		2565	✓										✓					339102
31		2566						Red					✓					338590
32	WGV	2567						Bm					✓				AM Ship	357688
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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

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

(b) (6)



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

Originating Office Phone
 512-383-2411
 Beltex Corporation
 Po Box 427
 Whiteface TX 79379

Control Number: 4801B6037
 Office Id: 974801

Service Date(s)
 Begin: 01-MAR-11
 End: 01-MAR-11

Reference NR:

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

Total Due \$ 104.00

Remarks: Health Certificate # T1117431, 7432

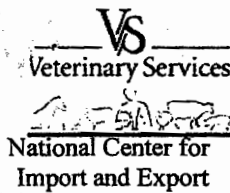
Payment Information

Nfc Id 751522503VA

Date	Amount	Payment Type	Account/Check #
08-MAR-11	\$ 104.00	Credit Acct	

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

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



Health Certificate No. T11-16844
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

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

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

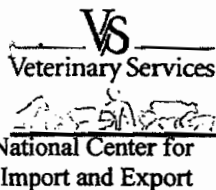
Nota: México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará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

1. Name and Address of Exporter: Beltex Corporation
 Nombre y Dirección del Exportador: 3801 N Grove
 Fort Worth, Texas 76106
2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV
 Nombre y Dirección del Importador: Avenida Plateros #480, Zona Centro
 Fresnillo, Zacatecas
 Mexico, C.P. 99000
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
601940	mare	72months	602062	mare	96months
601939	gelding	96months	602059	mare	48months
602064	mare	36months	602061	mare	36months
601937	mare	120months	602043	mare	144months
602000	mare	144months	602060	gelding	96months
601998	mare	96months	602001	gelding	36months
602063	gelding	108months	602039	mare	24months
601996	mare	84months	601938	gelding	108months

Mexico, Slaughter horse HC

2/25/11



Health Certificate No. T11-16844
 (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
602003	gelding	144months	602057	mare	96months
602058	mare	144months	602055	gelding	144months
601944	gelding	144months	601943	mare	72months
602002	mare	84months	601997	mare	144months
602004	mare	36months	601995	gelding	96months
602040	mare	144months	601935	mare	96months
602056	gelding	36months	601936	gelding	144months

Total: 30hd

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

Los animales son originarios de Estados Unidos.

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

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

Inspection date / Fecha de inspección February 24, 2011

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

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

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

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



(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.*]

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

Darrell L. Haney, DVM
Name of Endorsing Federal Veterinarian
*Nombre del Médico Veterinario
Federal que endosa.*

30

(b) (6)

(b) (6)

2-24-11
erinarian and Date
*Firma del Médico Veterinario Acreditado
y Fecha*

Signature of Endorsing Federa
and Date
2-25-11
*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 (b) (6)) Beltex Corp declare that the horses included in this shipment and accompanied by the health certificate number _____ have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

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

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

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

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

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

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

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

Date and signature of the exporter
Fecha y firma del exportador

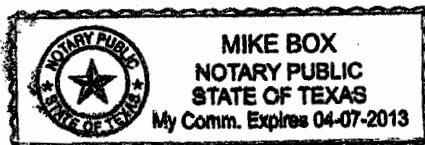
(b) (6)

2/24/2011

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

(b) (6)

2/24/2011



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

TIME HORSES LOADED ON CONVEYANCE: 12:30
DATE: 2/25/11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Morton Texas
NAME OF AUCTION/MARKET: [Redacted]
CONSIGNEE (RECEIVER/DESTINATION) NAME: Engle Pass Ranch
STREET ADDRESS: 2180 CR 120
CITY, STATE, ZIP CODE: Morton Texas 79346
AREA CODE & TELEPHONE NO.: (800) 525-4221
STREET ADDRESS: 205 Industrial Blvd
CITY, STATE, ZIP CODE: Engle Pass, TX
AREA CODE & TELEPHONE NO.: (915) 859-9942

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	
USA	2356					✓							✓	✓		72M	Ant hip	601940
	2351					✓							✓	✓			96M	602062
	2352					✓							✓			✓	96M	601939
	2353					✓							✓	✓			48M	602059
	2354					✓							✓	✓			36M	602064
	2355					✓							✓	✓			36M	602061
	2356					✓							✓	✓			120M	601937
	2357					✓							✓	✓			144M	602043
	2359		✓										✓	✓			144M	602000
	2360	✓											✓			✓	96M	602060
	2361					✓							✓	✓			96M	601998
	2362					✓							✓			✓	36M	602001
	2363					✓							✓			✓	108M	602063
	2364												✓	✓			24M	602039
USA	2365												✓	✓		84M	Ant hip	601996

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 CERTIFY THAT THE INFORMATION IN IT AS FURNISHED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. USING A FALSIFIED FORM IS A 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).

The information provided in this form is true and correct to the best of my knowledge and belief.

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST. _____
DATE _____
TIME _____
DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST. _____
DATE _____
TIME _____

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

FORM APPROVED
OMB NO.
0579-0160

P6
**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**

(Please type or print in ink)

No.	TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
16	566	2366																✓ 144 m	Dark Hip	601938
17		2367																✓ 144 m		602003
18		2368																✓ 96 m		602057
19		2369																✓ 144 m		602058
20		2370																✓ 144 m		602055
21		2371	✓															✓ 144 m		601944
22		2372																✓ 72 m		601943
23		2373			✓													✓ 84 m		602002
24		2374																✓ 144 m		601997
25		2375																✓ 36 m		602004
26		2376																✓ 96 m		601995
27		2378		✓														✓ 144 m		602040
28		2379																✓ 96 m		601935
29		2381		✓														✓ 36 m		602056
30	566	2382	✓															✓ 144 m	Dark Hip	601936
31																				
32																				
33																				
34																				
35																				
36																				
37																				
38																				
39																				
40																				
41																				
42																				
43																				
44																				
45																				

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

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

VS
(SE

Load 8-15		EAGLE PASS		T11-16844			
2/22/2011	Microchip	USDA	Color	Gender	Breed	Age	Pen
1	840003004601940	2350	Sorrel	Mare	xb	72	7
2	840003004602062	2351	Sorrel	Mare	xb	96	7
3	840003004601939	2352	Sorrel	Gelding	xb	96	7
4	840003004602059	2353	Sorrel	Mare	xb	48	7
5	840003004602064	2354	Sorrel	Mare	xb	36	7
6	840003004602061	2355	Sorrel	Mare	xb	36	7
7	840003004601937	2356	Sorrel	Mare	xb	120	7
8	840003004602043	2357	Sorrel	Mare	xb	144	7
9	840003004602000	2359	Grey	Mare	xb	144	7
10	840003004602060	2360	Bay	Gelding	xb	96	7
11	840003004601998	2361	Sorrel	Mare	xb	96	7
12	840003004602001	2362	Sorrel	Gelding	xb	36	7
13	840003004602063	2363	Sorrel	Gelding	xb	108	7
14	840003004602039	2364	Roan	Mare	xb	24	7
15	840003004601996	2365	Albino	Mare	xb	84	7
16	840003004601938	2366	Roan	Gelding	pony	108	7
17	840003004602003	2367	Sorrel	Gelding	xb	144	7
18	840003004602057	2368	Buckskin	Mare	xb	96	7
19	840003004602058	2369	Brown	Mare	xb	144	7
20	840003004602055	2370	Sorrel	Gelding	xb	144	7
21	840003004601944	2371	Bay	Gelding	xb	144	7
22	840003004601943	2372	Dun	Mare	xb	72	7
23	840003004602002	2373	Black	Mare	xb	84	7
24	840003004601997	2374	Sorrel	Mare	xb	144	7
25	840003004602004	2375	Buckskin	Mare	xb	36	7
26	840003004601995	2376	Albino	Gelding	xb	96	7
27	840003004602040	2378	Grey	Mare	xb	144	7
28	840003004601935	2379	Sorrel	Mare	xb	96	7
29	840003004602056	2381	Grey	Gelding	xb	36	7
30	840003004601936	2382	Bay	Gelding	xb	144	7

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

Originating Office Phone

Control Number: 850110076

Office Id: 978501

Beltex Corporation
 3801 N. Grove
 Ft. Worth TX 76106

Service Date(s)
 Begin: 25-FEB-11
 End: 25-FEB-11

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	1759785177 0250	52.00	1.00	52.00

Total Due \$ 52.00

Remarks: 1- HEALTH CERT.# T11-16844, 30 HEAD HORSES (2/25/11)

Payment Information

Nfc Id 751522503VA

Date	Amount	Payment Type	Account/Check #
25-FEB-11	\$ 52.00	Credit Acct	

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

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



Health Certificate No. 7117445
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

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

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

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

1. Name and Address of Exporter: Beltex Corporation
 Nombre y Dirección del Exportador: 3801 N Grove
 Fort Worth, Texas 76106
2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV
 Nombre y Dirección del Importador: Avenida Plateros #480, Zona Centro
 Fresnillo, Zacatecas
 Mexico, C.P. 99000
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
601487	mare	120months	601437	mare	108months
601485	mare	84months	601436	gelding	96months
601440	gelding	84months	601521	gelding	36months
097733	mare	120months	097631	mare	96months
601519	mare	120months	601517	mare	120months
097738	mare	72months	602041	gelding	24months
602044	mare	24months	097572	mare	24months
602042	mare	24months	602037	mare	24months

Mexico, Slaughter horse HC

3/3/11



Health Certificate No. 71117445
 (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
097582	mare	24months	097568	mare	24months
097564	gelding	24months	097567	mare	24months
097566	gelding	24months	097580	mare	24months
097571	gelding	24months	097579	gelding	24months
097565	gelding	24months	097563	gelding	24months
602038	gelding	24months	097569	mare	24months
097570	gelding	24months	097575	mare	48months

Total: 30nd

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

Los animales son originarios de Estados Unidos.

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

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

Inspection date / Fecha de inspección March 2, 2011

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

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

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

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

Mexico, Slaughter horse HC



(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.*]

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

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

(b) (6)


3-2-11
narian and Date

*Firma del Médico Veterinario Acreditado
y Fecha*

(b) (6)


3-3-11

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

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

CW

AFFIDAVIT
DECLARACIÓN JURADA

I (print) (b) (6) Beltex Corp declare that the horses included in this shipment and accompanied by the health certificate number 211744 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 211744 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

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

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

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

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

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

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

Date and signature of the exporter
Fecha y firma del exportador

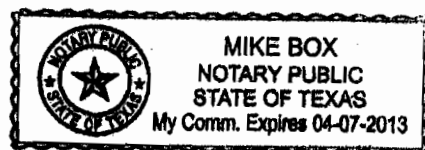
(b) (6)

3/2/2011

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

(b) (6)

3/2/2011



R3

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

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

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

FORM APPROVED
OMB NO.
0579-0160

711744

(b) (6)

DATE
3-2-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
Morton Texas

NAME OF AUCTION/MARKET

Pen #

STREET ADDRESS
Beltex feedlot
2180 CR 120
CITY, STATE, ZIP CODE
Morton Texas 79340
AREA CODE & TELEPHONE NO.
(806) 525-4221

CONSIGNEE (RECEIVER/DESTINATION) NAME
Baza Cattle Co.
STREET ADDRESS
Cattle Drive
CITY, STATE, ZIP CODE
Presidio, TX
AREA CODE & TELEPHONE NO.
HO 30

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	WGV 2843						APP							✓	✓			WGV	601487
2	2844						APP							✓	✓				601437
3	2845	✓												✓	✓				601485
4	2846						ALB							✓			✓		601436
5	2847							✓						✓			✓		601440
6	2848			✓										✓			✓		601521
7	2850			✓										✓	✓				097733
8	2851				✓									✓	✓				097631
9	2852			✓										✓	✓				601519
10	2854							✓						✓	✓				601517
11	2855							✓						✓	✓				097738
12	2856							✓						✓			✓		602041
13	2857					✓								✓	✓				602044
14	2858								Dum					✓	✓				097572
15	WGV 2859	✓												✓	✓			WGV	602042

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 AL... 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 (b) (6))

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST. _____
DATE _____
TIME _____

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

VS

R-3
**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

7111744

	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	WSGV	2860	✓										✓	✓										602307	
17		2861					✓						✓	✓											097582
18		2862							APP				✓	✓											047568
19		2863					✓						✓	✓											097564
20		2864							Buck				✓	✓											097567
21		2865	✓										✓	✓											097566
22		2866		✓									✓	✓											097580
23		2867	✓										✓	✓											097571
24		2868						✓					✓	✓											097579
25		2869							APP				✓	✓											097565
26		2870							Pal				✓	✓											097563
27		2871						✓					✓	✓											602098
28		2872							Pal				✓	✓											097569
29		2873							APP				✓	✓											097570
30	WSGV	2874						✓					✓	✓											097575
31																									
32																									
33																									
34																									
35																									
36																									
37																									
38																									
39																									
40																									
41																									
42																									
43																									
44																									
45																									

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

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



Health Certificate No. 7117446
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

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

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

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

1. Name and Address of Exporter: Beltex Corporation
 3801 N Grove
 Nombre y Dirección del Exportador: Fort Worth, Texas 76106
2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV
 Avenida Plateros #480, Zona Centro
 Nombre y Dirección del Importador: Fresnillo, Zacatecas
 Mexico, C.P. 99000
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
097581	mare	108months	097578	gelding	120months
097559	mare	72months	097554	gelding	60months
097558	mare	144months	097560	mare	120months
097574	mare	72months	097557	mare	144months
097573	mare	84months	097555	mare	48months
097577	mare	24months	097576	gelding	72months
097556	mare	84months	083999	mare	96months
043538	mare	96months	083990	mare	120months

Mexico, Slaughter horse HC



Health Certificate No. 71117446
 (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
054340	mare	144months	091744	mare	60months
096847	mare	36months	060532	mare	48months
090573	gelding	72months	052036	mare	120months
101771	gelding	36months	852463	mare	24months
098322	gelding	84months	062203	mare	108months
951332	mare	84months	081376	mare	120months
095150	mare	108months	102261	mare	120months

Total: 30hd

CERTIFICATION STATEMENTS / CERTIFICACIONES

- Horses originate from the United States.
Los animales son originarios de Estados Unidos.
- Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.
A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.
 Inspection date / Fecha de inspección March 2, 2011
- Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.
Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.
- During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.
Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.



Health Certificate No. 1117446
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

CU

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

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

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

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

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

(b) (6)


3-3-11
narian and Date

*Firma del Médico Veterinario Acreditado
y Fecha*

(b) (6)


3-3-11
Signature of Endorsing Federal Veterinarian
and Date

*Firma del Médico Veterinario que endosa
y Fecha*

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

Mexico, Slaughter horse HC

uifb

AFFIDAVIT
DECLARACIÓN JURADA

I (print) ^{(b) (6)} [redacted] Beltex Corp declare that the horses include ^{(b) (6)} [redacted] accompanied by the health certificate number 7117446 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 7117446 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 ^{(b) (6)} [redacted] 3/2/2011
Fecha y firma del exportador

Date and signature of the Notary Public ^{(b) (6)} [redacted] 3/2/2011
Fecha y firma del Notario Público



R4

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

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

2:00

3-2-11

Morton Texas

(b) (6)

NAME OF AUCTION/MARKET

Pen #

CONSIGNOR (OWNER/SHIPPER) NAME

CONSIGNEE (RECEIVER/DESTINATION) NAME

Bella feedlot

Baugh Cattle Co.

STREET ADDRESS

STREET ADDRESS

2180 CR 120

Cattle Drive

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

Morton Texas 79346

Presidio TX

AREA CODE & TELEPHONE NO.

AREA CODE & TELEPHONE NO.

(806) 525-4221

HD 30

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	WSGV	2875					✓							✓	✓			Red hip	097581
2		2876					✓							✓					097578
3		2877					✓							✓					097559
4		2878				✓								✓					097554
5		2879							Buck					✓	✓				097558
6		2880	✓											✓	✓				097560
7		2882							Buck					✓	✓				097574
8		2883			✓									✓	✓				097557
9		2884							Bum					✓	✓				097573
10		2885					✓							✓	✓				097555
11		2886							Dum					✓	✓				097577
12		2887				✓								✓					097576
13		2888		✓										✓	✓				097556
14		2889	✓											✓	✓				083999
15	WSGV	2890							Red					✓	✓			Red hip	043538

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____

DATE _____

TIME _____

SIGNATURE

I HEREBY AFFIRM THAT THE INFORMATION CONTAINED IN 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)

1304682

R4
**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.

771174
FORM APPROVED
OMB NO. 0579-0160
PC
26

Tag NO.	TAG PREFIX	COLOR-DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition		
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Gald.					
16	WGV	2891							Buck					✓	✓			Ant	083990	
17		2892						✓						✓	✓				054340	
18		2893							Brown					✓	✓				091744	
19		2894	✓											✓	✓				096847	
20		2895	✓											✓	✓				060532	
21		2896				✓								✓			✓		090573	
22		2897						✓						✓	✓				052030	
23		2898							Dum					✓			✓		101771	
24		2899						✓						✓	✓				852463	
25		2900	✓											✓			✓		098322	
26		2901		✓										✓	✓				062203	
27		2902							APP					✓	✓				951332	
28		2903						✓						✓	✓				081376	
29		2904	✓											✓	✓				095150	
30	WGV	2905	✓											✓	✓			Ant	102261	
31																				
32																				
33																				
34																				
35																				
36																				
37																				
38																				
39																				
40																				
41																				
42																				
43																				
44																				
45																				

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

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

(b) (6)

VS F
(SEP



Health Certificate No. T11-16843
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

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

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

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

1. Name and Address of Exporter: Beltex Corporation
 Nombre y Dirección del Exportador: 3801 N Grove
 Fort Worth, Texas 76106
2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV
 Nombre y Dirección del Importador: Avenida Plateros #480, Zona Centro
 Fresnillo, Zacatecas
 Mexico, C.P. 99000
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
603319	mare	24months	097384	gelding	24months
294079	mare	144months	270845	gelding	72months
297156	gelding	48months	603767	mare	84months
270608	mare	36months	097871	mare	144months
277325	mare	36months	288155	gelding	84months
272093	mare	108months	279147	gelding	72months
097809	gelding	84months	098188	gelding	144months
277106	gelding	60months	937217	mare	120months

Mexico, Slaughter horse HC

2/23/11



Health Certificate No. T11-16843
 (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
602995	mare	144months	603772	mare	120months
271944	mare	96months	295800	mare	84months
031536	gelding	144months	603768	gelding	120months
267379	gelding	36months	293032	mare	36months
602996	mare	144months	603774	mare	60months
097883	gelding	120months	352171	mare	96months
273002	gelding	48months	263965	gelding	36months

Total: 30hd

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

Los animales son originarios de Estados Unidos.

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

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

Inspection date / Fecha de inspección February 22, 2011

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

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

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

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

Mexico, Slaughter horse HC



Health Certificate No. T11-16843
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

delete as appropriate / *Remueva lo que no aplique*)

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

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

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

Darrell L. Honey, DVM.
Name of Endorsing Federal Veterinarian
*Nombre del Médico Veterinario
Federal que endosa.*

30

(b) (6)

2-22-11

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

(b) (6)

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

2-23-11

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

Mexico, Slaughter horse HC

**AFFIDAVIT
DECLARACIÓN JURADA**

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

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

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

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

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

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

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

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

Date and signature of the exporter
Fecha y firma del exportador

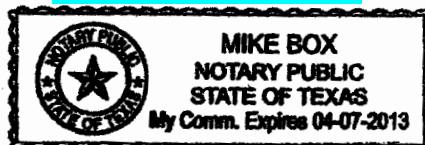
(b) (6)

2/22/2011

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

(b) (6)

2/22/2011



R5

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

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

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

FORM
APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

(b) (6)

NAME OF AUCTION/MARKET

OWNER/SHIPPER NAME
Betty Jeddlat

CONSIGNEE (RECEIVER/DESTINATION) NAME

T. D. A. Pens

STREET ADDRESS

2180 CR 120

STREET ADDRESS

205 Industrial Blvd

CITY, STATE, ZIP CODE

Morton Texas 79346

CITY, STATE, ZIP CODE

Eagle Pass, Texas 788

AREA CODE & TELEPHONE NO.

(806) 525-4221

AREA CODE & TELEPHONE NO.

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

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

Horses are able to bear weight on all 4 limbs.

Foals are older than 6 months of age.

Horses are not blind in both eyes.

Horses are able to walk unassisted.

TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions		
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
YSS	2027				✓									✓	✓			Art hip	603319
	2028													✓					097384
	2029													✓	✓				294079
	2030							✓						✓					270845
	2031							✓						✓					297156
	2032	✓												✓	✓				603767
	2033							✓						✓	✓				270608
	2034							✓						✓	✓				097871
	2035													✓	✓				277325
	2036	✓												✓					288155
	2037	✓												✓	✓				272093
	2038				✓									✓					279147
	2039	✓												✓					097809
	2040	✓												✓					098188
YSS	2041							✓						✓				Art hip	277106

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

SIGNATURE

I HEREBY
CERTIFY
COMPLYING
USING

THE INFORMATION IN THIS FORM OR KNOWINGLY
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

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

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

FORM APPROVED
OMB NO.
0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USA	2042				✓							✓	✓				Adk H/ 937217
17		2043	✓										✓	✓				602995
18		2044								Pal			✓	✓				603772
19		2045			✓								✓	✓				271944
20		2046								Rear			✓	✓				295800
21		2047			✓								✓			✓		031536
22		2048			✓								✓			✓		603768
23		2049						✓					✓			✓		267379
24		2050								Rear			✓	✓				293032
25		2051	✓										✓	✓				602996
26		2052				✓							✓	✓				603774
27		2053	✓										✓			✓		097883
28		2054				✓							✓	✓				352171
29		2055	✓										✓			✓		273002
30	USA	2056				✓							✓			✓	Adk H/ 263965	
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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

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

Load 8-4	EAGLE PASS	T11-16843				
Microchip	USDA	Color	Gender	Breed	Age	Pen
1 840003004603319	2027	Paint	Mare	xb	24	7
2 840003008097384	2028	Roan	Gelding	xb	24	7
3 294079	2029	App	Mare	xb	144	7
4 981020005270845	2030	Sorrel	Gelding	xb	72	7
5 981020005297156	2031	Sorrel	Gelding	xb	48	7
6 840003004603767	2032	Bay	Mare	xb	84	7
7 981020005270608	2033	Sorrel	Mare	xb	36	7
8 840003008097871	2034	Sorrel	Mare	xb	144	7
9 981020005277325	2035	Roan	Mare	xb	36	7
10 981020005288155	2036	Bay	Gelding	xb	84	7
11 981020005272093	2037	Bay	Mare	xb	108	7
12 981020005279147	2038	Paint	Gelding	xb	72	7
13 840003008097809	2039	Bay	Gelding	xb	84	7
14 840003008098188	2040	Bay	Gelding	xb	144	7
15 981020005277106	2041	Sorrel	Gelding	xb	60	7
16 985170000937217	2042	Paint	Mare	xb	120	7
17 840003004602995	2043	Bay	Mare	xb	144	7
18 840003004603772	2044	Palominc	Mare	xb	120	7
19 981020005271944	2045	Black	Mare	xb	96	7
20 981020005295800	2046	Roan	Mare	xb	84	7
21 985170001031536	2047	Black	Gelding	xb	144	7
22 840003004603768	2048	Black	Gelding	xb	120	7
23 981020005267379	2049	Sorrel	Gelding	xb	36	7
24 981020005293032	2050	Roan	Mare	xb	36	7
25 840003004602996	2051	Bay	Mare	xb	144	7
26 840003004603774	2052	Paint	Mare	xb	60	7
27 840003008097883	2053	Grey	Gelding	xb	120	7
28 981020005352171	2054	Paint	Mare	xb	96	7
29 981020005273002	2055	Bay	Gelding	xb	48	7
30 981020005263965	2056	Paint	Gelding	xb	36	7

ANIMAL AND PLANT HEALTH INSPECTION SERVICES
STATEMENT OF SERVICES

Originating Office Phone
512-385-2411
Beltex Corporation
Po Box 427
Whiteface TX 79379

Control Number: 4801B5743
Office Id: 974801
Service Date(s)
Begin: 22-FEB-11
End: 22-FEB-11

Reference NR:

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

Total Due \$ 104.00

Remarks: Health Certificate # T1117413, 7414

Payment Information

Nfc Id 751522503VA

Date	Amount	Payment Type	Account/Check #
01-MAR-11	\$ 104.00	Credit Acct	

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

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

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

Originating Office Phone

Control Number: 850110073

Office Id: 978501

Beltex Corporation
 3801 N. Grove
 Ft Worth TX 76106

Service Date(s)
 Begin: 23-FEB-11
 End: 23-FEB-11

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	1759785177 0250	52.00	1.00	52.00

Total Due \$ 52.00

Remarks: 1-HEALTH CERT. T11-16843,30 HEAD HORSES (2/23/11)

Payment Information

Nfc Id 751522503VA

Date	Amount	Payment Type	Account/Check #
23-FEB-11	\$ 52.00	Credit Acct	

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

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



Health Certificate No. 711-19061
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

LCFV

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

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

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

1. Name and Address of Exporter: Beltex Corporation
 Nombre y Dirección del Exportador: 3801 N Grove
 Fort Worth, Texas 76106
2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV
 Nombre y Dirección del Importador: Avenida Plateros #480, Zona Centro
 Fresnillo, Zacatecas
 Mexico, C.P. 99000
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
050225	gelding	96months	066529	gelding	36months
066115	gelding	24months	034650	gelding	72months
034449	mare	72months	069672	mare	120months
069180	gelding	84months	068823	mare	120months
070072	gelding	144months	034294	mare	120months
033132	gelding	36months	074693	gelding	96months
066664	gelding	72months	097524	mare	72months
097527	mare	84months	603102	mare	72months

Mexico, Slaughter horse HC

480113 9432

3/17/11



Health Certificate No. T11-19061
 (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
073775	mare	108months	011696	mare	144months
000628	gelding	84months	036206	mare	144months
096962	mare	132months	295800	mare	72months
937139	gelding	120months	006902	gelding	36months
075687	mare	84months	356017	mare	48months
079832	mare	120months	277325	mare	24months
988400	mare	72months	006656	gelding	36months

Total: 30hd

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

Los animales son originarios de Estados Unidos.

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

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

Inspection date / Fecha de inspección March 16, 2011

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

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

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

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



Health Certificate No. 711-19061
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

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

5. [Within 5 days prior to export, the animals were dipped in coumaphos at 400 ppm. Spraying of the product is only authorized using a motor pump with coumaphos at 400 ppm.] [The animals were treated with ivermectin (NOM-019-ZOO-1994)]

[Los animales fueron tratados dentro de los 5 días previos al embarque con un baño de inmersión con coumaphos a concentración de 400 ppm. Solamente se autoriza el baño de aspersion cuando se utilice bomba de motor y se aplique una dosis de 400 ppm de coumaphos] [Los animales fueron tratados con ivermectina (NOM-019-ZOO-i994)]

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

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

(b) (6)

Signature and Date
*Firma del Médico Veterinario Acreditado
y Fecha*

(b) (6)

Signature and Date
*Firma del Médico Veterinario que endosa
y Fecha*

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

Mexico, Slaughter horse HC

AFFIDAVIT
DECLARACIÓN JURADA

I (print) ^{(b)(6)} [redacted] Beltex Corp declare that the horses included in this shipment and accompanied by the health certificate number T11-19061 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número T11-19061 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, methyfuracil phenylthiouracil and propylthiouracil.

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

Date and signature of the exporter
Fecha y firma del exportador

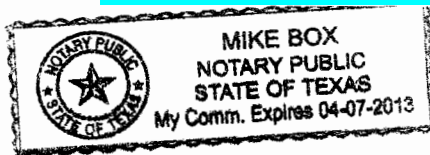
^{(b)(6)} [redacted]

3/16/2011

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

^{(b)(6)} [redacted]

3/16/2011



R2
**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**
(Please type or print in Ink)

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

FORM APPROVED
OMB NO.
0579-0160

T11-19061
WFB

TIME HORSES LOADED ON CONVEYANCE

3:00 AM

DATE

3-17-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Morton Texas

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET

CONSIGNEE (RECEIVER/DESTINATION) NAME

T.D.A. Perez

STREET ADDRESS

STREET ADDRESS

10900 Socorro Rd.

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

El Paso, TX

AREA CODE & TELEPHONE NO.

AREA CODE & TELEPHONE NO.

(806) 525-4221

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				
WJGV	4016	✓																	Atlix 050225
	4017			✓															066529
	4018	✓																	066115
	4019					✓						MUL							034650
	4020	✓											✓	✓					034449
	4021	✓											✓	✓					069672
	4022	✓					✓						✓	✓					069180
	4023	✓											✓	✓					068823
	4024					✓	✓						✓	✓					070072
	4025					✓							✓	✓					034294
	4026					✓							✓	✓					033132
	4027			✓									✓	✓					074693
	4028	✓											✓	✓					066664
	4061					✓	✓						✓	✓					097524
WJGV	4062					✓							✓	✓					Atlix 097527

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 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 _____

R2
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

711-19061

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stai	Geld			
16	USGV	4063					✓						✓	✓				<i>Red Lip</i>	603102
17		4064					✓						✓	✓					073775
18		4065		✓			✓						✓	✓					011696
19		4066	✓										✓				✓		000628
20		4067						✓					✓	✓					036206
21		4068	✓										✓	✓					096962
22		4069						ROAN					✓	✓					295800
23		4070	✓										✓				✓		937134
24		4071											✓				✓		006902
25		4072											✓	✓					075687
26		4073											✓	✓					356017
27		4074											✓	✓					079832
28		4075						ROAN					✓	✓					277325
29		4076											✓	✓					988400
30	USGV	4077											✓				✓	<i>Red Lip</i>	006656
31																			
32																			
33																			
34																			
35																			
36																			
37																			
38																			
39																			
40																			
41																			
42																			
43																			
44																			
45																			

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

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

(b) (6)

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

Originating Office Phone
512-383-2411
Beltex Corporation
Po Box 427
Whiteface TX 79379

Control Number: 4801B9432

Office Id: 974801

Service Date(s)
Begin: 17-MAR-11
End: 17-MAR-11

Reference NR:

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

Total Due \$ 52.00

Remarks: Health Certificate # t1119061

Payment Information

Nfc Id 751522503VA

Date	Amount	Payment Type	Account/Check #
25-MAY-11	\$ 52.00	Credit Acct	

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

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



Health Certificate No. 711-19056
 (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.

- Name and Address of Exporter: Beltex Corporation
 3801 N Grove
 Fort Worth, Texas 76106
Nombre y Dirección del Exportador:
- Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV
 Avenida Plateros #480, Zona Centro
 Fresnillo, Zacatecas
 Mexico, C.P. 99000
Nombre y Dirección del Importador:
- 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
337884	gelding	84months	343219	mare	48months
068066	mare	132months	040390	gelding	24months
059429	gelding	144months	102444	mare	72months
062305	gelding	120months	055130	mare	84months
082672	gelding	36months	097595	mare	144months
031040	gelding	24months	101895	gelding	96months
087842	mare	96months	057024	gelding	72months
062229	gelding	84months	096119	gelding	48months

Mexico, Slaughter horse HC

4801B 9434

3/15/11



Health Certificate No. 711-19056
 (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
040198	mare	144months	061345	mare	120months
068673	gelding	72months	101047	gelding	144months
066969	gelding	144months	076763	gelding	84months
055005	gelding	48months	068806	gelding	24months
066904	mare	36months	096895	mare	144months
099663	mare	120months	034809	mare	96months
092957	mare	36months	069358	mare	120months

Total: 30hd

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

Los animales son originarios de Estados Unidos.

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

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

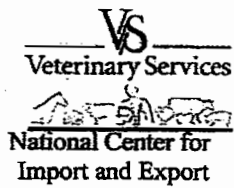
Inspection date / Fecha de inspección March 14, 2011

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

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

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

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



Health Certificate No. 711-19056
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

Delete as appropriate /Remueva lo que no aplique)

5. [Within 5 days prior to export, the animals were dipped in coumaphos at 400 ppm. Spraying of the product is only authorized using a motor pump with coumaphos at 400 ppm.] [The animals were treated with ivermectin (NOM-019-ZOO-1994)]

[Los animales fueron tratados dentro de los 5 días previos al embarque con un baño de inmersión con coumaphos a concentración de 400 ppm. Solamente se autoriza el baño de aspersion cuando se utilice bomba de motor y se aplique una dosis de 400 ppm de coumaphos] [Los animales fueron tratados con ivermectina (NOM-019-ZOO-1994)]

GRANT WEASE DVM
USDA, APHIS, VETERINARY SVCS.
EL PASO, TEXAS

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

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

(b) (6)

Firma del Médico Veterinario Acreditado
y Fecha

3-14-11
rian and Date

(b) (6)

and Date
Firma del Médico Veterinario que endosa
y Fecha

3/15/11
narian

(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) ^{(b) (6)} _____ *B. Hernandez* declare that the horses included in this shipment and accompanied by the health certificate number 711-19056 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 711-19056, 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.

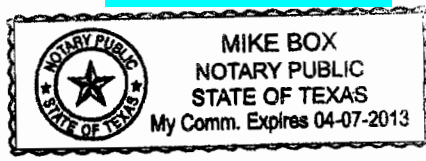
Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.

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 ^{(b) (6)} _____ 2/5/2011
Fecha y firma del exportador

Date and signature of the Notary Public ^{(b) (6)} _____ 2/5/2011
Fecha y firma del Notario Público



25
 U.S. DEPARTMENT OF AGRICULTURE
 ANIMAL AND PLANT HEALTH INSPECTION SERVICE
OWNER/SHIPPER CERTIFICATE
NESS TO TRAVEL TO A SLAUGHTER FACILITY
 (Please type or print in ink)

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

FORM APPROVED
 OMB NO. 0579-0160
 T11-19056

HORSES LOADED ON CONVEYANCE: 1:00 AM
 DATE: 2-15-11
 CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Morton Texas
 NAME OF AUCTION/MARKET: [Redacted]
 CONSIGNEE (RECEIVER/DESTINATION) NAME: T.D.A. Perez
 STREET ADDRESS: 10800 Socorro Rd
 CITY, STATE, ZIP CODE: El Paso, TX
 AREA CODE & TELEPHONE NO. [Redacted]
 STREET ADDRESS: 180 C.R. 120
 CITY, STATE, ZIP CODE: Morton TX
 AREA CODE & TELEPHONE NO. (96) 525-4221

MARK 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			
156V	3859						ALB											
	3860																	337884
	3861						DUN											343219
	3862																	068066
	3863																	040390
	3864																	059429
	3865																	102444
	3866						ROAN											062305
	3867																	055130
	3868						PAL											082672
	3869																	097595
	3870																	031040
	3871						PAL											101895
	3872																	087842
156V	3873																	057024
																		062219

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

SIGNATURE: [Redacted]
 TITLE: [Redacted]
 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 _____

R5

**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

711-19056

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			
USGV	3874				✓							✓			✓		Art	096119
	3875						DUN					✓	✓					040198
	3876							✓				✓	✓					061345
	3877					✓						✓			✓			068673
	3878		✓									✓			✓			101047
	3879	✓										✓			✓			066969
	3880						ROAN					✓			✓			076763
	3881						DUN					✓			✓			055005
	3882	✓										✓			✓			068806
	3883						ROAN					✓	✓					066904
	3884						ROAN					✓	✓					096895
	3885						✓					✓	✓					099663
	3886		✓									✓	✓					034809
	3887							✓				✓	✓					092957
USGV	3888						DUN					✓	✓			Art		069358

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

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



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

Originating Office Phone
 12-383-2411
 Eltex Corporation
 P.O. Box 427
 Whiteface TX 79379

Control Number: 4801B9434

Office Id: 974801

Service Date(s)
 Begin: 15-MAR-11
 End: 15-MAR-11

Reference NR:

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

Total Due \$ 52.00

Remarks: Health Certificate # T1119056

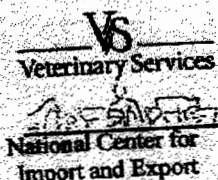
Payment Information

Nfc Id 751522503VA

Date	Amount	Payment Type	Account/Check #
15-MAY-11	\$ 52.00	Credit Acct	

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

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



Health Certificate No. 711-19091
 (Valid only if the USDA Veterinary Seal WPH
 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.

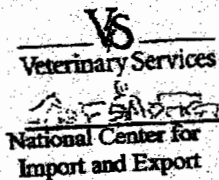
1. Name and Address of Exporter:
Nombre y Dirección del Exportador: Beltex Corporation
 3801 N Grove
 Fort Worth, Texas 76106
2. Name and Address of Importer:
Nombre y Dirección del Importador: Empacadora de Carnes de Fresnillo, SA de CV
 Avenida Plateros #480, Zona Centro
 Fresnillo, Zacatecas
 Mexico, G.P. 99000
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / <i>Número de microchip</i>	Sex/Sexo	Approximate age/Edad <i>aproximada</i>	Microchip Number / <i>Número de microchip</i>	Sex / Sexo	Approximate age/Edad <i>aproximada</i>
098389	mare	120months	098388	gelding	120months
098391	mare	120months	098390	mare	120months
098384	mare	96months	098392	gelding	144months
098383	mare	84months	098385	mare	72months
097181	mare	48months	097174	mare	108months
097177	gelding	60months	097175	gelding	24months
097173	mare	24months	097178	mare	60months
097152	gelding	24months	097149	mare	72months

Mexico, Slaughter horse HC

4801B9439

3/7/11



Health Certificate No. 711-19041
 (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
097148	gelding	84months	097151	gelding	60months
097147	gelding	144months	097146	gelding	120months
097144	gelding	144months	097199	mare	36months
097198	gelding	120months	097201	gelding	72months
097197	gelding	60months	097202	mare	60months
097196	gelding	24months	097193	mare	120months
097194	mare	96months	030947	mare	24months

Total: 30hd

CERTIFICATION STATEMENTS / CERTIFICACIONES

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

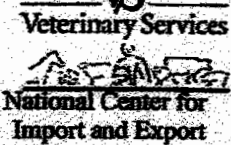
2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.
A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos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

Inspection date / Fecha de inspección March 4, 2011

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

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine meningitis 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 meningitis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.

Mexico, Slaughter horse HC



(Valid only if the USDA Veterinary Seal Appears over the Certificate Number) ^{W.F.}

(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.*]

Chris Larson, D.V.M.

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)



3-4-11

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

(b) (6)



3/7/11

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

(b) (6)
I (prior to) Beltex Corp declare that the horses included in this shipment and accompanied by the health certificate number T11-19041 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número T11-19041 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

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

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

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

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

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

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

Date and signature of the exporter
Fecha y firma del exportador

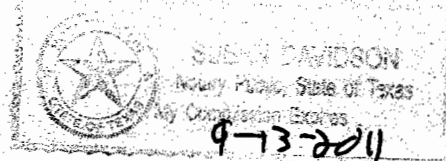
(b) (6)

3/4/2011

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

(b) (6)

3/4/2011



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
71F19042

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

HORSES LOADED ON CONVEYANCE: 3920
 DATE: 3/7/11
 (b) (6)
 OWNER/SHIPPER NAME: [Redacted]
 ADDRESS: [Redacted]
 CITY, STATE, ZIP CODE: Morton, Texas 79346
 TELEPHONE NO.: (806) 525-4221

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Morton, Texas
 NAME OF AUCTION/MARKET: [Redacted]
 CONSIGNEE (RECEIVER/DESTINATION) NAME: T.D.A. Fene
 STREET ADDRESS: 10900 Jacorro Rd
 CITY, STATE, ZIP CODE: El Paso, TX
 AREA CODE & TELEPHONE NO.: [Redacted]

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			
USGV	3005	✓											✓	✓			Ant. hip	098389
	3006		✓										✓					098388
	3007					✓							✓	✓				098391
	3008		✓										✓	✓				098390
	3009					✓							✓	✓				098384
	3010		✓										✓		✓			098392
	3011					✓							✓	✓				098383
	3012	✓											✓	✓				098385
	3013					✓							✓	✓				097181
	3015	✓											✓	✓				097174
	3016					✓							✓		✓			097177
	3018	✓											✓		✓			097175
	3019					✓							✓	✓				097173
	3020		✓										✓	✓				097178
USGV	8023					✓							✓				Ant. hip	097152

I HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.
 SIGNATURE: [Redacted]
 I, THE SIGNATURE OF OWNER/SHIPPER, certify that the information contained in this form is true and correct to the best of my knowledge.
 (b) (6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
 EST. _____
 DATE _____
 TIME _____
 DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
 EST. _____
 DATE _____
 TIME _____

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

711-19041 *JK*

OWNER/SHIPPER CERTIFICATE

**PERMIT 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			
USGV	3024		✓										✓	✓			A at hip	097149
	3025					✓							✓					097148
	3026	✓											✓					097151
	3027												✓					097147
	3028												✓					097146
	3029												✓					097144
	3030			✓									✓	✓				097199
	3031												✓					097198
	3033												✓					0971201
	3035				✓								✓					097197
	3036												✓					097202
	3037				✓								✓					097196
	3038												✓					097193
	3039		✓										✓	✓				097194
	3041		✓										✓	✓				030947
USGV	3042		✓										✓	✓			A at hip	

I authorize the CFIA to disclose this document and the information in it as completed by the CFIA to the USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(b) (6)



Health Certificate No. 711-19042
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number) WFK

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

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

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

- Name and Address of Exporter: *Nombre y Dirección del Exportador:* Beltex Corporation
3801 N Grove
Fort Worth, Texas 76106
- Name and Address of Importer: *Nombre y Dirección del Importador:* Empacadora de Carnes de Fresnillo, SA de CV
Avenida Plateros #480, Zona Centro
Fresnillo, Zacatecas
Mexico, C.P. 99000
- Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / <i>Número de microchip</i>	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / <i>Número de microchip</i>	Sex / Sexo	Approximate age/Edad aproximada
360434	mare	24months	350653	mare	24months
341639	mare	24months	360592	mare	24months
360482	mare	24months	337664	mare	24months
338279	gelding	24months	342790	mare	24months
331558	mare	24months	346361	mare	24months
097212	mare	24months	352471	mare	24months
357900	mare	24months	359249	mare	24months
097211	mare	48months	097210	mare	84months

Mexico, Slaughter horse HC



Health Certificate No. 711-19042
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number) WFT

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

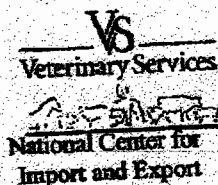
Note: Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

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

- Name and Address of Exporter: *Nombre y Dirección del Exportador:* Beltex Corporation
3801 N Grove
Fort Worth, Texas 76106
- Name and Address of Importer: *Nombre y Dirección del Importador:* Empacadora de Carnes de Fresnillo, SA de CV
Avenida Plateros #480, Zona Centro
Fresnillo, Zacatecas
Mexico, C.P. 99000
- 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
360434	mare	24months	350653	mare	24months
341639	mare	24months	360592	mare	24months
360482	mare	24months	337664	mare	24months
338279	gelding	24months	342790	mare	24months
331558	mare	24months	346361	mare	24months
097212	mare	24months	352471	mare	24months
357900	mare	24months	359249	mare	24months
097211	mare	48months	097210	mare	84months

Mexico, Slaughter horse HC



Health Certificate No. 711-19042
 (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
097209	mare	120months	097208	mare	96months
097207	gelding	72months	097206	gelding	120months
097205	gelding	84months	097204	mare	96months
097203	mare	48months	097217	gelding	96months
097218	gelding	72months	097219	mare	84months
097220	mare	108months	097221	mare	48months
098387	mare	36months	098386	gelding	96months

Total: 30hd

CERTIFICATION STATEMENTS / CERTIFICACIONES

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

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

Inspection date / Fecha de inspección: March 4, 2011

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

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

Mexico, Slaughter horse HC



Veterinary Services
National Center for
Import and Export

(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.*]

Chris Larson, D.V.M.
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)

3-4-11

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

(b) (6)

3/7/11

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

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

Mexico, Slaughter horse HC

AFFIDAVIT
DECLARACIÓN JURADA

I (print ^{(b) (6)} [redacted] Beltex Corp declare that the horses included in this shipment and accompanied by the health certificate number 711-19042 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 711-19042 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

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

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

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

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

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

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

Date and signature of the exporter
Fecha y firma del exportador

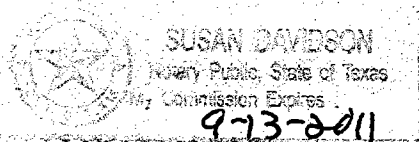
^{(b) (6)} [redacted]

3/5/2011

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

^{(b) (6)} [redacted]

3/5/2011



**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**

(Please type or print in ink)

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

TLI-19092 WPK

HORSES LOADED ON CONVEYANCE
DATE 2-11-11
(b) (6)

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
Morton Texas
NAME OF AUCTION/MARKET

STREET ADDRESS
Belter Feedlot
2180 CR 120
CITY, STATE, ZIP CODE
Morton Texas 79346
AREA CODE & TELEPHONE NO.
(806) 525-4221

CONSIGNEE (RECEIVER/DESTINATION) NAME
I. D. A. Peru
STREET ADDRESS
10800 Sacoito Rd.
CITY, STATE, ZIP CODE
El Paso TX
AREA CODE & TELEPHONE NO.

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

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions			
		Bay	Grey	Blk.	Pinto	Chestn.	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld					
USGV	2973																		rt hip	360434
	2973																			350653
	2974																			341639
	2976																			360592
	2977																			360482
	2978																			337664
	2979																			338279
	2980																			342790
	2981																			331558
	2982																			346361
	2983																			097212
	2984																			352471
	2985																			357900
	2986																			359249
USGV	2987																			rt hip 097211

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 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 **(b) (6)**)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____

DATE _____

TIME _____

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

FORM APPROVED
OMB NO.
0579-0160

711-19042

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

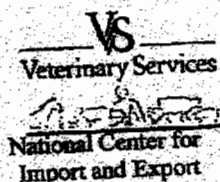
(Please type or print in ink)

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	USEV 2988				✓								✓	✓			Fit hip	097210
17	2989						Pa1						✓	✓				097209
18	2990						Pa1						✓	✓				097208
19	2991					✓							✓	✓				097207
20	2992		✓										✓	✓				097206
21	2993				✓								mule				✓	097205
22	2994					✓							✓	✓				097204
23	2995				✓								✓	✓				097203
24	2996				✓								draft					097217
25	2997					✓							✓	✓				097218
26	2998						Buck						✓	✓				097219
27	2999				✓								✓	✓				097220
28	3000	✓											✓	✓				097221
29	3003	✓											✓	✓				098387
30	USEV 3004						Alb						✓				Fit hip	098386
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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

Signature: (b)(6) [Redacted]

(SEP 2002)



Health Certificate No. **711-19043**
 (Valid only if the USDA Veterinary Seal US
 Appears over the Certificate Number)

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

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

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

- Name and Address of Exporter:
Nombre y Dirección del Exportador: Beltex Corporation
 3801 N Grove
 Fort Worth, Texas 76106
- Name and Address of Importer:
Nombre y Dirección del Importador: Empacadora de Carnes de Fresnillo, SA de CV
 Avenida Plateros #480, Zona Centro
 Fresnillo, Zacatecas
 Mexico, C.P. 99000
- Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / <i>Número de microchip</i>	Sex / <i>Sexo</i>	Approximate age / <i>Edad aproximada</i>	Microchip Number / <i>Número de microchip</i>	Sex / <i>Sexo</i>	Approximate age / <i>Edad aproximada</i>
083985	mare	48months	034941	mare	144months
081600	gelding	120months	055479	mare	72months
082175	gelding	84months	059991	mare	72months
097216	mare	120months	089244	mare	48months
060367	mare	36months	077531	mare	72months
333951	mare	60months	358542	mare	48months
331777	mare	60months	344854	mare	48months
328322	mare	60months	340229	mare	84months

Mexico, Slaughter horse HC



VS
 Veterinary Services
 National Center for
 Import and Export

Health Certificate No. **711-19043**
 (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
349103	mare	144months	332234	mare	84months
341644	gelding	48months	348126	mare	72months
337821	mare	84months	337094	gelding	144months
328311	mare	72months	345886	gelding	96months
340583	mare	36months	339205	mare	120months
356616	mare	72months	358959	mare	36months
360502	mare	144months	336993	mare	84months

Total: 30hd

CERTIFICATION STATEMENTS / CERTIFICACIONES

- Horses originate from the United States.
Los animales son originarios de Estados Unidos.
- Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.
A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.
Inspection date / Fecha de inspección March 4, 2011
- Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.
Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.
- During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.
Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.

Mexico, Slaughter horse HC



(Delete as appropriate / Remueva lo que no aplique)

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

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

Chris Larson, D.V.M.
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)

3-4-11
Signature of Accredited Veterinarian and Date
*Firma del Médico Veterinario Acreditado
y Fecha*

3/7/11
Signature of Endorsing Federal Veterinarian and Date
*Firma del Médico Veterinario que endosa
y Fecha*

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

Mexico, Slaughter horse HC

AFFIDAVIT
DECLARACIÓN JURADA

I (print ^{(b) (6)} [redacted] Beltex Corp declare that the horses include ^{(b) (6)} [redacted] accompanied by the health certificate number 711-19043 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 711-19043 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

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

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

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

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

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

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

Date and signature of the exporter
Fecha y firma del exportador

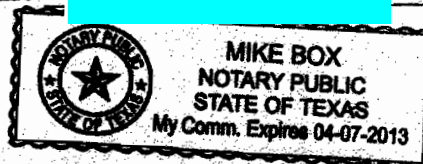
^{(b) (6)} [redacted]

3/4/2011

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

^{(b) (6)} [redacted]

3/4/2011



R1. 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
711-19043

DATE HORSES LOADED ON CONVEYANCE
12:15 AM
DATE
3-7-11
STREET ADDRESS
[REDACTED]
CITY, STATE, ZIP CODE
Morton Texas 79346
AREA CODE & TELEPHONE NO.
(806) 525-4221

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
Morton Texas
NAME OF AUCTION/MARKET
[REDACTED]
CONSIGNEE (RECEIVER/DESTINATION) NAME
T.D.H. Pent
STREET ADDRESS
10800 Socorro Rd
CITY, STATE, ZIP CODE
El Paso, TX
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.
 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			
USCA	2940					✓							✓	✓			A hip	083985
	2941					✓							✓	✓				034941
	2942					✓							✓		✓			081600
	2943					✓							✓					055479
	2944					✓							✓		✓			082175
	2945	✓											✓	✓				059991
	2946												✓	✓				097216
	2947					✓							✓	✓				089344
	2948												✓	✓				060367
	2950					✓							✓	✓				077531
	2951					✓							✓	✓				333951
	2952					✓							✓	✓				358542
	2953					✓							✓	✓				331777
	2954					✓							✓	✓				344854
USCA	2955	✓											✓	✓			A hip	328322

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

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

711-19043

**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	USGV 2956					/							/	/			DRHP	340229
17	2957					/							/	/				349103
18	2958				/								/	/				332234
19	2959												/	/				341644
20	2960					/							/	/				348126
21	2961												/	/				337821
22	2963	/											/	/				337094
23	2964					/							/	/				328311
24	2965					/							/	/				345886
25	2966												/	/				340583
26	2967	/											/	/				339205
27	2968	/											/	/				356616
28	2969												/	/				358959
29	3128	/											/	/				360522
30	USGV 2971												/	/			DRHP	336993
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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

SIGNATURE (b) (6)
[Redacted Signature]

Originating Office Phone
512-383-2411
Beltex Corporation
Po Box 427
Whiteface TX 79379

Service Date(s)
Begin: 07-MAR-11
End: 07-MAR-11

Reference NR:

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

Total Due \$ 156.00

Remarks: Health Certificate # T1119041, 9042, 9043

Nfc Id
751522503VA

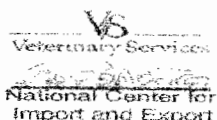
Payment Information

Date	Amount	Payment Type	Account/Check #
25-MAY-11	\$ 156.00	Credit Acct	

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

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

DM



Health Certificate No. 711-19038
 (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 aceptara 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 numero de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptara machos sin castrar ni monorchideos.

Name and Address of Exporter:
 Nombre y Dirección del Exportador:

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

Name and Address of Importer:
 Nombre y Dirección del Importador:

Eduardo Crosby Stege
 C.Emilio Zola #698 Col. El Colegio
 Cd. Juarez, Chihuahua, Mexico 32340

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

Microchip number/ Nombre de microchip	Sex / Sexo	Appropriate age/ Edad aproximada	Microchip number/ Nombre de microchip	Sex / Sexo	Appropriate age/ Edad aproximada
985170000972121	gelding	144 months	985170000972703	Female	168 months
985170000963061	Female	108 months	985170000919875	Female	180 months
985170000948720	Female	96 months	985170000979730	Gelding	216 months
985170000966169	Female	120 months	985170000937445	Gelding	12 months
985170000958285	Gelding	180 months	985170000938829	Female	72 months
985170000956294	Gelding	108 months	985170000980742	Female	12 months
985170000973378	Gelding	120 months	985170000946686	Gelding	96 months
985170000977768	Female	180 months	985170000942180	Female	72 months

Mexico Slaughter horses HC

4801 B 9436

3/2/11



VS
Veterinary Services
NATIONAL CENTER FOR
Import and Export

Health Certificate No. 711-19030
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

Microchip number/ Nombre de microchip	Sex / Sexo	Appropriate age/ Edad aproximada	Microchip number/ Nombre de microchip	Sex / Sexo	Appropriate age/ Edad aproximada
85170000975076	Female	72 months	985170000977406	Female	12 months
85170000937184	Gelding	72 months	985170000948608	Female	72 months
85170000947422	Female	48 months	985170000941782	Gelding	12 months
85170000974149	Female	36 months	985170000976511	Gelding	12 months
85170000977627	Female	180 months	985170000967113	Gelding	36 months
85170000951989	Female	144 months	985170000954335	Gelding	84 months
85170000958983	Female	12 months	985170000941316	Gelding	48 months

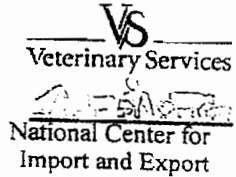
Mexico Slaughter horses HC



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

CERTIFICATION STATEMENTS / CERTIFICACIONES

- Horses originate from the United States.
Los animales son originarios de Estados Unidos.
- Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.
A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.
 Inspection date / *Fecha de inspección* 03/02/2011
- Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.
Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.
- During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.
Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.



Health Certificate No. TV-19038
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

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

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

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

GRANT WEASE DVM
USDA, APHIS, VETERINARY SVCS.
EL PASO, TEXAS

CRYSTAL VAN LOM

Name of Accredited Veterinarian
*Nombre del Médico Veterinario
Acreditado*

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

(b) (6)
[Redacted signature]

3/02/11
Signature and Date

*Firma del Médico Veterinario Acreditado
y Fecha*

(b) (6)
[Redacted signature]

3/2/11

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

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

711-19038

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

TIME HORSES LOADED ON CONVEYANCE 6.30 am	DATE 3/2/2011	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE El Paso, Texas
VEHICLE LICENSE NO. AND DRIVER'S NAME (b)(6)	NAME OF AUCTION/MARKET N/A	CONSIGNEE (RECEIVER/DESTINATION) NAME Eduardo Crosby Stege
CONSIGNOR (OWNER/SHIPPER) NAME (b)(6)	STREET ADDRESS C.Emilio Zola#698 Col. Colegio	CITY, STATE, ZIP CODE Cd JUarez, Chihuahua, Mexico 32340
STREET ADDRESS (b)(6)	AREA CODE & TELEPHONE NO. 526-563-957813	
CITY, STATE, ZIP CODE (b)(6) Texas (b)(6)		
AREA CODE & TELEPHONE NO. (b)(6)		

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

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

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION	BREED/TYPE										SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions			
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal			Geld		
1	USFO 0301				X							X						X		972121
2	USFO 0302	X										X				X				963061
3	USFO 0303				X							X				X				948720
4	USFO 0304						X					X				X				966169
5	USFO 0305	X										X						X		958285
6	USFO 0306						X					X						X		956294
7	USFO 0307								APP					APP.				X		973378
8	USFO 0308								DUN			X				X				977768
9	USFO 0309						X							PAINT		X				972703
10	USFO 0310						X							PAINT		X				919875
11	USFO 0311							X				X						X		979730
12	USFO 0312						X					X						X		937445
13	USFO 0313	X										X				X				938829
14	USFO 0314		X									X				X				980742
15	USFO 0315						X					X						X		946686

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY PRIOR TO LOADING ON CONVEYANCE. SIGNATURE: (b)(6)	CANADIAN FOOD INSPECTION AGENCY (CFIA) EST. _____ DATE _____ TIME _____
I HEREBY CERTIFY THAT 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: (b)(6)	DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF) EST. _____ DATE _____ TIME _____

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

FORM
APPROVED
OMB NO.
0579-0160

T/1-19038

**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		
16	USFO 0316			X					X				X			942180
17	USFO 0317					X			X				X			975076
18	USFO 0318				X						PAINT			X		937184
19	USFO 0319					X			X				X			947422
20	USFO 0320						BROWN		X				X			974149
21	USFO 0321					X			X				X			9776.7
22	USFO 0322	X							X				X			95198
23	USFO 0323		X						X				X			958983
24	USFO 0324				X				X				X			977406
25	USFO 0325			X					X				X			948608
26	USFO 0326							PAL	X					X		941782
27	USFO 0327					X			X					X		976511
28	USFO 0328			X					X					X		967113
29	USFO 0353						BROWN		X					X		954335
30	USFO 0373					X			X					X		941316
31																
32																
33																
34																
35																
36																
37																
38																
39																
40																
41																
42																
43																
44																
45																

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

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



A 604170 D 030211
T 0833 08
141936375011 L 001272

14-193637501

\$ 52.00

711-19038
Certificate No. T11-19038
by the USDA Veterinary Service
for Export to Countries and Areas:

PAY EXACTLY FIFTY-TWO DOLLARS AND NO CENTS

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

PURCHASER'S ADDRESS



HORSES EXPORTED
MEXICO
10 CABALLOS PARA
10

⑆02100400⑆ 40141936375011⑈

residue are completed and have HC number written

in the right upper corner. Mexico will not accept sexually intact mares and monorchid animals.

Nota: México aceptara 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 Zoonosanitario (CZ). El numero de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptara machos sin castrar ni monorchideos.

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

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

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

Eduardo Crosby Stege
C.Emilio Zola #698 Col. El Colegio
Cd. Juarez, Chihuahua, Mexico 32340

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

Microchip number/ Nombre de microchip	Sex / Sexo	Appropriate age/ Edad aproximada	Microchip number/ Nombre de microchip	Sex / Sexo	Appropriate age/ Edad aproximada
985170000972121	gelding	144 months	985170000972703	Female	168 months
985170000963061	Female	108 months	985170000919875	Female	180 months
985170000948720	Female	96 months	985170000979730	Gelding	216 months
985170000966169	Female	120 months	985170000937445	Gelding	12 months
985170000958285	Gelding	180 months	985170000938829	Female	72 months
985170000956294	Gelding	108 months	985170000980742	Female	12 months
985170000973378	Gelding	120 months	985170000946686	Gelding	96 months
985170000977768	Female	180 months	985170000942180	Female	72 months

Mexico Slaughter horses HC

H801B 9436

3/2/11

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

Originating Office Phone

Control Number: 4801B9436

(b) (6)

Office Id: 974801

Service Date(s)

Begin: 02-MAR-11

End: 02-MAR-11

Reference NR:

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

Total Due \$ 52.00

Remarks: Health Certificate # T1119038

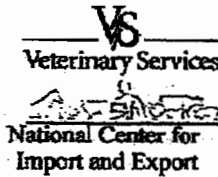
Payment Information

Nfc Id
9999999999V

Date	Amount	Payment Type	Account/Check #
5-MAY-11	\$ 52.00	Money Order	14193637501

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, Box 979039 St. Louis, MO 63197-9000.

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



Health Certificate No. 711-19034
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

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

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

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

1. Name and Address of Exporter: Beltex Corporation
 3801 N Grove
 Nombre y Dirección del Exportador: Fort Worth, Texas 76106
2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV
 Avenida Plateros #480, Zona Centro
 Nombre y Dirección del Importador: Fresnillo, Zacatecas
 Mexico, C.P. 99000
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
030223	mare	120months	069152	mare	144months
074345	gelding	120months	098041	mare	132months
963837	mare	120months	098168	gelding	144months
248517	gelding	144months	097075	gelding	96months
098001	gelding	84months	902552	gelding	144months
281421	mare	144months	970935	gelding	120months
080336	mare	132months	962041	gelding	144months
253025	gelding	96months	605052	mare	144months

Mexico, Slaughter horse HC

4801B9438

3/2/11



Health Certificate No. 711-19034
 (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
602824	gelding	132months	602638	mare	132months
247824	mare	84months	098233	gelding	144months
604684	gelding	132months	250013	gelding	144months
097256	gelding	144months	603219	gelding	144months
966051	gelding	144months	035837	gelding	96months
603291	gelding	108months	603667	mare	96months
937139	gelding	144months	601350	mare	96months

Total: 30hd

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

Los animales son originarios de Estados Unidos.

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

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

Inspection date / Fecha de inspección March 1, 2011

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

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

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

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

Mexico, Slaughter horse HC

AFFIDAVIT
DECLARACIÓN JURADA

I (print ^{(b) (6)} [redacted] Beltex Corp declare that the horses included in this shipment and accompanied by the health certificate number T11-19034 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número T11-19034 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

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

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

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

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

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

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

Date and signature of the exporter
Fecha y firma del exportador

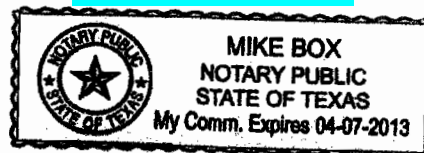
^{(b) (6)} [redacted]

3/1/2011

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

^{(b) (6)} [redacted]

3/1/2011



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
111-19034

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

1A on
(b) (6)

DATE: 8-2-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: MORTON TEXAS
NAME OF AUCTION/MARKET:

Beltex feedlot
STREET ADDRESS: 2190 UL120
CITY, STATE, ZIP CODE: morton TX 79346
AREA CODE & TELEPHONE NO.: (806) 525-4221

CONSIGNEE (RECEIVER/DESTINATION) NAME: T.D.A. Penn
STREET ADDRESS: 10800 Sacorro Rd
CITY, STATE, ZIP CODE: El Paso, TX
AREA CODE & TELEPHONE NO.:

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

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
usbv	2671						Pal						✓	✓			Art hip	030 223
	2672						Buck						✓	✓				069 152
	2673			✓									✓		✓			074 345
	2674	✓											✓	✓				098 041
	2675						Brown						✓	✓				963 837
	2676				✓								✓		✓			098 168
	2677							✓					✓		✓			248 517
	2678	✓											✓		✓			097 075
	2679			✓									✓		✓			098 001
	2680	✓											✓		✓			902 552
	2681		✓										✓	✓				281 421
	2682							✓					✓		✓			970 935
	2683						Pal						✓	✓				080 336
	2684						Dun						✓		✓			962 041
usbv	2685			✓									✓		✓	Art hip		253 025

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

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 _____

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

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.

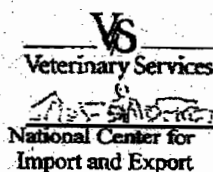
FORM APPROVED
OMB NO. 0579-0160

TU-19034

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			
WS6	2686				✓								✓	✓			Art hip	605 052
	2687						APP						✓					602 824
	2688				✓								✓	✓				602 638
	2689						Alb						✓	✓				247 824
	2690						Roan						✓					098 233
	2691	✓											✓					604 684
	2692				✓								✓					250 013
	2693					✓							✓					097 256
	2694	✓											✓					603 219
	2695	✓											✓					966 051
	2696	✓											✓					035 837
	2697					✓							✓					603 291
	2698					✓							✓	✓				603 667
	2699	✓											✓					937 139
WS6	2700	✓											✓	✓			Art hip	601 350
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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

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



Health Certificate No. 711-19035
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

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

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

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

- Name and Address of Exporter: Beltex Corporation
 3801 N Grove
 Fort Worth, Texas 76106
Nombre y Dirección del Exportador:
- Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV
 Avenida Plateros #480, Zona Centro
 Fresnillo, Zacatecas
 Mexico, C.P. 99000
Nombre y Dirección del Importador:
- 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
306868	mare	120months	301241	gelding	72months
303317	mare	60months	244734	mare	24months
307958	gelding	144months	246323	gelding	24months
264280	gelding	24months	302637	gelding	36months
305106	gelding	24months	300991	mare	24months
306444	gelding	24months	243822	mare	36months
302534	gelding	24months	304220	mare	24months
022460	mare	84months	022614	gelding	72months

Mexico, Slaughter horse HC



Health Certificate No. 711-19035
 (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
025170	mare	96months	008214	gelding	144months
006671	gelding	36months	025280	mare	24months
022635	mare	72months	023018	mare	144months
000628	gelding	72months	988400	mare	84months
999806	mare	84months	024234	mare	120months
000812	mare	24months	037981	gelding	24months
000457	mare	144months	000009	gelding	24months

Total: 30hd

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

Los animales son originarios de Estados Unidos.

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

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

Inspection date / Fecha de inspección March 1, 2011

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

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

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

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

Mexico, Slaughter horse HC



(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.*]

GRANT WEASE DVM
USDA, APHIS, VETERINARY SVCS.
EL PASO, TEXAS

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

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

(b) (6)
[Redacted signature area]

3-1-11

Veterinarian and Date

*Firma del Médico veterinario Acreditado
y Fecha*

(b) (6)
[Redacted signature area]

3/2/11

Signature of Endorsing Federal Veterinarian
and Date

*Firma del Médico Veterinario que endosa
y Fecha*

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

Mexico, Slaughter horse HC

AFFIDAVIT
DECLARACIÓN JURADA

I (print) ^{(b) (6)} [REDACTED] Beltex Corp declare that the horses included [REDACTED] accompanied by the health certificate number T11-19035 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número T11-19035 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

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

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

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

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

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

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

Date and signature of the exporter
Fecha y firma del exportador

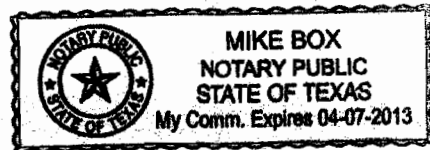
^{(b) (6)} [REDACTED]

3/1/2011

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

^{(b) (6)} [REDACTED]

3/1/2011



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

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

FORM APPROVED
OMB NO. 0579-0160

TTI-19035

TIME HORSES LOADED ON CONVEYANCE: 1:00 PM
DATE: 3-2-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Morton, Texas

NAME OF AUCTION/MARKET: [REDACTED]

CONSIGNEE (RECEIVER/DESTINATION) NAME: TDA Ann's

STREET ADDRESS: 120 Box Ford Hwy
2180 CR 120
CITY, STATE, ZIP CODE: Morton, Texas

STREET ADDRESS: [REDACTED]
CITY, STATE, ZIP CODE: El Paso, Texas

AREA CODE & TELEPHONE NO.: (806) 525-4221
AREA CODE & TELEPHONE NO.: (915) 859-3942

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	WSEV 2732				/								/	/			DRMP	306868
2	2733				/								/	/				301247
3	2734					/							/	/				303317
4	2735					/							/	/				244734
5	2736					/							/	/				307958
6	2737					/							/	/				246323
7	2738												/	/				264280
8	2739												/	/				302637
9	2740												/	/				305106
10	2741					/							/	/				300991
11	2742					/							/	/				306444
12	2743				/								/	/				243822
13	2744				/								/	/				302534
14	2745												/	/				304220
15	WSEV 2746				/								/	/			DRMP	022460

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

SIGNATURE: [REDACTED]

I HEREBY CERTIFY THAT THE INFORMATION IN THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND IS PUNISHABLE BY 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] 1304199

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST. _____
DATE _____
TIME _____

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

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

are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO. 0579-0160

T11-19035

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			
WS6V	2747	/											/				DAHIF	022614
	2748						DUN						/	/				025710
	2749	/											/					008214
	2750			/									/					006671
	2751					/							/	/				025280
	2752	/											/	/				022635
	2753						DUN						/	/				023018
	2754	/											/		/			000628
	2755					/							/	/				988400
	2756					/							/	/				999806
	2757	/											/	/				024234
	2758						BAN						/	/				000812
	2759	/											/		/			037981
	2760			/									/	/				000457
	2761					/							/			DAHIF	000009	
WS6V																		

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

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

(b) (6)



Health Certificate No. **T11-19036**
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

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

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

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

1. Name and Address of Exporter: Beltex Corporation
 Nombre y Dirección del Exportador: 3801 N Grove
 Fort Worth, Texas 76106
2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV
 Nombre y Dirección del Importador: Avenida Plateros #480, Zona Centro
 Fresnillo, Zacatecas
 Mexico, C.P. 99000
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
032220	mare	108months	032282	mare	36months
075687	mare	36months	066585	gelding	144months
069383	mare	48months	030263	gelding	48months
030807	gelding	48months	067714	mare	144months
067179	mare	96months	066384	mare	36months
068288	mare	144months	030246	mare	36months
080274	gelding	48months	032664	gelding	144months
063142	mare	36months	080147	mare	108months

Mexico, Slaughter horse HC

R5

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

TI-19036

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					
USGV	2656					✓							✓	✓				Art top	080147	
	2657					✓							✓	✓					068171	
	2658	✓											✓			✓			073937	
	2659							Pal					✓	✓					029743	
	2660					✓							✓			✓			030528	
	2661					✓							✓	✓					077111	
	2662			✓									✓	✓					098320	
	2663					✓							✓			✓			080852	
	2664					✓							✓	✓					067489	
	2665	✓											✓			✓			048683	
	2666	✓											✓	✓					035102	
	2667							BRN					✓			✓			032536	
	2668					✓							✓	✓					030477	
	2669	✓											✓	✓					066604	
USGV	2670					✓							✓	✓					Art top	077322
31																				
32																				
33																				
34																				
35																				
36																				
37																				
38																				
39																				
40																				
41																				
42																				
43																				
44																				
45																				

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

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

(b) (6)



Health Certificate No. 711-19037
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

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

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

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

1. Name and Address of Exporter: Beltex Corporation
 3801 N Grove
 Nombre y Dirección del Exportador: Fort Worth, Texas 76106
2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV
 Avenida Plateros #480, Zona Centro
 Nombre y Dirección del Importador: Fresnillo, Zacatecas
 Mexico, C.P. 99000
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
601147	mare	120months	605393	gelding	144months
603910	gelding	144months	605889	gelding	120months
601122	mare	72months	063890	gelding	120months
941035	gelding	132months	956905	mare	120months
944399	mare	84months	097366	gelding	144months
077193	mare	120months	940555	mare	144months
968539	gelding	132months	602079	gelding	120months
604036	gelding	144months	601145	mare	84months

Mexico, Slaughter horse HC

3/2/11



Health Certificate No. T11-19037
 (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
098029	gelding	144months	604864	gelding	96months
963349	gelding	144months	034574	mare	144months
605118	gelding	144months	313997	gelding	144months
603609	gelding	120months	567406	mare	144months
604009	gelding	120months	030577	gelding	144months
955452	mare	144months	966515	gelding	144months
090324	gelding	96months	073639	gelding	144months

Total: 30hd

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

Los animales son originarios de Estados Unidos.

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

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

Inspection date / Fecha de inspección March 1, 2011

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

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

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

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



(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.*]

GRANT WEASE DVM
USDA, APHIS, VETERINARY SVCS.
EL PASO, TEXAS

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

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

(b) (6)
[Redacted signature]

3-1-11

Signature and Date

*Firma del Médico Veterinario Acreditado
y Fecha*

(b) (6)
[Redacted signature]

3/2/11

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

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

AFFIDAVIT
DECLARACIÓN JURADA

(b) (6)
I (prin [redacted] Beltex Corp declare that the horses included in this shipment and accompanied by the health certificate number T11-19037 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número T11-19037 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

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

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

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

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

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

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

Date and signature of the exporter
Fecha y firma del exportador

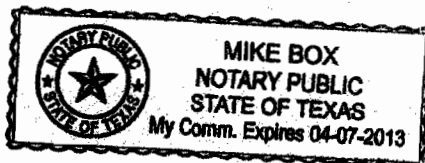
(b) (6)
[redacted]

3/1/2011

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

(b) (6)
[redacted]

3/1/2011



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

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

FORM APPROVED
OMB NO. 0579-0160
111-19037

TIME HORSES LOADED ON CONVEYANCE: 1:00AM
 DATE: 3-2-11
 CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Morton Texas
 NAME OF AUCTION/MARKET: _____
 CONSIGNEE (RECEIVER/DESTINATION) NAME: T. D. A. Pens
 STREET ADDRESS: 3180 CR 120
 CITY, STATE, ZIP CODE: Morton Texas 79346
 AREA CODE & TELEPHONE NO.: (806) 525-4221

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	Geid			
✓ VSB	2701	✓											✓	✓			Art hip	601147
	2702					✓							✓					605393
	2703	✓											✓					603910
	2704	✓											✓					605889
	2705						✓						✓					601122
	2706												✓					063890
	2707					✓							✓					941035
	2708		✓										✓	✓				956905
	2709	✓											✓	✓				944399
	2710			✓									✓					097366
	2711	✓											✓	✓				077193
	2712					✓							✓	✓				940555
	2713						✓						✓					968539
	2714			✓									✓					602079
✓ VSB	2715	✓											✓			Art hip	604036	

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

SIGNATURE: _____

I HEREBY COMPLETE USING A FA \$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 and belief)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
 EST. _____
 DATE _____
 TIME _____
 DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
 EST. _____
 DATE _____
 TIME _____

R2 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

111-19037

	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	561	2716			✓								✓	✓			Art nip	601145
17		2717					✓						✓					098029
18		2718	✓										✓					6004864
19		2719	✓										✓					963349
20		2720					✓						✓	✓				034574
21		2721					✓						✓					6005118
22		2722					✓						✓					313997
23		2723			✓								✓					6003609
24		2724	✓										✓	✓				567406
25		2725				✓							✓					6004009
26		2726					✓						✓					030577
27		2727											✓	✓				955452
28		2728	✓										✓					966515
29		2729	✓										✓					090384
30	561	2730			✓								✓				Art nip	073639
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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

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

ANIMAL AND PLANT HEALTH INSPECTION SERVICES

STATEMENT OF SERVICES

Originating Office Phone

Control Number: 4801B9438

512-383-2411

Office Id: 974801

Beltex Corporation

Service Date(s)

Po Box 427

Begin: 02-MAR-11

Whiteface

TX 79379

End: 02-MAR-11

Reference NR:

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

Total Due \$ 208.00

Remarks: Health Certificate # T1119034, 9035, 9036, 9037

Payment Information

Nfc Id 751522503VA

Date	Amount	Payment Type	Account/Check #
25-MAY-11	\$ 208.00	Credit Acct	

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

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



Health Certificate No. 711-19046
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number) WPH

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

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

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

- Name and Address of Exporter: Beltex Corporation
 3801 N Grove
 Fort Worth, Texas 76106
Nombre y Dirección del Exportador:
- Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV
 Avenida Plateros #480, Zona Centro
 Fresnillo, Zacatecas
 Mexico, C.P. 99000
Nombre y Dirección del Importador:
- 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
081248	gelding	36months	102018	mare	12months
082480	mare	24months	069111	mare	24months
088311	mare	120months	043612	gelding	96months
101388	gelding	120months	051940	gelding	24months
102548	gelding	144months	087681	mare	120months
099620	gelding	120months	083536	gelding	24months
093433	mare	36months	088227	mare	48months
042323	mare	12months	101314	gelding	36months

Mexico, Slaughter horse HC

480139441

3/9/11



Health Certificate No. 711-19046
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number) WPH

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
102559	mare	60months	101105	mare	24months
061632	mare	36months	102705	mare	24months
093303	mare	60months	099642	mare	36months
097202	gelding	120months	099830	mare	24months
086113	mare	36months	054607	gelding	36months
099535	mare	36months	083092	mare	120months
089116	gelding	144months	082280	mare	72months

Total: 30hd

CERTIFICATION STATEMENTS / CERTIFICACIONES

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

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

Inspection date / Fecha de inspección March 8, 2011

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

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

Mexico, Slaughter horse HC




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


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

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

Chris Larson, D.V.M.
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)

3-8-11
Veterinarian and Date
*Firma del Médico Veterinario Acreditado
y Fecha*

(b) (6)

2/9/11
Veterinarian
and Date
*Firma del Médico Veterinario que endosa
y Fecha*

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

Mexico, Slaughter horse HC

**AFFIDAVIT
DECLARACIÓN JURADA**

I (print (b) (6) - Beltex Corp declare that the horses included in this shipment and accompanied by the health certificate number T11-19046 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número T11-19046 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

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

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

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

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

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

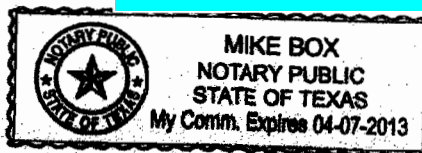
Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.

Date and signature of the exporter
Fecha y firma del exportador

3/8/2011

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

3/8/2011



**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**

(Please type or print in ink)

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

FORM
APPROVED
OMB NO.
0579-0160

711-19046
LWPK

(b) (6)

DATE: 3-8-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Merton Texas
NAME OF AUCTION/MARKET:
CONSIGNEE (RECEIVER/DESTINATION) NAME: T. D. A. Pens
STREET ADDRESS: 10800 Socorro Rd
CITY, STATE, ZIP CODE: El Paso, TX
AREA CODE & TELEPHONE NO.: 915-793-4600

STREET ADDRESS: Belton feedlot
2180 CR 120
CITY, STATE, ZIP CODE: Merton Texas 79346
AREA CODE & TELEPHONE NO.: 806-525-4721

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	WJGV 3238					✓							✓			✓	AM	081248
2	3239					✓							✓	✓				102018
3	3240					✓							✓	✓				082480
4	3241					✓							✓	✓				069111
5	3242			✓									✓					088311
6	3243					✓							✓			✓		043612
7	3244					✓							✓			✓		101388
8	3245					✓							✓			✓		051940
9	3246	✓											✓			✓		102548
10	3247					✓							✓	✓				087681
11	3248					✓							✓			✓		089620
12	3249	✓											✓			✓		083536
13	3250					✓							✓	✓				093433
14	3251					✓							✓	✓				088227
15	WJGV 3252												✓	✓			AM	042325

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 _____

are required to respond to a collection of information which does not display 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

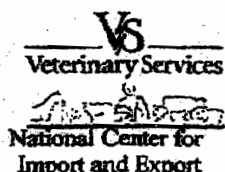
711-19046

**R2 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				
WGV	3253					✓								✓			✓	Am...	101314
	3254						BN							✓					102559
	3255					✓								✓					101105
	3256					✓								✓					061632
	3257					✓								✓					102705
	3258	✓												✓					093305
	3259	✓												✓					099642
	3260															✓			097202
	3261	✓												✓					099830
	3262					✓								✓					086113
	3263					✓								✓			✓		054607
	3264					✓								✓					099535
	3265					✓								✓					083092
	3266					✓								✓			✓		089116
WGV	3267					✓								✓				Am...	082280
31																			
32																			
33																			
34																			
35																			
36																			
37																			
38																			
39																			
40																			
41																			
42																			
43																			
44																			
45																			

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

SIGNATURE OF OWNER/SHIPPER: (b) (6)



Health Certificate No. 711-19047
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

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

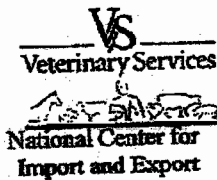
Note: Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

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

1. Name and Address of Exporter: Beltex Corporation
 Nombre y Dirección del Exportador: 3801 N Grove
 Fort Worth, Texas 76106
2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV
 Nombre y Dirección del Importador: Avenida Plateros #480, Zona Centro
 Fresnillo, Zacatecas
 Mexico, C.P. 99000
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
604382	gelding	96months	076666	mare	84months
960828	mare	48months	098248	mare	48months
603757	gelding	36months	603495	mare	120months
603102	mare	72months	075610	mare	108months
602989	gelding	48months	604886	mare	108months
601757	gelding	36months	347373	gelding	24months
062548	gelding	120months	102771	gelding	84months
052658	mare	96months	102318	mare	96months

Mexico, Slaughter horse HC



Health Certificate No. 711-19047 *WJK*
 (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
089456	mare	72months	091152	mare	96months
031770	mare	96months	067183	mare	144months
034864	mare	60months	030812	mare	24months
032583	gelding	36months	067614	mare	24months
080348	mare	96months	049121	mare	132months
030830	mare	120months	032716	gelding	48months
069193	mare	144months	077434	gelding	36months

Total: 30hd

CERTIFICATION STATEMENTS / CERTIFICACIONES

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

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.
A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.
 Inspection date / Fecha de inspección March 8, 2011

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

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

Mexico, Slaughter horse HC



(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.*]

Chris Larson, D.V.M.
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)

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

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 ^{(b) (6)} [redacted] - Belfex Corp declare that the horses included in this shipment and accompanied by the health certificate number 711-19047 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 711-19047 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

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

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

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

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

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

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

Date and signature of the exporter
Fecha y firma del exportador

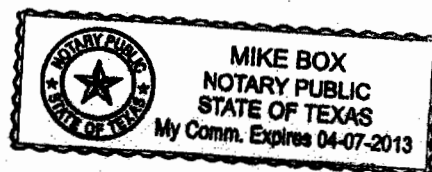
^{(b) (6)} [redacted]

3/8/2011

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

^{(b) (6)} [redacted]

3/8/2011



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

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

FORM APPROVED
 OMB NO. 0579-0160
T11-19047
 WSP

TIME HORSES LOADED ON CONVEYANCE: 9:00 AM 29
 DATE: 3/9/11
 (b) (6)
 STREET ADDRESS: 2180 CR 120
 CITY, STATE, ZIP CODE: Meridian, Texas
 AREA CODE & TELEPHONE NO.: (806) 525-4221

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Meridian, Texas
 NAME OF AUCTION/MARKET: TPA Pen's
 CONSIGNEE (RECEIVER/DESTINATION) NAME: TPA Pen's
 STREET ADDRESS: 10800 Succorro Rd.
 CITY, STATE, ZIP CODE: El Paso, Texas
 AREA CODE & TELEPHONE NO.: (915) 859-3942

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			
WS6V	3193					/							/				Dark Hip	604382
	3194					/							/					076666
	3195					/							/					960828
	3196					/							/					098248
	3197			/									/					603757
	3198	/											/					603495
	3199					/							/					603102
	3200		/										/					075610
	3201							ROAN					/					602989
	3202					/							/					604886
	3203				/								/					607757
	3204				/								/					347373
	3209							BA.					/					062548
	3300			/									/					102771
WS6V	3301		/										/				Dark Hip	052658

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 CERTIFY THAT 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: (b) (6) 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 _____

R3
OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)
(Please type or print in ink)

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

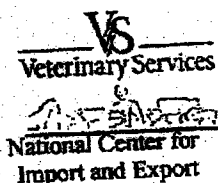
711-19047-00

	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	WS6V	3302		/										/	/			Dark Hip	102318
17		3303						/						/	/				089456
18		3304						/						/	/				091152
19		3305				/								/	/				031770
20		3306						/						/	/				067183
21		3307						/						/	/				034864
22		3308						/						/	/				030812
23		3309	/											/		/			032583
24		3310						/						/	/				067614
25		3311	/											/	/				080348
26		3313												/	/				049121
27		3314						/						/	/				030830
28		3316						/						/	/				032716
29		3317	/											/	/				069193
30	WS6V	3318	/											/	/			Dark Hip	077434
31																			
32																			
33																			
34																			
35																			
36																			
37																			
38																			
39																			
40																			
41																			
42																			
43																			
44																			
45																			

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

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

Signature area with redacted name.



Health Certificate No. 711-19048
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

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

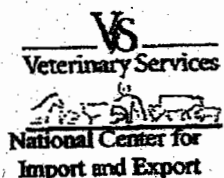
Note: Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

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

- Name and Address of Exporter:
Nombre y Dirección del Exportador: Beltex Corporation
 3801 N Grove
 Fort Worth, Texas 76106
- Name and Address of Importer:
Nombre y Dirección del Importador: Empacadora de Carnes de Fresnillo, SA de CV
 Avenida Plateros #480, Zona Centro
 Fresnillo, Zacatecas
 Mexico, C.P. 99000
- Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / <i>Número de microchip</i>	Sex/Sexo	Approximate age/Edad <i>aproximada</i>	Microchip Number / <i>Número de microchip</i>	Sex / <i>Sexo</i>	Approximate age/Edad <i>aproximada</i>
090338	mare	12months	083813	gelding	144months
102082	mare	60months	059820	mare	84months
082071	mare	24months	083706	mare	36months
060366	mare	120months	096962	mare	144months
060327	gelding	120months	048462	gelding	48months
083471	mare	24months	060394	mare	24months
051573	gelding	132months	079832	gelding	72months
060324	mare	12months	054345	gelding	120months

Mexico, Slaughter horse HC



Health Certificate No. T11-19098
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number) WPH

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
082504	gelding	120months	055202	mare	96months
084665	gelding	120months	041064	mare	120months
091512	mare	108months	069578	gelding	84months
040147	mare	72months	100906	mare	72months
053577	mare	96months	096339	mare	72months
031261	mare	72months	090562	mare	60months
101133	mare	120months	057335	mare	120months

Total: 30hd

CERTIFICATION STATEMENTS / CERTIFICACIONES

- Horses originate from the United States.
Los animales son originarios de Estados Unidos.
- Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.
A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.
 Inspection date / Fecha de inspección March 8, 2011
- Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.
Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.
- During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.
Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.

Mexico, Slaughter horse HC



Veterinary Services
 National Center for
 Import and Export

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

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

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

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

Chris Larson, D.V.M.
 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)

3-8-11
 Signature of Accredited Veterinarian and Date
*Firma del Médico Veterinario Acreditado
 y Fecha*

3/9/11
 Signature of Endorsing Federal Veterinarian and Date
*Firma del Médico Veterinario que endosa
 y Fecha*

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

Mexico, Slaughter horse HC

**AFFIDAVIT
DECLARACIÓN JURADA**

I (principal (b) (6)) Beltex Corp declare that the horses included in this shipment and accompanied by the health certificate number 711-19048 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 711-19048 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

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

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

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

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

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

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

Date and signature of the exporter
Fecha y firma del exportador

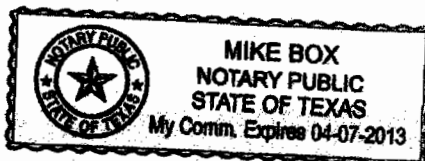
(b) (6)

3/8/2011

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

(b) (6)

3/8/2011



R4
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
771-19048

TIME HORSES LOADED ON CONVEYANCE 3:00	DATE 3/9/11	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE Meridian, Texas
NAME OF AUCTION/MARKET		CONSIGNEE (RECEIVER/DESTINATION) NAME TDA Ben's
STREET ADDRESS 2180 CR 120		STREET ADDRESS 10800 Socorro Rd.
CITY, STATE, ZIP CODE Meridian, Texas		CITY, STATE, ZIP CODE El Paso, Texas
AREA CODE & TELEPHONE NO. (806) 525-4221		AREA CODE & TELEPHONE NO. (915) 859-3942

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	Bk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	1156V 3268						/						/	/				ADH 090338
2	3269	/											/	/				083813
3	3270	/											/	/				102082
4	3271						/						/	/				1059820
5	3272						/						/	/				082071
6	3273						/						/	/				D83706
7	3274						/						/	/				D96962
8	3275	/											/	/				D66327
9	3276							BW					/	/				048462
10	3277						/						/	/				083477
11	3278						/						/	/				D60394
12	3279						/						/	/				051573
13	3280	/											/	/				D79832
14	3281				/								/	/				D60324
15	1156V 3282						/						/	/			DRH 054345	

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

SIGNATURE (b) (6)

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

SIGNATURE (b) (6) 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 _____

R4
OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)
(Please type or print in Ink)

According to the Paperwork Reduction Project, respondents 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

711-19048 *WJH*

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				
USGV	3283		/											/				Ashtip	054345
	3284		/											/					082504
	3285													/					055202
	3287													/					084665
	3288	/												/					041064
	3289	/												/					091512
	3290			/										/					069578
	3291		/											/					040147
	3292													/					100906
	3293													/					053577
	3294													/					096339
	3295													/					031261
	3296													/					090562
	3297													/					101133
USGV	3298		/											/				Ashtip	057335
31																			
32																			
33																			
34																			
35																			
36																			
37																			
38																			
39																			
40																			
41																			
42																			
43																			
44																			
45																			

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

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

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

Originating Office Phone
 512-383-2411
 Beltex Corporation
 Po Box 427
 Whiteface TX 79379

Control Number: 4801B9441
 Office Id: 974801

Service Date(s)
 Begin: 09-MAR-11
 End: 09-MAR-11

Reference NR:

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

Total Due \$ 156.00

Remarks: Health Certificate # t1119046, 9047, 9048

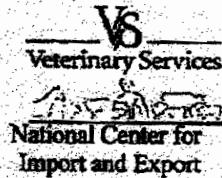
Payment Information

Nfc Id 751522503VA

Date	Amount	Payment Type	Account/Check #
25-MAY-11	\$ 156.00	Credit Acct	

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

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



Health Certificate No. 711-19049
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

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

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

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

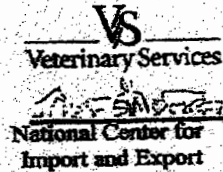
1. Name and Address of Exporter: Beltex Corporation
 3801 N Grove
 Nombre y Dirección del Exportador: Fort Worth, Texas 76106
2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV
 Avenida Plateros #480, Zona Centro
 Nombre y Dirección del Importador: Fresnillo, Zacatecas
 Mexico, C.P. 99000
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
066973	mare	120months	074972	mare	24months
049024	mare	84months	066731	mare	144months
048408	gelding	144months	042427	mare	60months
076771	gelding	120months	068605	gelding	84months
079459	gelding	72months	057765	gelding	120months
067536	gelding	60months	031289	gelding	144months
029854	mare	72months	029966	mare	96months
066703	mare	120months	040307	mare	120months

Mexico, Slaughter horse HC

480 18 9442

3/10/11



Health Certificate No. T11-19049
 (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
032178	mare	12months	032456	mare	84months
030366	gelding	108months	031122	gelding	96months
030081	gelding	72months	329351	gelding	84months
347432	mare	96months	344967	gelding	36months
348990	mare	24months	338860	mare	24months
350974	gelding	144months	332766	mare	24months
347387	mare	24months	330756	gelding	96months

Total: 30hd

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

Los animales son originarios de Estados Unidos.

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

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

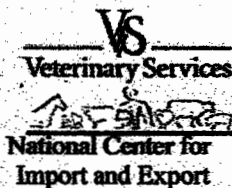
Inspection date / Fecha de inspección March 9, 2011

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

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

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

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



Health Certificate No. 711-19049 JJEK
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

(Delete as appropriate / Remueva lo que no aplique)

5. [Within 5 days prior to export, the animals were dipped in coumaphos at 400 ppm. Spraying of the product is only authorized using a motor pump with coumaphos at 400 ppm.] [The animals were treated with ivermectin (NOM-019-ZOO-1994)]

[Los animales fueron tratados dentro de los 5 días previos al embarque con un baño de inmersión con coumaphos a concentración de 400 ppm. Solamente se autoriza el baño de aspersión cuando se utilice bomba de motor y se aplique una dosis de 400 ppm de coumaphos] [Los animales fueron tratados con ivermectina (NOM-019-ZOO-1994)]

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

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

(b) (6)
[Redacted signature area]

(b) (6)
[Redacted signature area]

3-9-11
Veterinarian and Date
Firma del médico veterinario acreditado
y Fecha

3/10/11
Veterinarian
and Date
Firma del Médico Veterinario que endosa
y Fecha

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

Mexico, Slaughter horse HC

**AFFIDAVIT
DECLARACIÓN JURADA**

I (print (b) (6)) Beltex Corp declare that the horses included in this shipment and accompanied by the health certificate number T11-19049 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número T11-19049 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

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

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

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

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

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

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

Date and signature of the exporter
Fecha y firma del exportador

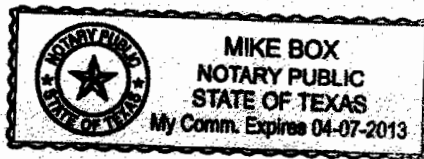
(b) (6)

3/9/2011

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

(b) (6)

3/9/2011



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

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

FORM APPROVED
OMB NO.
0579-0160

T11-19049

HORSES LOADED ON CONVEYANCE _____ DATE 3-10-11 CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE Morton, Texas

(b) (6) _____ NAME OF AUCTION/MARKET _____

CONSIGNEE (RECEIVER/DESTINATION) NAME T.D. A. Pena

STREET ADDRESS 12900 Socorro Rd

CITY, STATE, ZIP CODE El Paso, TX

AREA CODE & TELEPHONE NO. _____

OWNER ADDRESS _____

STATE, ZIP CODE Morton, Texas

AREA CODE & TELEPHONE NO. (906) 525-4221

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		
W66V	3381						Red									Adm's 066973
	3382															074972
	3383															049024
	3384						Red									066731
	3385	/														048408
	3386	/														042427
	3387	/														076771
	3388	/														068605
	3389	/														079459
	3390	/														067765
	3391															067536
	3392															031289
	3393															029854
	3394															029966
W66V	3395						Red									Adm's 066703

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

SIGNATURE OF OWNER/SHIPPER _____

INFORMATION IN IT AS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A 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)

(b) (6) _____

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____

DATE _____

TIME _____

INSPECTOR _____

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

FORM APPROVED
OMB NO. 0579-0160

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

(Please type or print in ink)

711-19099
JFW

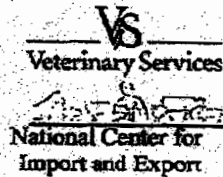
TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
W66V	3396					/						/	/				ALMFP	DVD 307
	3397					/						/	/					D32178
	3398						Red					/	/					D32456
	3399				/							/	/					D30366
	3400					/						/	/					D31122
	3401					/						/	/					830081
	3402						Blk.					/	/					329351
	3403	/										/	/					347432
	3404						Blk					/	/					344967
	3405	/										/	/					348990
	3406					/						/	/					338860
	3407						Blk					/	/					350974
	3408					/						/	/					332766
	3409						Blk					/	/					347387
W66V	3410						Blk					/	/				ALMFP	330756

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

SIGNATURE: (b) (6)

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

VS FOR (SEP 20...



Health Certificate No. 711-19050
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number) WFL

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

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

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

- Name and Address of Exporter: Beltex Corporation
 3801 N Grove
 Fort Worth, Texas 76106
Nombre y Dirección del Exportador:
- Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV
 Avenida Plateros #480, Zona Centro
 Fresnillo, Zacatecas
 Mexico, C.P. 99000
Nombre y Dirección del Importador:
- 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
039401	gelding	84months	017952	gelding	72months
996995	gelding	48months	005488	gelding	120months
011414	mare	120months	010638	gelding	120months
036857	gelding	120months	007193	mare	36months
010163	gelding	144months	006508	gelding	24months
011067	gelding	84months	009162	mare	48months
022396	mare	108months	007268	mare	144months
006597	mare	132months	996176	mare	36months

Mexico, Slaughter horse HC



Health Certificate No. 711-19050
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number) *WPH*

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
024284	gelding	144months	025761	mare	144months
069493	gelding	48months	030780	mare	72months
031380	gelding	144months	051291	mare	108months
062955	mare	36months	030270	mare	36months
068011	gelding	72months	048774	gelding	12months
076202	mare	96months	075119	mare	24months
066950	mare	120months	075339	mare	84months

Total: 30hd

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

Los animales son originarios de Estados Unidos.

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

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

Inspection date / Fecha de inspección March 9, 2011

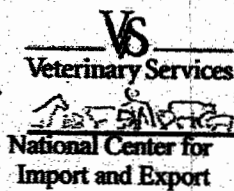
3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.

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

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

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

Mexico, Slaughter horse HC



Health Certificate No. 711-19050
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

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

5. [Within 5 days prior to export, the animals were dipped in coumaphos at 400 ppm. Spraying of the product is only authorized using a motor pump with coumaphos at 400 ppm.] [The animals were treated with ivermectin (NOM-019-ZOO-1994)]

[*Los animales fueron tratados dentro de los 5 días previos al embarque con un baño de inmersión con coumaphos a concentración de 400 ppm. Solamente se autoriza el baño de aspersión cuando se utilice bomba de motor y se aplique una dosis de 400 ppm de coumaphos*] [*Los animales fueron tratados con ivermectina (NOM-019-ZOO-1994)*]

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

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

(b) (6)

(b) (6)

3-9-11
Signature of Accredited Veterinarian and Date
*Firma del Médico Veterinario Acreditado
y Fecha*

10/11
Signature of Endorsing Federal Veterinarian
*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) ^{(b) (6)} [REDACTED] Beltex Corp declare that the horses included in this shipment and accompanied by the health certificate number 711-19050 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 711-19050 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

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

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

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

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

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

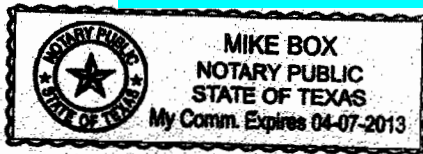
Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo

Date and signature of the exporter
Fecha y firma del exportador

3/9/2011

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

3/9/2011



R2
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
 711-19050 WPT

HORSES LOADED ON CONVEYANCE: *Don A.M.* DATE: *3-10-11*

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: *Morton, Texas*

NAME OF AUCTION/MARKET: _____

CONSIGNEE (RECEIVER/DESTINATION) NAME: *T.D.A. Pens*

STREET ADDRESS: *10800 Socorro Rd*

CITY, STATE, ZIP CODE: *El Paso, TX*

AREA CODE & TELEPHONE NO.: _____

SHIPPER'S ADDRESS: *Be Hinc Feedlot*

STREET ADDRESS: *2180 CR 120*

CITY, STATE, ZIP CODE: *Morton, Texas*

AREA CODE & TELEPHONE NO.: *(806) 525-4221*

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		
<i>W66V</i>	<i>3351</i>					/						/				<i>ARMB</i>	<i>039401</i>
	<i>3352</i>		/									/					<i>017952</i>
	<i>3353</i>					/						/					<i>996995</i>
	<i>3354</i>			/								/					<i>005488</i>
	<i>3355</i>					/						/					<i>011414</i>
	<i>3356</i>					/						/					<i>010638</i>
	<i>3357</i>					/						/					<i>036857</i>
	<i>3358</i>						<i>OWN</i>					/					<i>007193</i>
	<i>3359</i>	/										/					<i>010163</i>
	<i>3360</i>					/						/					<i>006508</i>
	<i>3361</i>			/								/					<i>011067</i>
	<i>3362</i>						<i>OWN</i>					/					<i>009162</i>
	<i>3363</i>	/										/					<i>022396</i>
	<i>3364</i>			/								/					<i>007268</i>
<i>W66V</i>	<i>3365</i>					/						/			<i>ARMB</i>	<i>006597</i>	

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____

DATE _____

TIME _____

AND THE INFORMATION IN IT AS TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE AND BELIEF. IF YOU KNOW OR BELIEVE THAT ANY INFORMATION ON THIS FORM OR KNOWINGLY PROVIDING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$1,000 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 and belief):

(b) (6)

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

711-19050

**K2. OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**

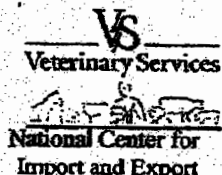
(Please type or print in ink)

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			
US6V	3366	/											/	/			ARC HIP	996176
	3367	/											/	/				024284
	3368						Buck						/	/				025761
	3315	/											/	/				069493
	3369							/					/	/				030780
	3370				/								/	/				031380
	3371						Buck						/	/				051291
	3372	/											/	/				062955
	3374							/					/	/				030270
	3375							/					/	/				068011
	3376							/					/	/				048774
	3377	/											/	/				076202
	3378						Black						/	/				075119
	3379	/											/	/				066950
US6V	3380						/						/	/			ARC HIP	075339

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 PRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).



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



Health Certificate No. 711-19051
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

WFA

**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**

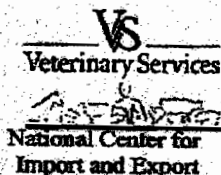
Note: Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

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:* Beltex Corporation
3801 N Grove
Fort Worth, Texas 76106
2. Name and Address of Importer: *Nombre y Dirección del Importador:* Empacadora de Carnes de Fresnillo, SA de CV
Avenida Plateros #480, Zona Centro
Fresnillo, Zacatecas
Mexico, C.P. 99000
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / <i>Número de microchip</i>	Sex/Sexo	Approximate age/Edad <i>aproximada</i>	Microchip Number / <i>Número de microchip</i>	Sex / Sexo	Approximate age/Edad <i>aproximada</i>
328055	gelding	120months	337360	gelding	24months
340752	mare	24months	353910	mare	84months
347167	mare	84months	331627	mare	36months
338907	gelding	48months	331967	mare	24months
354720	mare	36months	329384	mare	72months
358783	gelding	96months	359937	mare	48months
351283	mare	120months	352428	gelding	120months
355249	mare	132months	345367	mare	84months

Mexico, Slaughter horse HC



Health Certificate No. 711-19051
 (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
351112	mare	60months	074604	mare	24months
358562	mare	120months	041119	mare	96months
060309	gelding	36months	102304	gelding	144months
100392	mare	84months	093608	mare	72months
054953	mare	144months	091519	mare	48months
043490	mare	96months	101084	mare	84months
050072	gelding	84months	081230	mare	96months

Total: 30hd

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

Los animales son originarios de Estados Unidos.

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

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

Inspection date / Fecha de inspección March 9, 2011

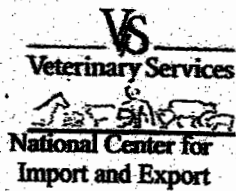
3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.

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

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

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

Mexico, Slaughter horse HC



Health Certificate No. 711-19051 WFB
(Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

(Delete as appropriate / Remueva lo que no aplique)

5. [Within 5 days prior to export, the animals were dipped in coumaphos at 400 ppm. Spraying of the product is only authorized using a motor pump with coumaphos at 400 ppm.] [The animals were treated with ivermectin (NOM-019-ZOO-1994)]

[Los animales fueron tratados dentro de los 5 días previos al embarque con un baño de inmersión con coumaphos a concentración de 400 ppm. Solamente se autoriza el baño de aspersión cuando se utilice bomba de motor y se aplique una dosis de 400 ppm de coumaphos] [Los animales fueron tratados con ivermectina (NOM-019-ZOO-1994)]

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

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

(b) (6)

(b) (6)

Firma del Médico Veterinario Acreditado
y Fecha

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) ^{(b) (6)} BelTex Corp declare that the horses included 711-19051 accompanied by the health certificate number 711-19051 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 711-19051 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

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

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

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

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

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

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

Date and signature of the exporter
Fecha y firma del exportador

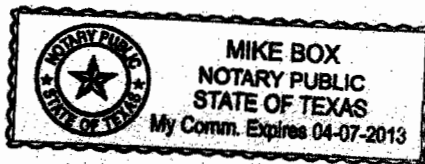
^{(b) (6)}

3/9/2011

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

^{(b) (6)}

3/9/2011



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

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

FORM APPROVED
OMB NO. 0579-0160
T11-19057K
WFK

HORSES LOADED ON CONVEYANCE
3:00
DATE
3-9-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
Morton Texas
NAME OF AUCTION/MARKET

OWNER/SHIPPER NAME
[Redacted]
STREET ADDRESS
2180 CR 120
CITY, STATE, ZIP CODE
Morton Texas 79346

CONSIGNEE (RECEIVER/DESTINATION) NAME
T.D.A. Pans
STREET ADDRESS
10800 Socorro Rd.
CITY, STATE, ZIP CODE
El Paso, TX

AREA CODE & TELEPHONE NO.
(806) 525-4221

AREA CODE & TELEPHONE NO.

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE
 Pregnant mares are not likely to foal (give birth) during the trip. Horses are able to bear weight on all 4 limbs.
 Foals are older than 6 months of age. Horses are not blind in both eyes. Horses are able to walk unassisted.

TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions		
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
USGV	3411		✓														✓	Red Lip	328055
	3412																		337366
	3413	✓																	340752
	3414																		353910
	3415		✓																347167
	3416																		331627
	3417				✓														338907
	3418	✓																	331967
	3419																		354720
	3420		✓																329384
	3421																		358783
	3422																		359937
	3423																		351283
	3424																		352428
USGV	3425																		355249

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY PRIOR TO LOADING ON CONVEYANCE
 SIGNATURE
 [Redacted]

CANADIAN FOOD INSPECTION AGENCY (CFIA)
 EST. _____
 DATE _____
 TIME _____
 DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
 EST. _____
 DATE _____
 TIME _____

HEREBY ACCEPTS THE INFORMATION AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY SIGNING A FALSIFIED FORM IS A 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]

R4

According to the Paperwork Reduction Project... 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

711-19051
WPK

**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			
US6V	3426					✓							✓	✓			Ant hip	345367
	3427					✓							✓	✓				351112
	3428					✓							✓	✓				074604
	3429						Lean						✓	✓				358562
	3430	✓											✓	✓				041119
	3431						ANB						✓			✓		060309
	3432	✓											✓			✓		102304
	3433					✓							✓	✓				100392
	3434					✓							✓	✓				093608
	3435					✓							✓	✓				054953
	3436	✓											✓	✓				091519
	3437						ANB						✓	✓				043490
	3439	✓											✓	✓				101084
	3441	✓											✓			✓		050072
US6V	3442						DAN						✓	✓			Ant hip	081230
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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

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

[Redacted Signature]

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

Originating Office Phone
 12-383-2411
 Altex Corporation
 P.O. Box 427
 Whiteface TX 79379

Control Number: 4801B9442
 Office Id: 974801
 Service Date(s)
 Begin: 10-MAR-11
 End: 10-MAR-11

Reference NR:

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

Total Due \$ 156.00

Remarks: Health Certificate #T1119049, 9050, 9051

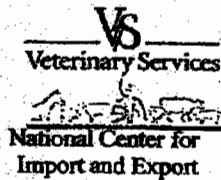
Payment Information

Nfc Id 751522503VA

Date	Amount	Payment Type	Account/Check #
25-MAY-11	\$ 156.00	Credit Acct	

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

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



Health Certificate No. 711-19052
 (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.

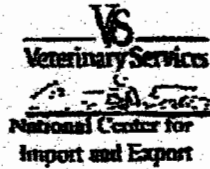
- Name and Address of Exporter: Beltex Corporation
 Nombre y Dirección del Exportador: 3801 N Grove
 Fort Worth, Texas 76106
- Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV
 Nombre y Dirección del Importador: Avenida Plateros #480, Zona Centro
 Fresnillo, Zacatecas
 Mexico, C.P. 99000
- 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
069207	mare	84months	066991	gelding	108months
067276	mare	48months	042761	mare	108months
049516	mare	120months	034170	mare	36months
069627	mare	96months	049663	mare	24months
035415	mare	24months	066544	gelding	48months
069197	mare	144months	069647	mare	120months
033856	gelding	84months	076048	gelding	48months
041729	mare	24months	051065	mare	24months

Mexico, Slaughter horse HC

4801B 9435

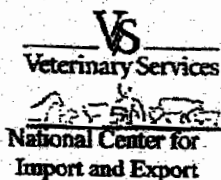
8/14/11



Health Certificate No. 111-19052
 (Valid only if the USDA Veterinary Seal Appears over the Certificate Number)

Microchip number / Número de microchip	Sexo/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
067663	mare	36months	043328	gelding	72months
068545	gelding	60months	074369	mare	108months
075715	mare	144months	068890	mare	144months
075739	mare	84months	042261	mare	48months
051094	gelding	36months	067647	mare	120months
604021	mare	96months	603946	gelding	84months
603945	mare	36months	603706	mare	72months
960534	gelding	60months			
Total: 31hd					

Mexico, Slaughter house HC



Health Certificate No. 711-19052
 (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

- Horses originate from the United States.
Los animales son originarios de Estados Unidos.
- Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.
A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.
 Inspection date / Fecha de inspección March 10, 2011
- Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.
Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.
- During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.
Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.



Health Certificate No. 711-19052
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

(Delete as appropriate / Remueva lo que no aplique)

5. [Within 5 days prior to export, the animals were dipped in coumaphos at 400 ppm. Spraying of the product is only authorized using a motor pump with coumaphos at 400 ppm.] [The animals were treated with ivermectin (NOM-019-ZOO-1994)]

[Los animales fueron tratados dentro de los 5 días previos al embarque con un baño de inmersión con coumaphos a concentración de 400 ppm. Solamente se autoriza el baño de aspersión cuando se utilice bomba de motor y se aplique una dosis de 400 ppm de coumaphos] [Los animales fueron tratados con ivermectina (NOM-019-ZOO-1994)]

GRANT WEASE DVM
USDA, APHIS, VETERINARY SVCS.
EL PASO, TEXAS

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

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

(b) (6)

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

10-11

(b) (6)

and Date
Firma del Médico Veterinario que endosa
y Fecha

3/14/11

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

**AFFIDAVIT
DECLARACIÓN JURADA**

I (print ^{(b) (6)} [redacted] BeHex Corp declare that the horses included in this shipment and accompanied by the health certificate number T11-19052 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número T11-19052 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

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

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

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

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

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

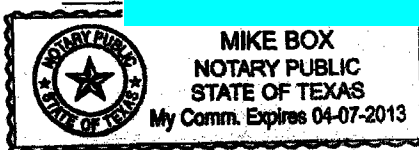
Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.

Date and signature of the exporter
Fecha y firma del exportador

^{(b) (6)} [redacted] 3/12/2011

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

^{(b) (6)} [redacted] 3/12/2011



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

FORM APPROVED
OMB NO. 0579-0160

T11-19052

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

TIME HORSES LOADED ON CONVEYANCE
2:00 PM (b) (6)
DATE
3/4/11
STREET ADDRESS
[Redacted]
CITY, STATE, ZIP CODE
Morton, IL
AREA CODE & TELEPHONE NO.
(815) 525-4221

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
Morton, Illinois
NAME OF AUCTION/MARKET
[Redacted]
CONSIGNEE (RECEIVER/DESTINATION) NAME
T.D.A. Pene
STREET ADDRESS
10800 Sacorro Rd
CITY, STATE, ZIP CODE
Ed. Passy, IL
AREA CODE & TELEPHONE NO.
(915) 859-3942

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			
USGV	3536																	Art 069207
	3537			✓														066991
	3538					✓												067276
	3539						✓											042761
	3540						✓											049516
	3541							✓										034170
	3542								✓									069627
	3812									✓								049663
	3544										✓							035415
	3545	✓															✓	066544
	3546		✓															069197
	3547								✓									069647
	3549																	033856
	3550																	076048
USGV	3551																	Art 041729

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

SIGNATURE OF OWNER/SHIPPER (b) (6)

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THE INFORMATION IN IT AS SUPPLIED BY ME OR KNOWINGLY OBTAINED BY ME IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM NOT PROVIDING THIS INFORMATION FOR THE PURPOSE OF OBTAINING 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 and belief) (b) (6)

2118

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____

DATE _____

TIME _____

VS FOR (b) (6)

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

(Please type or print in ink)

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

711-19052

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE						SEX			BRANDS Tattoos, etc.	REMARKS Include precondition		
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld					
16	WJGV	3554												✓	✓				AM Ship	051065	
17		3555												✓	✓					067663	
18		3556					✓							✓						043328	
19		3559												✓						068545	
20		3560						✓						✓	✓					074369	
21		3561												✓	✓					075715	
22		3562	✓											✓	✓					068890	
23		3563						✓						✓	✓					075789	
24		3564						✓						✓	✓					042261	
25		3565												✓						051094	
26		3566			✓									✓	✓					067647	
27		3568	✓											✓	✓					604021	
28		3569	✓											✓						603946	
29		3570												✓	✓					603945	
30		3571						✓						✓	✓					603706	
31	WJGV	3572			✓									✓					AM Ship	960534	
32																					
33																					
34																					
35																					
36																					
37																					
38																					
39																					
40																					
41																					
42																					
43																					
44																					
45																					

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

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



Health Certificate No. **711-19053**
 (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: Beltex Corporation
 3801 N Grove
 Fort Worth, Texas 76106
2. Name and Address of Importer:
Nombre y Dirección del Importador: Empacadora de Carnes de Fresnillo, SA de CV
 Avenida Plateros #480, Zona Centro
 Fresnillo, Zacatecas
 Mexico, C.P. 99000
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / <i>Número de microchip</i>	Sex/Sexo	Approximate age/ <i>Edad aproximada</i>	Microchip Number / <i>Número de microchip</i>	Sex / Sexo	Approximate age/ <i>Edad aproximada</i>
068880	gelding	108months	032990	mare	96months
063332	mare	48months	068040	gelding	144months
066500	mare	60months	074162	mare	72months
031739	mare	144months	080088	gelding	84months
076462	gelding	120months	023169	gelding	132months
030793	gelding	96months	007289	gelding	120months
023640	gelding	48months	005930	gelding	120months
025722	mare	96months	023856	gelding	144months

Mexico, Slaughter horse HC



Health Certificate No. 711-19053
 (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
007242	gelding	120months	987406	mare	84months
007946	mare	120months	997736	mare	36months
000336	mare	60months	007142	gelding	36months
997928	gelding	24months	007420	mare	132months
030471	mare	120months	008542	mare	72months
009929	gelding	144months	037342	mare	96months
005888	mare	72months	007146	mare	36months

Total: 30hd

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

Los animales son originarios de Estados Unidos.

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

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

Inspection date / Fecha de inspección March 11, 2011

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

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

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

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

Mexico, Slaughter horse HC



Health Certificate No. 711-19053
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

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

5.

[Within 5 days prior to export, the animals were dipped in coumaphos at 400 ppm. Spraying of the product is only authorized using a motor pump with coumaphos at 400 ppm.] [The animals were treated with ivermectin (NOM-019-ZOO-1994)]

[Los animales fueron tratados dentro de los 5 días previos al embarque con un baño de inmersión con coumaphos a concentración de 400 ppm. Solamente se autoriza el baño de aspersión cuando se utilice bomba de motor y se aplique una dosis de 400 ppm de coumaphos] [Los animales fueron tratados con ivermectina (NOM-019-ZOO-1994)]

GRANT WEASE DVM
USDA, APHIS, VETERINARY SVCS.
EL PASO, TEXAS

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

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

(b) (6)

3-11-11
erinarian and Date

*Firma del Médico Veterinario Acreditado
y Fecha*

(b) (6)

and Date
*Firma del Médico Veterinario que endosa
y Fecha*

3/14/11
n

(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**

(b) (6)

I (print _____) Beltex Corp declare that the horses included in this shipment and accompanied by the health certificate number 711-19053 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 711-19053 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

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

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

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

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

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

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

Date and signature of the exporter
Fecha y firma del exportador

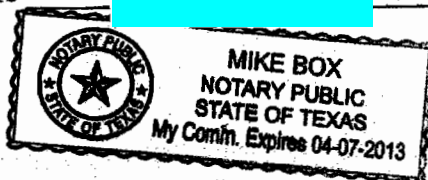
(b) (6)

3/12/2011

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

(b) (6)

3/12/2011



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
711-19053

TIME HORSES LOADED ON CONVEYANCE
2:30
 DATE
 CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
Morton Texas
 NAME OF AUCTION/MARKET
 CONSIGNEE (RECEIVER/DESTINATION) NAME
TDA Ren's
 STREET ADDRESS
2180 CR 120
 CITY, STATE, ZIP CODE
Morton Texas 79346
 AREA CODE & TELEPHONE NO.
(806) 525-4221

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
Morton Texas
 NAME OF AUCTION/MARKET
 CONSIGNEE (RECEIVER/DESTINATION) NAME
TDA Ren's
 STREET ADDRESS
10800 Secorri Rd.
 CITY, STATE, ZIP CODE
Ebaso, Texas
 AREA CODE & TELEPHONE NO.
(915) 859-3942

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					
USGV	3634						✓											✓		068880
	3635						✓													032990
	3636						✓													063332
	3637						✓													068040
	3638																			066500
	3639						✓													074162
	3640						✓													031739
	3641						✓													080088
	3642						✓													076462
	3643						✓													023169
	3644						✓													030793
	3645						✓													007289
	3646						✓													023640
	3647						✓													005930
USGV	3648	✓																		025722

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

SIGNATURE
 DATE
 TIME
 HEREBY I CERTIFY THAT THE INFORMATION IN IT AS COMPLETED BY THE SIGNER IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. IF I SIGN A FALSE STATEMENT, I AM SUBJECT TO A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

CANADIAN FOOD INSPECTION AGENCY (CFIA)
 EST. _____
 DATE _____
 TIME _____

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

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

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.

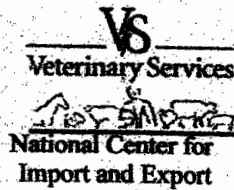
FORM
APPROVED
OMB NO.
0579-0160

711-19053

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			
WJGV	3649				✓								✓			✓	Antelope	023856
	3650	✓											✓			✓		007242
	3651			✓									✓	✓				987406
	3653	✓											✓	✓				007946
	3654						RAH						✓	✓				997736
	3655	✓											✓	✓				000336
	3656						Buck						✓			✓		007142
	3657				✓	✓							✓			✓		997928
	3658				✓								✓	✓				007420
	3659					✓							✓	✓				030471
	3662						PAL						✓	✓				008542
	3663		✓										✓			✓		009929
	3664						DUN						✓	✓				037342
	3665			✓		✓							✓	✓				005888
WJGV	3666				✓								✓	✓			Antelope	007146
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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

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



Health Certificate No. 711-19054
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

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

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

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

1. Name and Address of Exporter: Beltex Corporation
 3801 N Grove
 Fort Worth, Texas 76106
Nombre y Dirección del Exportador:
2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV
 Avenida Plateros #480, Zona Centro
 Fresnillo, Zacatecas
 Mexico, C.P. 99000
Nombre y Dirección del Importador:
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
022881	mare	120months	007520	mare	24months
987066	mare	96months	000981	mare	108months
998323	mare	24months	008037	mare	120months
007574	mare	48months	066968	mare	84months
999897	mare	120months	022420	mare	84months
357219	mare	84months	348936	gelding	84months
351707	gelding	108months	350018	gelding	24months
354883	mare	24months	339256	gelding	120months

Mexico, Slaughter horse HC

**AFFIDAVIT
DECLARACIÓN JURADA**

I (print) (b) (6) declare that the horses included (b) (6) health certificate number 711-19054 were not treated with the following compounds, plants or drugs 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 711-19054 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 (b) (6)
Fecha y firma del exportador

3/10/11

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

3/10/11



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

711-19054

OWNER/SHIPPER CERTIFICATE

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in Ink)

TIME HORSES LOADED ON CONVEYANCE DATE CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
VEHICLE LICENSE NO. AND DRIVER'S NAME NAME OF AUCTION/MARKET
CONSIGNOR (OWNER/SHIPPER) NAME CONSIGNEE (RECEIVER/DESTINATION) NAME
STREET ADDRESS
CITY, STATE, ZIP CODE
AREA CODE & TELEPHONE NO.

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE
Pregnant mares are not likely to foal (give birth) during the trip.
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.

Table with columns: 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). Rows 1-15 with handwritten entries.

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

SIGNATURE OF OWNER/SHIPPER (b) (6)

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THE INFORMATION IN IT AS COMPLETED BY THE 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 and the information in it as completed by the CFIA or DGIF to the USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).) (b) (6)

CANADIAN FOOD INSPECTION AGENCY (CFIA) EST. DATE TIME
DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF) EST. DATE TIME

are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO.
0579-0160

T11-19054

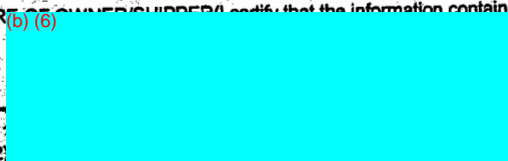
**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**

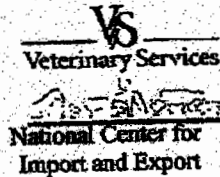
(Please type or print in ink)

	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	WGV	3715	✓											✓				AM	339256
17		3716	✓											✓	✓				335914
18		3717						✓	✓					✓	✓				347790
19		3718						✓						✓	✓				333642
20		3719	✓											✓	✓				332931
21		3720	✓											✓		✓			344497
22		3721	✓											✓	✓				334665
23		3722	✓											✓	✓				328670
24		3723						✓						✓	✓				334100
25		3724	✓											✓	✓				328119
26		3725	✓											✓		✓			331492
27		3726	✓											✓		✓			348193
28		3727						✓						✓	✓				332816
29		3728	✓											✓	✓				353129
30		3729	✓											✓		✓			340395
31	WGV	3730												✓		✓		AM	331793
32																			
33																			
34																			
35																			
36																			
37																			
38																			
39																			
40																			
41																			
42																			
43																			
44																			
45																			

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

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





Health Certificate No. **711-19055**
(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**

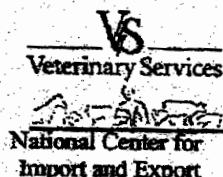
Note: Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

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.

- Name and Address of Exporter: Beltex Corporation
3801 N Grove
Fort Worth, Texas 76106
Nombre y Dirección del Exportador:
- Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV
Avenida Plateros #480, Zona Centro
Fresnillo, Zacatecas
Mexico, C.P. 99000
Nombre y Dirección del Importador:
- 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
604018	gelding	96months	604020	mare	144months
603947	mare	120months	603953	gelding	108months
966787	mare	60months	076369	mare	84months
067740	mare	48months	075524	mare	36months
033648	mare	72months	042493	gelding	144months
030412	mare	144months	066852	mare	144months
078872	mare	144months	074062	mare	144months
066095	gelding	96months	068368	mare	36months

Mexico, Slaughter horse HC



Health Certificate No. 711-19055
 (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
075779	mare	144months	076230	mare	144months
050867	mare	144months	328512	gelding	36months
063475	mare	132months	066903	gelding	120months
067538	mare	84months	068937	mare	96months
074611	gelding	144months	080676	gelding	144months
074885	mare	120months	033820	mare	108months
079408	mare	108months	063682	mare	84months

Total: 30hd

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

Los animales son originarios de Estados Unidos.

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

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

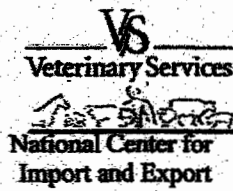
Inspection date / Fecha de inspección March 11, 2011

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

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

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

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



Health Certificate No. 711-19055
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

(Delete as appropriate /Remueva lo que no aplique)

5. [Within 5 days prior to export, the animals were dipped in coumaphos at 400 ppm. Spraying of the product is only authorized using a motor pump with coumaphos at 400 ppm.] [The animals were treated with ivermectin (NOM-019-ZOO-1994)]

[Los animales fueron tratados dentro de los 5 días previos al embarque con un baño de inmersión con coumaphos a concentración de 400 ppm. Solamente se autoriza el baño de aspersión cuando se utilice bomba de motor y se aplique una dosis de 400 ppm de coumaphos] [Los animales fueron tratados con ivermectina (NOM-019-ZOO-1994)]

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

GRANT WEASE DVM
USDA, APHIS, VETERINARY SVCS.
EL PASO, TEXAS
Name of Endorsing Federal Veterinarian
*Nombre del Médico Veterinario
Federal que endosa.*

(b) (6)

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

(b) (6)

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

3/14/11

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

**AFFIDAVIT
DECLARACIÓN JURADA**

I (print) (b) (6) - Beltex Corp declare that the horses included in this shipment and accompanied by the health certificate number 711-19055 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 711-19055 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

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

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

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

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

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

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

Date and signature of the exporter
Fecha y firma del exportador

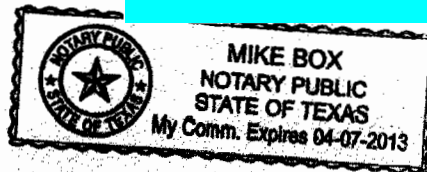
(b) (6)

3/12/2011

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

(b) (6)

3/12/2011



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

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

FORM APPROVED
 OMB NO. 0579-0160
 711-19055

DATE: 3-11-11
 CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: MORTON TEXAS
 NAME OF AUCTION/MARKET:
 CONSIGNEE (RECEIVER/DESTINATION) NAME: TDA Farms
 STREET ADDRESS: 10800 Socorro Rd.
 CITY, STATE, ZIP CODE: El Paso, Texas
 AREA CODE & TELEPHONE NO.: (915) 859-3942
 STREET ADDRESS: 2190 CR 120
 CITY, STATE, ZIP CODE: MORTON TEXAS 79346
 AREA CODE & TELEPHONE NO.: (906) 525-4221

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				
USGN	3603					✓						✓						Ant Hip	604018
	3604					✓						✓							604020
	3605	✓										✓							603947
	3607					✓						✓							603953
	3608	✓										✓							966787
	3609	✓										✓							076369
	3610	✓										✓							067740
	3611	✓										✓							075524
	3612	✓										✓							033648
	3613					✓						✓							042493
	3614	✓										✓							030412
	3615	✓										✓							066852
	3616	✓										✓							078872
	3617											✓							074062
USGN	3618					✓						✓						Ant Hip	066095

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

SIGNATURE OF OWNER/SHIPPER: (b) (6)
 I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.
 SIGNATURE OF INSPECTOR: (b) (6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
 EST. _____
 DATE _____
 TIME _____
DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
 EST. _____
 DATE _____
 TIME _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0180. 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

711-19055

R4
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				
USGV	3619					✓						✓	✓					Amey	068368
	3620		✓									✓	✓						075779
	3621						Dum					✓	✓						076230
	3622					✓						✓	✓						050867
	3623					✓						✓				✓			328512
	3624						PRN					✓	✓						063475
	3625					✓						✓				✓			066903
	3626					✓						✓	✓						067538
	3627					✓						✓	✓						068937
	3628						Dum					✓					✓		074611
	3629					✓						✓					✓		080676
	3630					✓						✓	✓						074885
	3631	✓										✓	✓						033820
	3632					✓	Dum					✓	✓						079408
USGV	3633					✓						✓	✓					Amey	063682

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

(b) (6)

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

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

Control Number: 4801B9435
 Office Id: 974801

Originating Office Phone
 12-383-2411
 Teltek Corporation
 P.O. Box 427
 Whiteface TX 79379

Service Date(s)
 Begin: 14-MAR-11
 End: 14-MAR-11

Reference NR:

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

Total Due \$ 208.00

Remarks: Health Certificate # T1119052, 9053, 9054, 9055

Nfc Id
 751522503VA

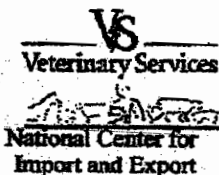
Payment Information

Date	Amount	Payment Type	Account/Check #
25-MAY-11	\$ 208.00	Credit Acct	

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

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

DM



Health Certificate No. 711-19057
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

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

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

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

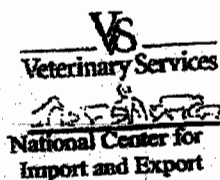
1. Name and Address of Exporter: **Beltex Corporation**
Nombre y Dirección del Exportador: 3801 N Grove
 Fort Worth, Texas 76106
2. Name and Address of Importer: **Empacadora de Carnes de Fresnillo, SA de CV**
Nombre y Dirección del Importador: Avenida Plateros #480, Zona Centro
 Fresnillo, Zacatecas
 Mexico, C.P. 99000
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / <i>Número de microchip</i>	Sex/Sexo	Approximate age/ <i>Edad aproximada</i>	Microchip Number / <i>Número de microchip</i>	Sex / <i>Sexo</i>	Approximate age/ <i>Edad aproximada</i>
031730	gelding	36months	054354	mare	84months
094875	mare	84months	042316	gelding	120months
090308	mare	144months	091008	mare	120months
098532	mare	144months	102870	mare	144months
090778	mare	120months	101065	mare	120months
102028	mare	132months	101299	mare	24months
095682	mare	144months	061775	gelding	24months
099568	mare	72months	097564	gelding	96months

Mexico, Slaughter horse HC

48013 9433

3/16/11



Health Certificate No. 711-19057
 (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
054291	gelding	48months	089357	mare	144months
091938	mare	60months	086662	gelding	48months
095600	mare	48months	101778	mare	96months
053795	gelding	36months	060957	gelding	144months
053280	mare	36months	060992	gelding	120months
061006	mare	24months	055150	mare	24months
098838	gelding	96months	100893	gelding	144months

Total: 30hd

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

Los animales son originarios de Estados Unidos.

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

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

Inspection date / Fecha de inspección March 15, 2011

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

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

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

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

Mexico, Slaughter horse HC



Health Certificate No. T11-19057
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

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

5. [Within 5 days prior to export, the animals were dipped in coumaphos at 400 ppm. Spraying of the product is only authorized using a motor pump with coumaphos at 400 ppm.] [The animals were treated with ivermectin (NOM-019-ZOO-1994)]

[Los animales fueron tratados dentro de los 5 días previos al embarque con un baño de inmersión con coumaphos a concentración de 400 ppm. Solamente se autoriza el baño de aspersión cuando se utilice bomba de motor y se aplique una dosis de 400 ppm de coumaphos] [Los animales fueron tratados con ivermectina (NOM-019-ZOO-1994)]

GRANT WEASE DVM
USDA, APHIS, VETERINARY SVCS.
EL PASO, TEXAS

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

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

(b) (6)

3-15-11
Signature of Accredited veterinarian and Date
*Firma del Médico Veterinario Acreditado
y Fecha*

(b) (6)

3/16/11
Signature of Endorsing Federal veterinarian
and Date
*Firma del Médico Veterinario que endosa
y Fecha*

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

**AFFIDAVIT
DECLARACIÓN JURADA**

I (print) ^{(b) (6)} [redacted] Beltex Corp declare that the horses included in this shipment and accompanied by the health certificate number 711-19057 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 711-19057 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

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

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

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

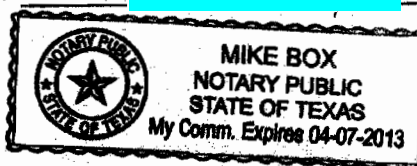
Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.

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

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

Date and signature of the exporter ^{(b) (6)} [redacted] 3/15/2011
Fecha y firma del exportador

Date and signature of the Notary Public ^{(b) (6)} [redacted] 3/15/2011
Fecha y firma del Notario Público



are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160 T11-19057

**OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**

1/1/01 (Please type or print in ink)

(b) (6) [Redacted]

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
46-11 Morton, Texas
NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME
Beltex Feedlot

CONSIGNEE (RECEIVER/DESTINATION) NAME
TPA Pens

STREET ADDRESS
2180 CR 120

STREET ADDRESS
10800 Socorro Rd

CITY, STATE, ZIP CODE
Morton TX

CITY, STATE, ZIP CODE
El Paso TX

AREA CODE & TELEPHONE NO.
(800) 525-4221

AREA CODE & TELEPHONE NO.
(915) 859-3942

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				
USGV	3889	/																ART Hip	031730
	3890																		054354
	3891		/																094875
	3892		/																042316
	3893		/																090308
	3894	/																	091008
	3895		/																098532
	3896	/																	102870
	3897	/																	090778
	3898						/												101065
	3899	/																	102028
	3900	/																	101299
	3901	/																	095682
	3902						/												061775
USGV	3903	/																ART Hip	099508

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]

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 (b) (6) [Redacted] on 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 _____

R.1

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

displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

APPROVED
OMB NO.
0579-0160
711-19057

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		
USGV	3904					/						/			/	ART HIP	097504
	3905											/			/		054291
	3906							BRN				/		/			089357
	3907					/						/		/			091938
	3908			/								/		/			0866062
	3909				/							/		/			095600
	3910					/						/		/			101778
	3911					/						/		/			053795
	3914											/		/			060957
	3915					/						/		/			053280
	3916							BUCK				/		/			060992
	3917					/						/		/			061006
	3918					/						/		/			055130
	3919											/		/			098838
USGV	3920					/						/		/	ART HIP	100893	
31																	
32																	
33																	
34																	
35																	
36																	
37																	
38																	
39																	
40																	
41																	
42																	
43																	
44																	
45																	

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

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



Health Certificate No. 711-19058
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

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

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

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

1. Name and Address of Exporter: Beltex Corporation
 Nombre y Dirección del Exportador: 3801 N Grove
 Fort Worth, Texas 76106
2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV
 Nombre y Dirección del Importador: Avenida Plateros #480, Zona Centro
 Fresnillo, Zacatecas
 Mexico, C.P. 99000
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
062072	gelding	60months	088318	gelding	24months
054675	mare	24months	052225	gelding	144months
086192	mare	24months	099565	mare	24months
054882	mare	120months	060874	mare	72months
042642	mare	108months	096830	mare	84months
059954	mare	144months	087423	mare	120months
091597	mare	84months	000257	mare	120months
005640	mare	60months	996887	mare	144months

Mexico, Slaughter horse HC



Health Certificate No. 711-19058
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

Microchip number / Número de microchip	Sexo/ Sexo	Approximate age/ Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
984433	gelding	84months	024595	gelding	108months
983552	gelding	120months	010203	mare	120months
007460	mare	84months	016780	mare	24months
007448	mare	144months	983812	mare	144months
999258	mare	72months	023355	gelding	36months
008577	gelding	84months	005321	mare	120months
996484	mare	120months	997103	mare	96months
988786	gelding	120months			
Total: 31hd					

Mexico, Slaughter house HC



Health Certificate No. T11-19058
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

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

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

Los animales son originarios de Estados Unidos.

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

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

Inspection date / Fecha de inspección March 15, 2011

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

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

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

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



Health Certificate No. 711-69058
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

(Delete as appropriate / Remueva lo que no aplique)

5.

[Within 5 days prior to export, the animals were dipped in coumaphos at 400 ppm. Spraying of the product is only authorized using a motor pump with coumaphos at 400 ppm.] [The animals were treated with ivermectin (NOM-019-ZOO-1994)]

[Los animales fueron tratados dentro de los 5 días previos al embarque con un baño de inmersión con coumaphos a concentración de 400 ppm. Solamente se autoriza el baño de aspersion cuando se utilice bomba de motor y se aplique una dosis de 400 ppm de coumaphos] [Los animales fueron tratados con ivermectina (NOM-019-ZOO-1994)]

GRANT WEASE DVM
USDA, APHIS, VETERINARY SVCS.
EL PASO, TEXAS

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

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

(b) (6)

3-15-11

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

(b) (6)

3/16/11

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

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

**AFFIDAVIT
DECLARACIÓN JURADA**

I (print (b) (6)) Beltex Corp declare that the horses include (b) (6) accompanied by the health certificate number 711-19058 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 711-19058 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

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

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

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

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

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

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

Date and signature of the exporter
Fecha y firma del exportador

(b) (6)

3/15/2011

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

(b) (6)

3/15/2011



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

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

FORM APPROVED
OMB NO. 0579-0160
711-19058

DATE 3/16/11 CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE Morton, Texas

VEHICLE LICENSE NO. AND DRIVER'S LICENSE NO. (b) (6) NAME OF AUCTION/MARKET _____

SIGNOR (OWNER/SHIPPER) _____ CONSIGNEE (RECEIVER/DESTINATION) NAME TDA Pens

STREET ADDRESS 2180 CR 120 STREET ADDRESS 10800 Socorro Rd

CITY, STATE, ZIP CODE Morton, TX CITY, STATE, ZIP CODE El Paso, TX

AREA CODE & TELEPHONE NO. 806) 525-4221 AREA CODE & TELEPHONE NO. (915) 859-3942

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			
USGV	3921																ART Hip	062072
	3922																	088318
	3923																	054675
	3924		/															052225
	3925																	086192
	3926																	099505
	3927																	054882
	3928		/															060874
	3929		/															042642
	3930		/															096830
	3931																	059954
	3932																	087423
	3933		/															091597
	3934																	000257
USGV	3935	/														ART Hip	005640	

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

SIGNATURE (b) (6)

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 (b) (6))

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____

DATE _____

TIME _____

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. _____

DATE _____

TIME _____

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

FORM APPROVED OMB NO. 0579-0160

711-19058

R2
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			
USGV	3936				/							/	/				ART Hip	996887
	3937											/						984433
	3938			/								/						024595
	3939			/								/						983552
	3940					/						/	/					010203
	3941					/						/	/					007400
	3942					/						/	/					016780
	3943					/						/	/					007448
	3944	/										/	/					983812
	3945		/									/	/					999258
	3946											/						023355
	3947	/										/						008577
	3948					/						/	/					005321
	3949			/								/	/					996484
	3950					/						/	/					997103
USGV	3951					/						/					ART Hip	988786

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 PRISONMENT 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 Signature]



Health Certificate No. 711-19059
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

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

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

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

1. Name and Address of Exporter: Beltex Corporation
 Nombre y Dirección del Exportador: 3801 N Grove
 Fort Worth, Texas 76106
2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV
 Nombre y Dirección del Importador: Avenida Plateros #480, Zona Centro
 Fresnillo, Zacatecas
 Mexico, C.P. 99000
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
102001	gelding	144months	100765	gelding	24months
062496	mare	24months	085974	mare	96months
043355	mare	24months	052409	mare	84months
086310	mare	120months	091147	gelding	24months
059912	mare	24months	081081	mare	120months
060469	mare	120months	067254	mare	72months
064097	mare	132months	032134	gelding	72months
035323	gelding	72months	041760	mare	84months

Mexico, Slaughter horse HC



Health Certificate No. 711-19059
 (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
029740	gelding	96months	066409	mare	72months
029916	gelding	24months	074912	mare	48months
067209	mare	72months	032514	gelding	144months
032840	mare	120months	041562	gelding	120months
040155	gelding	72months	068979	gelding	60months
032658	mare	48months	029645	gelding	36months
041245	gelding	84months	069423	mare	60months

Total: 30hd

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

Los animales son originarios de Estados Unidos.

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

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

Inspection date / Fecha de inspección March 15, 2011

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

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

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

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



Health Certificate No. 111-19059
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)



(Delete as appropriate / Remueva lo que no aplique)

5. [Within 5 days prior to export, the animals were dipped in coumaphos at 400 ppm. Spraying of the product is only authorized using a motor pump with coumaphos at 400 ppm.] [The animals were treated with ivermectin (NOM-019-ZOO-1994)]

[Los animales fueron tratados dentro de los 5 días previos al embarque con un baño de inmersión con coumaphos a concentración de 400 ppm. Solamente se autoriza el baño de aspersión cuando se utilice bomba de motor y se aplique una dosis de 400 ppm de coumaphos] [Los animales fueron tratados con ivermectina (NOM-019-ZOO-1994)]

GRANT WEASE DVM
USDA, APHIS, VETERINARY SVCS.
EL PASO, TEXAS

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

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

(b) (6)

9-15-11

inarian and Date

Firma del Médico Veterinario Acreditado
y Fecha

(b) (6)

3/16/11

ian

and Date
Firma del Médico Veterinario que endosa
y Fecha

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

Mexico, Slaughter horse HC

**AFFIDAVIT
DECLARACIÓN JURADA**

I (print (b) (6)) Beltex Corp declare that the horses include (b) (6) accompanied by the health certificate number T11-19059 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número T11-19059 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

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

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

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

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

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

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

Date and signature of the exporter
Fecha y firma del exportador

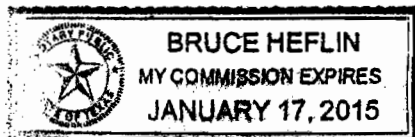
(b) (6)

3/15/2011

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

(b) (6)

3/15/2011



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

711-19059

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

(b)(6)

DATE
3/4/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
Morton Texas

NAME OF AUCTION/MARKET

CONSIGNEE (RECEIVER/DESTINATION) NAME
T.D.A. Pems

STREET ADDRESS
10800 Socono Rd

CITY, STATE, ZIP CODE
EL Paso Tx

AREA CODE & TELEPHONE NO.
915)859-3942

2180 CR 120
Morton Texas 79346
C806)525-4221

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			
W6V	3985						PAL											
	3986																	
	3987	✓																
	3988						PAL											
	3989	✓																
	3990																	
	3991		✓															
	3992						ROAN											
	3993																	
	3994						Dun											
	3995						Buck											
	3996																	
	3997																	
	3998											MULE						
W6V	3999											MULE						

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

NATURE (b)(6)

WE 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 SUBMITTING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$5000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

NATURE 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 _____

are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED
OMB NO. 0579-0160
T11-19059

**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			
USGV	4000	✓										✓	✓				Amix	041760
	4001					✓						✓				✓		029740
	4002	✓										✓	✓					066409
	4003	✓										✓				✓		029916
	4004	✓										✓	✓					074912
	4005		✓	✓								✓	✓					067209
	4007		✓									✓				✓		032514
	4008		✓			✓						✓	✓					032840
	4009		✓									✓				✓		041562
	4010		✓	✓								✓				✓		040155
	4011		✓									✓				✓		068979
	4012					✓						✓	✓					032658
	4013					✓						✓				✓		029645
	4014											✓	✓			✓		041245
USGV	4015	✓										✓	✓				Amix	069423

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 PRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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



Health Certificate No. 711-19060
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

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

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

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

1. Name and Address of Exporter: **Beltex Corporation**
Nombre y Dirección del Exportador: 3801 N Grove
Fort Worth, Texas 76106
2. Name and Address of Importer: **Empacadora de Carnes de Fresnillo, SA de CV**
Nombre y Dirección del Importador: Avenida Plateros #480, Zona Centro
Fresnillo, Zacatecas
Mexico, C.P. 99000
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
069689	gelding	120months	008384	gelding	96months
024663	gelding	120months	986728	gelding	96months
986791	gelding	144months	007150	mare	84months
995682	gelding	36months	997523	gelding	84months
001212	mare	108months	004718	gelding	36months
008320	gelding	108months	024852	mare	120months
001399	mare	72months	083021	mare	144months
099716	gelding	144months	055177	mare	96months

Mexico, Slaughter horse HC



Health Certificate No. 711-19060
 (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
054517	mare	120months	099570	mare	24months
089219	mare	84months	100850	mare	24months
087465	mare	60months	081459	mare	24months
053512	gelding	144months	061593	mare	36months
055507	gelding	144months	086396	gelding	12months
090971	mare	24months	042587	gelding	144months
085670	gelding	60months	054471	mare	96months

Total: 30hd

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

Los animales son originarios de Estados Unidos.

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

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

Inspection date / Fecha de inspección March 15, 2011

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

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

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

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



Health Certificate No. 711-19060
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

Delete as appropriate /Remueva lo que no aplique)

[Within 5 days prior to export, the animals were dipped in coumaphos at 400 ppm. Spraying of the product is only authorized using a motor pump with coumaphos at 400 ppm.] [The animals were treated with ivermectin (NOM-019-ZOO-1994)]

[Los animales fueron tratados dentro de los 5 días previos al embarque con un baño de inmersión con coumaphos a concentración de 400 ppm. Solamente se autoriza el baño de aspersión cuando se utilice bomba de motor y se aplique una dosis de 400 ppm de coumaphos] [Los animales fueron tratados con ivermectina (NOM-019-ZOO-1994)]

GRANT WEASE DVM
USDA, APHIS, VETERINARY SVCS.
EL PASO, TEXAS

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

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

(b) (6)

3-15-11
Signature of Accredited Veterinarian and Date
*Firma del Médico Veterinario Acreditado
y Fecha*

(b) (6)

3/16/11
Signature of Endorsing Federal Veterinarian
and Date
*Firma del Médico Veterinario que endosa
y Fecha*

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

**AFFIDAVIT
DECLARACIÓN JURADA**

I (print) ^{(b) (6)} [redacted] Beltex Corp declare that the horses included in this shipment and accompanied by the health certificate number T11-19060 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número T11-19060 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

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

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

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

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

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

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

Date and signature of the exporter
Fecha y firma del exportador

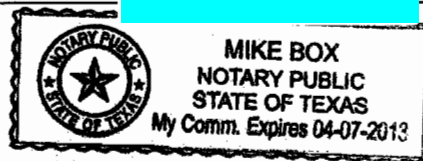
^{(b) (6)} [redacted]

3/15/2011

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

^{(b) (6)} [redacted]

3/15/2011



Per 10

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

**OWNER/SHIPPER CERTIFICATE
NECESSARY 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
711-19060

HORSES LOADED ON CONVEYANCE
10 AM

DATE
2-16-11

(b) (6)

Address
Eltex feedlot
180 CR 120
Morton Texas 79346
Phone & Telephone No.
(806) 525-4221

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
Morton Texas

NAME OF AUCTION/MARKET

SIGNATURE (RECEIVER/DESTINATION) NAME
T.D.A. Pena

STREET ADDRESS
10800 Socorro Rd

CITY, STATE, ZIP CODE
El Paso, TX

AREA CODE & TELEPHONE NO.

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				
USGV	3953			✓														Ant hip	069689
	3954					✓													008381
	3955	✓																	024663
	3956						Dun												986728
	3958					✓													986791
	3959						Dun					✓	-						007150
	3960				✓							✓							995682
	3961						Dun					✓							997523
	3962		✓									✓	✓						001212
	3963					✓						✓							004718
	3964					✓						✓							008320
	3965						Dun					✓	✓						024852
	3966	✓										✓	✓						001399
	3968				✓							✓	✓						083021
USGV	3969					✓						✓						Ant hip	099716

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

SIGNATURE (b) (6)

BY A _____ 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 _____

These editions are obsolete

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

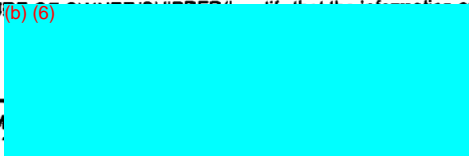
711-19060

**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				
USGV	3970	✓										✓	✓					D nt hip	055177
	3971					✓						✓	✓						054517
	3972	✓										✓	✓						099570
	3973		✓									✓	✓						089219
	3974	✓										✓	✓						100850
	3975		✓									✓	✓						087465
	3976	✓										✓	✓						081459
	3977	✓										✓				✓			053512
	3978						✓					✓	✓						061593
	3979						✓					✓				✓			055507
	3980	✓										✓				✓			086396
	3981											✓	✓						090971
	3982											✓				✓			042587
	3983				✓							✓				✓			085670
USGV	3984											✓	✓					D nt hip	054471

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).

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



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

Originating Office Phone
 2-383-2411
 Mitek Corporation
 Box 427
 Telex TX 79379

Control Number: 4801B9433
 Office Id: 974801
 Service Date(s)
 Begin: 16-MAR-11
 End: 16-MAR-11

Reference NR:

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

Total Due \$ 208.00

Check: Health Certificate # T1119057, 9058, 9059, 9060

Payment Information

Nfc Id 751522503VA

Date	Amount	Payment Type	Account/Check #
MAY-11	\$ 208.00	Credit Acct	

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

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



Health Certificate No. 711-49062
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

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

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

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

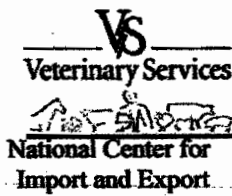
1. Name and Address of Exporter: Beltex Corporation
 Nombre y Dirección del Exportador: 3801 N Grove
 Fort Worth, Texas 76106
2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV
 Nombre y Dirección del Importador: Avenida Plateros #480, Zona Centro
 Fresnillo, Zacatecas
 Mexico, C.P. 99000
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
251611	mare	72months	055128	gelding	144months
055418	gelding	144months	060373	gelding	144months
312319	gelding	96months	356677	gelding	36months
355389	mare	84months	339102	mare	84months
345196	gelding	120months	352668	mare	84months
030610	gelding	144months	333623	mare	144months
331024	gelding	144months	357001	gelding	144months
331065	mare	120months	346854	mare	120months

Mexico, Slaughter horse HC

48015 9431

3/22/11



Health Certificate No. TIL-19862
(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
328652	gelding	84months	342785	gelding	84months
344968	mare	36months	357688	mare	72months
338832	mare	120months	332141	gelding	36months
359020	mare	36months	355997	mare	84months
328115	mare	36months	339185	mare	120months
329743	gelding	144months	336863	mare	36months
349487	mare	144months	080968	gelding	96months

Total:30hd

CERTIFICATION STATEMENTS / CERTIFICACIONES

- Horses originate from the United States.
Los animales son originarios de Estados Unidos.
- Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.
A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.
Inspection date / Fecha de inspección March 18, 2011
- Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.
Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.
- During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.
Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.

Mexico, Slaughter horse HC



Health Certificate No. 711-19062
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

(Delete as appropriate / Remueva lo que no aplique)

5. [Within 5 days prior to export, the animals were dipped in coumaphos at 400 ppm. Spraying of the product is only authorized using a motor pump with coumaphos at 400 ppm.] [The animals were treated with ivermectin (NOM-019-ZOO-1994)]

[Los animales fueron tratados dentro de los 5 días previos al embarque con un baño de inmersión con coumaphos a concentración de 400 ppm. Solamente se autoriza el baño de aspersion cuando se utilice bomba de motor y se aplique una dosis de 400 ppm de coumaphos] [Los animales fueron tratados con ivermectina (NOM-019-ZOO-i994)]

GRANT WEASE DVM
USDA, APHIS, VETERINARY SVCS.
EL PASO, TEXAS

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

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

(b) (6)

3-18-11
arian and Date

Firma del Médico Veterinario Acreditado
y Fecha

(b) (6)

S
arian

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 ^{(b) (6)} [redacted] Beltex Corp declare that the horses included in this shipment and accompanied by the health certificate number T11-19062 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número T11-19062 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

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

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

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

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

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

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

Date and signature of the export ^{(b) (6)} [redacted]
Fecha y firma del exportador

3/21/2011

Date and signature of the Notary Public ^{(b) (6)} [redacted]
Fecha y firma del Notario Público

3/21/2011



Pen 8

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

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

FORM
APPROVED
OMB NO.
0579-0160

T 11-19062

**OWNER/SHIPPER CERTIFICATE
NECESSARY TO TRAVEL TO A SLAUGHTER FACILITY**

(Please type or print in ink)

HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

2:00

3/22/11

Moston Texas

(b) (6)

NAME OF AUCTION/MARKET

CONSIGNEE (RECEIVER/DESTINATION) NAME

Yellow Feedlot

T.O.A. Peru

ADDRESS

STREET ADDRESS

80 C.R. 120

10800 Pecorro Rd

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

Montez, IL

El Paso, TX

CODE & TELEPHONE NO.

AREA CODE & TELEPHONE NO.

7525-4221

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			
SGV	4311			✓									✓				Art Hip	251611
	4322					✓							✓					055128
	4323					✓							✓					055418
	4324					✓							✓					060373
	4325					✓							✓					312319
	4326	✓											✓					356677
	4327						DUN						✓	✓				355389
	4328	✓											✓	✓				339102
	4329					✓							✓		✓			345196
	4330						DUN						✓	✓				352668
	4331					✓							✓		✓			030610
	4332					✓							✓	✓				333623
	4333	✓											✓		✓			331024
	4334						ROWN						✓		✓			357001
LSGV	4335	✓											✓	✓		Art Hip	331065	

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

(b) (6)

SIGNATURE

BY A

AND THE INFORMATION IN IT AS REQUIRED 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 _____

Previous editions are obsolete

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

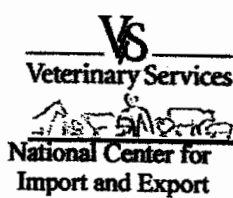
P4
OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)
(Please type or print in ink)

711-19062

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			
USGV	4336					✓							✓				AM	346854
	4337					✓												328652
	4338																	342785
	4339					✓							✓					344968
	4340	✓											✓					357688
	4341	✓											✓					338892
	4342	✓																332141
	4343					✓							✓					359020
	4344					✓							✓					355997
	4345												✓					328115
	4346	✓											✓					339185
	4347					✓												329743
	4348												✓					336863
	4349					✓							✓					349487
USGV	4350			✓													AM	080968

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

SIGNATURE OF OWNER/SHIPPER: (b) (6)



Health Certificate No. 711-19063
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

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

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

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

1. Name and Address of Exporter: Beltex Corporation
 Nombre y Dirección del Exportador: 3801 N Grove
 Fort Worth, Texas 76106
2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV
 Nombre y Dirección del Importador: Avenida Plateros #480, Zona Centro
 Fresnillo, Zacatecas
 Mexico, C.P. 99000
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
256611	mare	24months	239317	mare	24months
252992	gelding	48months	236927	gelding	24months
337893	gelding	72months	237746	gelding	24months
029932	mare	48months	068528	mare	48months
069073	gelding	96months	074392	gelding	72months
075678	mare	132months	076296	mare	144months
074120	mare	108months	069156	mare	84months
049412	mare	72months	069966	mare	96months

Mexico, Slaughter horse HC



Health Certificate No. 711-19063
 (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
076863	mare	108months	034363	gelding	84months
067180	gelding	144months	048434	gelding	84months
076359	mare	120months	075206	mare	48months
069595	mare	120months	069798	mare	144months
067651	mare	84months	069718	mare	72months
076997	mare	120months	075693	mare	144months
042058	mare	84months			

Total: 29hd

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

Los animales son originarios de Estados Unidos.

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

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

Inspection date / Fecha de inspección March 18, 2011

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

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

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

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

Mexico, Slaughter horse HC



Health Certificate No. 711-19063
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

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

5. [Within 5 days prior to export, the animals were dipped in coumaphos at 400 ppm. Spraying of the product is only authorized using a motor pump with coumaphos at 400 ppm.] [The animals were treated with ivermectin (NOM-019-ZOO-1994)]

[Los animales fueron tratados dentro de los 5 días previos al embarque con un baño de inmersión con coumaphos a concentración de 400 ppm. Solamente se autoriza el baño de aspersion cuando se utilice bomba de motor y se aplique una dosis de 400 ppm de coumaphos] [Los animales fueron tratados con ivermectina (NOM-019-ZOO-1994)]

GRANT WEASE DVM
USDA, APHIS, VETERINARY SVCS.
EL PASO, TEXAS

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

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

(b) (6)

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

(b) (6)

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) ^{(b) (6)} [redacted] Beltex Corp declare that the horses include [redacted] accompanied by the health certificate number 711-19063 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 711-19063 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

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

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

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

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

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

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

Date and signature of the exporter
Fecha y firma del exportador

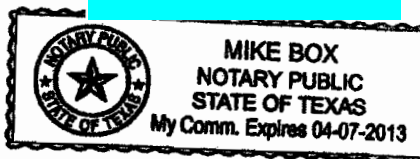
^{(b) (6)} [redacted]

3/21/2011

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

^{(b) (6)} [redacted]

3/21/2011



Am 7

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

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

FORM APPROVED
OMB NO.
0579-0160

711-19063

**OWNER/SHIPPER CERTIFICATE
NECESSARY TO TRAVEL TO A SLAUGHTER FACILITY**

(Please type or print in ink)

(b) (6)

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

22-11 MORTON TEXAS

NAME OF AUCTION/MARKET

IGNOR (OWNER/SHIPPER) NAME

Feltex feedlot

CONSIGNEE (RECEIVER/DESTINATION) NAME

T.P.A. Pena

STREET ADDRESS

180 CR 120

STREET ADDRESS

10800 Socorro Rd

STATE, ZIP CODE

MORTON TEXAS 79346

CITY, STATE, ZIP CODE

EL PASO TX

CODE & TELEPHONE NO.

C 806 525-4221

AREA CODE & TELEPHONE NO.

(915) 854-3942

MARK 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				
USGW	4259	✓												✓	✓			Am 2/12	256611
	4260		✓											✓	✓				239317
	4261																		252992
	4262	✓												✓	✓				236927
	4263			✓										✓	✓				337893
	4264	✓												✓	✓				237746
	4266													✓	✓				029932
	4267	✓												✓	✓				068528
	4268	✓												✓	✓				069073
	4269	✓												✓	✓				074392
	4270	✓												✓	✓				075678
	4271													✓	✓				076296
	4272													✓	✓				074120
	4275													✓	✓				069156
USGW	4276			✓										✓	✓			Am 2/12	049412

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

(b) (6)
SIGNATURE

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____
DATE _____
TIME _____

BY AUTHORIZING 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 \$1000 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)

Page 7

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
711-19063

**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			
256V	4277						ROAN						✓	✓			Am Ship	069966
	4278						ROAN						✓	✓				076863
	4279						✓						✓			✓		034363
	4280						✓						✓			✓		067180
	4281	✓									✓					✓		048434
	4282						ROAN						✓	✓				076359
	4283	✓					✓						✓	✓				075206
	4284	✓					✓						✓	✓				069595
	4285	✓					✓						✓	✓				069798
	4286						✓						✓	✓				067651
	4287						✓						✓	✓				069718
	4288						✓						✓	✓				076997
	4289						APP						✓	✓				075693
256V	4290						✓						✓	✓			Am Ship	042058

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).



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



Health Certificate No. 711-19064
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

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

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

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

- 1. Name and Address of Exporter: Beltex Corporation
Nombre y Dirección del Exportador: 3801 N Grove
Fort Worth, Texas 76106
- 2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV
Nombre y Dirección del Importador: Avenida Plateros #480, Zona Centro
Fresnillo, Zacatecas
Mexico, C.P. 99000
- 3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / <i>Número de microchip</i>	Sex/Sexo	Approximate age/Edad <i>aproximada</i>	Microchip Number / <i>Número de microchip</i>	Sex / Sexo	Approximate age/Edad <i>aproximada</i>
069694	mare	24months	074168	gelding	36months
031030	gelding	72months	030902	mare	84months
034354	gelding	144months	075620	mare	72months
041197	mare	144months	239977	gelding	84months
237301	gelding	24months	248124	mare	144months
258091	mare	84months	236128	mare	120months
260401	mare	36months	260913	mare	84months
243013	mare	120months	306236	mare	24months

Mexico, Slaughter horse HC



Health Certificate No. 711-19064
 (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
247179	gelding	120months	249676	gelding	24months
242207	gelding	120months	601546	gelding	36months
601411	gelding	96months	309873	gelding	96months
255039	mare	120months	302591	gelding	24months
308187	mare	24months	250631	mare	84months
246312	gelding	84months	237449	mare	96months
235748	gelding	96months	252176	gelding	120months

Total: 30hd

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

Los animales son originarios de Estados Unidos.

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

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

Inspection date / Fecha de inspección March 18, 2011

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

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

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

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

Mexico, Slaughter horse HC



Health Certificate No. 711-19064
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

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

5. [Within 5 days prior to export, the animals were dipped in coumaphos at 400 ppm. Spraying of the product is only authorized using a motor pump with coumaphos at 400 ppm.] [The animals were treated with ivermectin (NOM-019-ZOO-1994)]

[Los animales fueron tratados dentro de los 5 días previos al embarque con un baño de inmersión con coumaphos a concentración de 400 ppm. Solamente se autoriza el baño de aspersión cuando se utilice bomba de motor y se aplique una dosis de 400 ppm de coumaphos] [Los animales fueron tratados con ivermectina (NOM-019-ZOO-i994)]

GRANT WEASE DVM
USDA, APHIS, VETERINARY SVCS.
EL PASO, TEXAS

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

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

(b) (6)

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

(b) (6)

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

(b) (6)

I (print -Beltex Corp) declare that the horses included in this shipment and accompanied by the health certificate number 711-19064 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 711-19064 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)

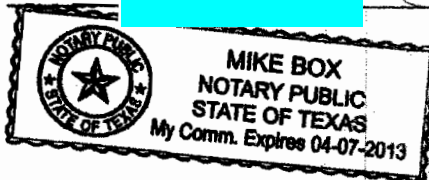
Date and signature of the exporter
Fecha y firma del exportador

3/21/2011

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

(b) (6)

3/21/2011



Per 10

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
OWNER/SHIPPER CERTIFICATE
CESS 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
711-19064

HORSES LOADED ON CONVEYANCE
00 AM
DATE 3-22-11
ADDRESS [redacted]
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
Morton Texas
NAME OF AUCTION/MARKET
CONSIGNEE (RECEIVER/DESTINATION) NAME
T.D.A. Perez
STREET ADDRESS
10800 Socon Rd
CITY, STATE, ZIP CODE
EL Paso Tx
AREA CODE & TELEPHONE NO.
(915) 859-3942

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
Morton Texas
NAME OF AUCTION/MARKET
CONSIGNEE (RECEIVER/DESTINATION) NAME
T.D.A. Perez
STREET ADDRESS
10800 Socon Rd
CITY, STATE, ZIP CODE
EL Paso Tx
AREA CODE & TELEPHONE NO.
(915) 859-3942

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 REFIX	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				
156V	4291					✓							✓					Amber	069694
	4292					✓							✓						074168
	4293	✓											✓						031030
	4294	✓											✓						030902
	4295												✓						034354
	4296					✓							✓						075620
	4297					✓							✓						041197
	4298	✓											✓						239977
	4299	✓				✓							✓						237301
	4300	✓											✓						248124
	4301	✓											✓						258091
	4302					✓							✓						236128
	4303		✓										✓						260401
	4304					✓							✓						260913
JGV	4305					✓							✓					Amber	243013

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

SIGNATURE OF OWNER/SHIPPER [redacted]
BY AUTHORITY OF THE UNITED STATES DEPARTMENT OF AGRICULTURE AND THE INFORMATION IN IT IS GUARANTEED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY PROVIDING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$5000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

STATEMENT 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 _____

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

Page 16

T11-19064

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

AG EFIX	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			
WV	4306	✓										✓	✓				AMH	306236
	4307						Roan					✓						247179
	4308					✓						✓						249676
	4309					✓						✓						242207
	4310			✓								✓						601546
	4311					✓						✓						601411
	4312					✓						✓						309873
	4313			✓								✓	✓					255039
	4314					✓						✓						302591
	4315					✓						✓	✓					308187
	4316	✓										✓	✓					250631
	4317					✓						✓						246312
	4318						Dum					✓	✓					237449
	4319	✓										✓						235748
SCV	4320					✓						✓					AMH	252176

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

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

(b) (6)



Health Certificate No. 711-19065
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

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

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

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

1. Name and Address of Exporter: Beltex Corporation
 3801 N Grove
 Fort Worth, Texas 76106
Nombre y Dirección del Exportador:
2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV
 Avenida Plateros #480, Zona Centro
 Fresnillo, Zacatecas
 Mexico, C.P. 99000
Nombre y Dirección del Importador:
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
245594	mare	120months	354403	gelding	24months
352639	mare	84months	248972	mare	60months
239155	gelding	96months	251501	mare	84months
244261	mare	36months	261877	gelding	120months
240435	gelding	60months	253374	gelding	60months
259260	mare	96months	261650	mare	48months
350986	gelding	36months	338938	gelding	60months
262326	gelding	36months	239574	gelding	24months

Mexico, Slaughter horse HC

M



Health Certificate No. 711-19065
 (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
256121	mare	84months	251864	gelding	36months.
239861	mare	48months	240667	mare	120months
256458	mare	24months	255787	mare	36months
263668	mare	24months	244684	gelding	48months
255485	gelding	60months	237740	mare	72months
238283	gelding	72months	257781	mare	48months
243214	mare	60months	257195	gelding	48months

Total: 30hd

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

Los animales son originarios de Estados Unidos.

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

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

Inspection date / Fecha de inspección March 18, 2011

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

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

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

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

Mexico, Slaughter horse HC



Health Certificate No. 711-19065
 (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

- Horses originate from the United States.
Los animales son originarios de Estados Unidos.
- Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.
A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.
 Inspection date / Fecha de inspección March 18, 2011
- Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.
Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.
- During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.
Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.



Health Certificate No. 711-19065
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

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

5. [Within 5 days prior to export, the animals were dipped in coumaphos at 400 ppm. Spraying of the product is only authorized using a motor pump with coumaphos at 400 ppm.] [The animals were treated with ivermectin (NOM-019-ZOO-1994)]

[Los animales fueron tratados dentro de los 5 días previos al embarque con un baño de inmersión con coumaphos a concentración de 400 ppm. Solamente se autoriza el baño de aspersion cuando se utilice bomba de motor y se aplique una dosis de 400 ppm de coumaphos] [Los animales fueron tratados con ivermectina (NOM-019-ZOO-i994)]

GRANT WEASE DVM
USDA, APHIS, VETERINARY SVCS.
EL PASO, TEXAS

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

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

(b) (6)

3-18-11
Signature of Accredited Veterinarian and Date
*Firma del Médico Veterinario Acreditado
y Fecha*

(b) (6)

3/22/11
Signature of Endorsing Federal Veterinarian
and Date
*Firma del Médico Veterinario que endosa
y Fecha*

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

AFFIDAVIT
DECLARACIÓN JURADA

I (print ^{(b) (6)} [redacted] Beitex Corp declare that the horses included in this shipment and accompanied by the health certificate number 711-19065 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 711-19065 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.

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

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

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

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

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

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

Date and signature of the exporter
Fecha y firma del exportador

^{(b) (6)} [redacted]

3/21/2011

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

Mike Box

3/21/2011



Ln 9

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

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

FORM APPROVED
OMB NO.
0579-0160
711-19065

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

RESIDENCE AND PHONE NUMBER (b) (6)
DATE
JEX feedlot
ADDRESS
PO CR 120
CITY, STATE, ZIP CODE
Morton Texas 79346
PHONE & TELEPHONE NO.
(806) 525-4221

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE
Morton Texas
NAME OF AUCTION/MARKET
CONSIGNEE (RECEIVER/DESTINATION) NAME
T. D. A. Pema
STREET ADDRESS
10800 Socorro Rd
CITY, STATE, ZIP CODE
EL Paso TX
AREA CODE & TELEPHONE NO.
(915) 859-3942

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 NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions	
	Bay	Grey	Bk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
4229					✓	✓						✓	✓			✓	AM	245594
4230					✓	✓						✓	✓			✓		354403
4231				✓	✓							✓	✓					352639
4232				✓	✓							✓	✓					248972
4233	✓			✓	✓							✓	✓			✓		239155
4234	✓			✓	✓							✓	✓					251501
4235		✓		✓	✓							✓	✓					244261
4236				✓	✓							✓	✓			✓		261877
4237				✓	✓							✓	✓			✓		240435
4238				✓	✓							✓	✓			✓		253374
4239				✓	✓							✓	✓					259260
4240				✓	✓							✓	✓					261650
4241	✓			✓	✓							✓	✓			✓		350986
4242				✓	✓							✓	✓			✓		338938
4243				✓	✓							✓	✓			✓	AM	262326

HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE (b) (6)
ALL INFORMATION CONTAINED IN THIS FORM AND THE INFORMATION IN IT AS FURNISHED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY FURNISHING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$5000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

Information contained in this form is true and correct to the best of my knowledge (b) (6)
137

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST. _____
DATE _____
TIME _____

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

Pen 9

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

FORM APPROVED
OMB NO.
0579-0160

T11-19065

**OWNER/SHIPPER CERTIFICATE
NECESSARY 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		
WGV	4244					✓						✓			✓	Am Lip	239574
	4245					✓						✓	✓				256121
	4246						ALB					✓			✓		251864
	4247	✓										✓	✓				239861
	4248	✓										✓	✓				240667
	4249						DUM					✓	✓				256458
	4250						ALB					✓	✓				255787
	4251					✓						✓	✓				263668
	4252					✓						✓			✓		244684
	4253					✓						✓			✓		255485
	4254					✓						✓	✓				237740
	4255					✓						✓			✓		238283
	4256	✓										✓	✓				257781
	4257					✓	BRN					✓	✓				243214
WGV	4258					✓						✓			✓	Am Lip	257195

BY AUTHORIZING THIS DOCUMENT TO BE DISCLOSED TO THE PUBLIC, YOU 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).

(b) (6)

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

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

Originating Office Phone

Control Number: 4801B9431

512-383-2411

Office Id: 974801

Beltex Corporation

Service Date(s)

Po Box 427

Begin: 22-MAR-11

Whiteface

TX 79379

End: 22-MAR-11

Reference NR:

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

Total Due \$ 208.00

Remarks: Health Certificate # T1119062, 9063, 9064, 9065

Payment Information

Nfc Id 751522503VA

Date	Amount	Payment Type	Account/Check #
25-MAY-11	\$ 208.00	Credit Acct	

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

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



Health Certificate No. T11-18335
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

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

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

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

1. Name and Address of Exporter:

Nombre y Dirección del Exportador:

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

2. Name and Address of Importer:

Nombre y Dirección del Importador:

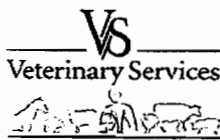
**Carnicos de Jerez, S.A. de C.V.
 Carratera Jerez Sanchez Roman KM 27.5
 Jerez, Zacatecas, Mexico C.P. 99380**

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

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
USGM 9919 985170000988713	NEUTER	120 MONTHS	USGM 9927 985170001028375	FEMALE	108 MONTHS
9920 985170001023338	NEUTER	108 MONTHS	9928 985170001028098	FEMALE	120 MONTHS
9921 985170001003504	NEUTER	120 MONTHS	9929 985170001002677	NEUTER	108 MONTHS
9922 985170001038688	NEUTER	84 MONTHS	9930 985170001004619	NEUTER	108 MONTHS
9923 985170001036616	FEMALE	120 MONTHS	9931 985170000987515	NEUTER	96 MONTHS
9924 985170001029118	FEMALE	96 MONTHS	9932 985170001006964	FEMALE	72 MONTHS
9925 985170001027635	NEUTER	96 MONTHS	9933 985170001017666	FEMALE	108 MONTHS
9926 985170001028723	FEMALE	108 MONTHS	9934 985170001004758	FEMALE	96 MONTHS

Mexico, Slaughter horse HC

4/29/11



Health Certificate No. **T11-18335**
 (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
USGM 9935 985170001004467	FEMALE	96 MONTHS	USGM 9942 985170001003630	FEMALE	108 MONTHS
9936 985170000986497	FEMALE	108 MONTHS	9943 985170000986303	FEMALE	108 MONTHS
9937 985170001015460	FEMALE	120 MONTHS	9944 985170001026310	NEUTER	96 MONTHS
9938 985170001004843	NEUTER	132 MONTHS	9945 985170001037275	FEMALE	96 MONTHS
9939 985170000982540	FEMALE	132 MONTHS	9946 985170000987380	FEMALE	108 MONTHS
9940 985170001009164	FEMALE	108 MONTHS	9947 985170001028863	NEUTER	120 MONTHS
9941 985170000983139	NEUTER	144 MONTHS	9948 985170001037078	NEUTER	120 MONTHS

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

Los animales son originarios de Estados Unidos.

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

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

Inspection date / Fecha de inspección 4/26/11

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

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

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

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

Identification number/Número de identificación	Sex/Sexo	Breed/Raza	Age /Edad	Color/Color
USGM 9949 985170000996959	NEUTER		84 MONTHS	
9950 985170000999721	NEUTER		84 MONTHS	
9951 985170001028734	FEMALE		96 MONTHS	
9952 985170001024457	FEMALE		108 MONTHS	
9953 985170001028326	NUETER		108 MONTHS	
TOTAL:35 HORSES				

Mexico Slaughter Horses Health Certificate
 April 2, 2009



Health Certificate No. T11-18335
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

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

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

RATHKE, HERMAN, L. DVM
Name of Accredited Veterinarian
*Nombre del Médico Veterinario
Acreditado*

VOGT, H.L. DVM *H. L. Vogt*
Name of Endorsing Federal Veterinarian
*Nombre del Médico Veterinario
Federal que endosa.*

(b) (6)

(b) (6)

Veterinarian
*Firma del Médico Veterinario Acreditado
y Fecha 4/29/11*

Signature of Endorsing Federal Veterinarian
*Firma del Médico Veterinario que endosa
y Fecha 4/29/11*

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

Mexico, Slaughter horse HC

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

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

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

FORM
APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE

10:00 PM

DATE

4-26-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Rockaway TX

(b) (6)

NAME OF AUCTION/MARKET

NA

CONSIGNEE (OWNER/SHIPPER) NAME

B+B TRADING CO

CONSIGNEE (RECEIVER/DESTINATION) NAME

CARNICOS DE JEREZ S.A. DE C.V.

STREET ADDRESS

996 VISTA HERMINOSA

STREET ADDRESS

CARRETERA JEREZ-SANCTI ROMAN Km. 27.5

CITY, STATE, ZIP CODE

EAGLE PASS TX 78852

CITY, STATE, ZIP CODE

JEREZ ZACATECAS MEXICO C.P. 94380

AREA CODE & TELEPHONE NO.

830 57 6404

AREA CODE & TELEPHONE NO.

49 - 45-40-46

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	Chest	Other	TB	QT	Draft	Pony	Other	Male	Stall	Gold			
US6M	9919																	985 170 000 988 713
	20																	985 170 001 023 338
	21																	985 170 001 003 504
	22																	985 170 001 038 688
	23																	985 170 001 036 616
	24																	985 170 001 029 118
	25																	985 170 001 027 635
	26																	985 170 001 028 723
	27																	985 170 001 028 375
	28																	985 170 001 028 098
	29																	985 170 001 002 677
	30																	985 170 001 004 619
	31																	985 170 000 987 515
	32																	985 170 001 006 964
US6M	33																	985 170 001 017 666

HORSES (b) (6)
HOURS I

FOR A MINIMUM OF 6 CONSECUTIVE
E.

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. _____
DATE _____
TIME _____

SIGNATURE

I HEREBY CERTIFY THAT THE INFORMATION AND THE INFORMATION IN IT AS COMPLETED BY THE SIGNER IS TRUE AND CORRECT TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF. THE SIGNATURE OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A 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 (DGF)

SIGNATURE (b) (6)
Be best

Information contained in this form is true and correct to

EST. _____
DATE _____
TIME _____

VS FOR

Previous editions are obsolete

PAGE 1 OF

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

OWNERSHIP CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please Open or print in Ink)

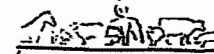
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated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

FORM APPROVED
OMB NO.
0579-0160

TAG PREFIX	TAG NO.	COLOR DESCRIPTION						BREED/TYPE				SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
		Bay	Gray	Blk.	Pink	Chest	Other	TB	QT	Dist	Fay	Other	Mbre	Stal			Gold
US64	34					✓			✓					✓		9/6/01	985 170 001 004 758
	35		✓						✓					✓		9/6/01	985 170 001 004 467
	36					✓			✓					✓		10/1/01	985 170 000 986 497
	37					✓			✓					✓		12/01	985 170 001 015 460
	38		✓						✓					✓		1/2/01	985 170 001 004 843
	39	✓							✓					✓		1/2/01	985 170 000 982 540
	40			✓					✓					✓		1/2/01	985 170 001 009 164
	41							✓	✓					✓		1/2/01	985 170 000 983 339
	42			✓					✓					✓		1/2/01	985 170 001 003 630
	43			✓					✓					✓		1/2/01	985 170 000 986 303
	44					✓			✓					✓		9/6/01	985 170 001 026 310
	45			✓					✓					✓		9/6/01	985 170 001 037 275
	46		✓						✓					✓		10/2/01	985 170 000 987 380
	47			✓					✓					✓		12/01	985 170 001 028 863
	48		✓						✓					✓		12/01	985 170 001 037 078
	49							✓	✓					✓		1/2/01	985 170 000 996 959
	9950	✓							✓					✓		1/2/01	985 170 000 999 721
	9951					✓			✓					✓		9/6/01	985 170 001 028 734
	52				✓				✓					✓		1/2/01	985 170 001 024 457
US64	53			✓					✓					✓		1/2/01	985 170 001 028 326

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

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



National Center for
Import and Export

Health Certificate No. T11-18336
(Valid Only if the USDA Veterinary Seal
Appears over the Certificate Number)

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

1. **Name and Address of Consignor:** LEWIS LAND & LIVESTOCK
Nombre y Dirección de Consignador: 1807 DON LEWIS DR
ARTESIA, N.M 88210
2. **Name and Address of Consignee:** GRANJA EL ROJO TEXCOCO, S.A DE C.V
Nombre y Dirección del Destinatario: ABASTOS CUAUTITLAN, S.A TIF 194
AV LOPEZ MATEOS #39 COL SAN LORENZO
RIO TENCO CUAUTITLAN IZCALLI EDO DE MEXICO
3. **Identification of the animals to be exported / Identificación de los animales a ser exportados**

Ear tag /Arete	Breed / Raza	Sex / Sexo
64101-64370	RAMBOUILLET CROSS	FEMALE
59851-59895	SUFFOLK CROSS	FEMALE
64371-64380	DORPER CROSS	FEMALE
TOTAL: 325 SHEEP		

Average age of flock (estimated): 84 MONTHS
Edad promedio del rebaño (estimado): 84 MONTHS

In addition, the animals are identified by indelible paint brand, specifically an "X", approximately 5 inches x 5 inches in size, located dorsocaudally (in the tail head area).
Adicionalmente presentan una "X" estampada con tinta indeleble en la parte dorsal del maslo de la cola, de un tamaño de 5 pulgadas de ancho por 5 pulgadas de altura.

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Prior to the exportation, the animals were inspected and no signs of infectious and contagious diseases were observed.
A la inspección previa a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.
2. The animals did not show evidence of traumatism, lacerations, or visible tumors.
Los animales no presentaron traumatismos, laceraciones ni tumoraciones visibles.

MEXICO/HC Sheep goats for Slaughter
October 12 2007



Health Certificate No. T11-18336
(Valid Only if the USDA Veterinary Seal
Appears over the Certificate Number)

3. (Include pertinent statement) [The animals were treated for ectoparasites.

Date: 4-30-11 . Product used: PROLATE/LINIXOX

(Incluya la declaración indicada) animales se trataron contra ectoparásitos.

Fecha: 4-30-11 . Producto usado: PROLATE/LINIXOX

4. The sheep were sheared within 30 days prior to exportation.

Los ovinos fueron trasquilados dentro de los 30 días previos a la exportación.

5. The males to be exported were castrated.

Los machos a exportar fueron castrados.

6. In the United States of America there are sanitary regulations in force that prohibit the feeding of ruminants with meat and bone meal or greaves of ruminant origin.

En los Estados Unidos de América existe reglamentación zoonosanitaria vigente que prohíbe alimentar a los rumiantes con harinas de carne y hueso o con chicharrones (greaves) de origen rumiante.

7. The day of the exportation the animals did not show any clinical signs of Scrapie or Maedi/Visna.

El día de su exportación, los animales no mostraron signos clínicos de Scrapie Maedi/Visna.

8. The vehicles used for transportation of animals were cleaned and disinfected prior to the loading of animals and were kept sealed from the place of origin to the point of entrance into Mexico.

Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque y fueron flejados desde el lugar de origen hasta el punto de ingreso a México.

RATHKE, HERMAN, L. DVM

Name of Accredited Veterinarian

Nombre del Médico

Acreditado

(b) (6)

Firma del Médico Veterinario Acreditado

5-2-11

VOGT, H.L. DVM

Name of Endorsing Federal

Veterinario Veterinarian

Nombre del Médico Veterinario (b) (6)

Federal que endosa.

Date Endorsed and Signature

Endorsing Federal Veterinarian.

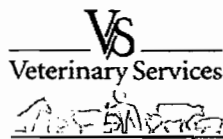
Fecha de endoso y firma del Médico

Veterinario que endosa.

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

5-2-11

MEXICO/HC Sheep goats for Slaughter



Health Certificate No. T11-18337
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

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

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

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

1. Name and Address of Exporter:

Nombre y Dirección del Exportador:

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

2. Name and Address of Importer:

Nombre y Dirección del Importador:

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

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

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
USGZ 0001 98517000984525	NEUTER	96 MONTHS	USGZ 0009 985170001009582	FEMALE	96 MONTHS
0002 985170001005723	NEUTER	96 MONTHS	0010 985170001023814	FEMALE	96 MONTHS
0003 985170000982524	NEUTER	108 MONTHS	0011 985170001002189	FEMALE	108 MONTHS
0004 985170001039164	NEUTER	72 MONTHS	0012 985170001027315	FEMALE	108 MONTHS
0005 985170001005556	FEMALE	108 MONTHS	0013 985170001010265	FEMALE	120 MONTHS
0006 985170001038551	NEUTER	96 MONTHS	0014 985170001006098	NUETER	120 MONTHS
0007 985170000983469	NEUTER	96 MONTHS	0015 985170000986109	NEUTER	96 MONTHS
0008 985170000983104	NEUTER	84 MONTHS	0016 985170001009046	FEMALE	72 MONTHS

Mexico, Slaughter horse HC



Health Certificate No. T11-18337
(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
USGZ 0017 985170001027950	NEUTER	60 MONTHS	USGZ 0024 985170000984085	FEMALE	108 MONTHS
0018 985170000983833	FEMALE	60 MONTHS	0025 985170001000705	FEMALE	108 MONTHS
0019 985170000982858	FEMALE	72 MONTHS	0026 985170001014103	FEMALE	72 MONTHS
0020 985170000984312	FEMALE	72 MONTHS	0027 985170001011779	FEMALE	84 MONTHS
0021 985170001026147	FEMALE	84 MONTHS	0028 985170001012077	FEMALE	96 MONTHS
0022 985170000985006	FEMALE	84 MONTHS	0029 985170000986909	NEUTER	96 MONTHS
0023 985170001026669	NEUTER	72 MONTHS	0030 985170001009142	FEMALE	96 MONTHS

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

Los animales son originarios de Estados Unidos.

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

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

Inspection date / Fecha de inspección 4/30/11

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

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

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

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

Identification number/ <i>Número de identificación</i>	Sex/ <i>Sexo</i>	Breed/ <i>Raza</i>	Age / <i>Edad</i>	Color/ <i>Color</i>
USGZ 0031 985170001037141	NEUTER		108 MONTHS	
0032 985170000982578	FEMALE		72 MONTHS	
TOTAL:32 HORSES				



Health Certificate No. T11-18337
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

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

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

RATHKE, HERMAN, L. DVM
Name of Accredited Veterinarian
Nombre del Médico Veterinario
Acreditado

VOGT, H.L. DVM
Name of Endorsing Federal Veterinarian
Nombre del Médico Veterinario
Federal que endosa.

(b) (6)

(b) (6)

Veterinarian
Firma del Médico Veterinario Acreditado
y Fecha 5/2/11

Signature of Endorsing Federal Veterinarian
Firma del Médico Veterinario que endosa
y Fecha 5/2/11

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

Mexico, Slaughter horse HC

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

**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 reviewing the data needed, and completing and reviewing the collection of information.

FORM
APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE 10:00 PM DATE 4-29-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE Kanham TX

(b) (6)

NAME OF AUCTION/MARKET 111

CONSIGNEE (RECEIVER/DESTINATION NAME) O & B Trading Co.

CONSIGNEE (RECEIVER/DESTINATION NAME) CARRANOS DE JORGE S.A. de C.V.

STREET ADDRESS 996 Vista Hermosa

STREET ADDRESS Carretera Jerez Sanchez Avenue Km 27.5

CITY, STATE, ZIP CODE Chula Vista CA 92015

CITY, STATE, ZIP CODE Jerez Tlaxcala Mexico Of. 99360

AREA CODE & TELEPHONE NO. 760 757-6404

AREA CODE & TELEPHONE NO. 464 45-40-44

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

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

TAG PREFIX	Tag INCL	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing cord lines			
		Bay	Gray	BK	Pinto	Chest	Other	TB	OT	Draft	Pony	Other	Male	Stal	Gold						
<u>1562</u>	<u>0001</u>	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>			<u>985 170 000 984 525</u>	
<u>2</u>	<u>02</u>				<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>										<u>985 170 001 005 723</u>	
<u>3</u>	<u>03</u>				<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>										<u>985 170 000 982 524</u>	
<u>4</u>	<u>04</u>	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>										<u>985 170 001 039 164</u>	
<u>5</u>	<u>05</u>				<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<u>985170001005556</u>	
<u>6</u>	<u>06</u>						<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>										<u>985 170 001 038 551</u>	
<u>7</u>	<u>07</u>				<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>										<u>985 170 000 983 469</u>	
<u>8</u>	<u>08</u>						<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>										<u>985 170 000 983 104</u>	
<u>9</u>	<u>09</u>	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<u>985 170 001 009 582</u>	
<u>10</u>	<u>10</u>								<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>										<u>985 170 001 023 814</u>	
<u>11</u>	<u>11</u>				<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<u>985 170 001 002 189</u>	
<u>12</u>	<u>12</u>				<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<u>985 170 001 027 315</u>	
<u>13</u>	<u>13</u>				<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<u>985 170 001 010 265</u>	
<u>14</u>	<u>14</u>	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>										<u>985 170 001 006 098</u>	
<u>15</u>	<u>15</u>	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>										<u>985 170 000 986 109</u>	

HORSE (b) (6) A MINIMUM OF 6 CONSECUTIVE
HOURS
SIGNATURE (b) (6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST. _____
DATE _____
TIME _____

I HEREBY CERTIFY THAT 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 _____

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

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

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

FORM APPROVED
OMB NO.
0579-0160

**OWNERSHIP CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)**

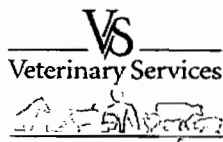
(Please type or print in ink)

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
		Bay	Grey	Blk.	White	Chestn.	Other	TB	QT	Draft	Pony	Other	Male	Stal	Gold				
16	W020016																		985 170 001 009 046
17	17	✓																	985 170 001 027 950
18	18	✓																	985 170 000 983 833
19	19																		985 170 000 982 858
20	20																		985 170 000 984 312
21	21																		985 170 001 026 147
22	22																		985 170 000 985 006
23	23	✓																	985 170 001 026 669
24	24	✓																	985 170 000 984 085
25	25		✓																985 170 001 000 705
26	26																		985 170 001 014 103
27	27	✓																	985 170 001 011 779
28	28	✓																	985 170 001 012 077
29	29																		985 170 000 986 909
30	30	✓																	985 170 001 009 142
31	31	✓																	985 170 001 037 141
32	5272																		985 170 000 982 578
33																			
34																			
35																			
36																			
37																			
38																			
39																			
40																			
41																			
42																			
43																			
44																			
45																			

(b) (6)

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

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



Health Certificate No. T11-18338
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

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

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

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

1. Name and Address of Exporter:

Nombre y Dirección del Exportador:

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

2. Name and Address of Importer:

Nombre y Dirección del Importador:

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

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

Microchip number / Número de microchip	Sex/Séxo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
USGZ 0036 985170001015315	FEMALE	120 MONTHS	USGZ 0044 985170001012580	FEMALE	120 MONTHS
0037 985170001009442	FEMALE	120 MONTHS	0045 985170001036188	FEMALE	108 MONTHS
0038 985170001011831	FEMALE	96 MONTHS	0046 985170001016827	FEMALE	108 MONTHS
0039 985170001024424	NEUTER	84 MONTHS	0047 985170000988784	FEMALE	96 MONTHS
0040 985170001015357	FEMALE	108 MONTHS	0048 985170000999637	FEMALE	96 MONTHS
0041 985170001001993	NEUTER	96 MONTHS	0049 985170001037603	NEUTER	120 MONTHS
0042 985170001008364	NEUTER	96 MONTHS	0050 985170001024294	NEUTER	120 MONTHS
0043 985170001010002	NEUTER	72 MONTHS	0101 985170001022573	NEUTER	96 MONTHS

Mexico, Slaughter horse HC



Health Certificate No. T11-18338
 (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
USGZ 0102 985170001008178	FEMALE	96 MONTHS	USGZ 0109 985170001001357	FEMALE	84 MONTHS
0103 985170001017640	NEUTER	108 MONTHS	0110 985170001037550	FEMALE	108 MONTHS
0104 985170001017085	FEMALE	72 MONTHS	0111 985170001026100	NEUTER	96 MONTHS
0105 985170001001363	FEMALE	72 MONTHS	0112 985170001038978	FEMALE	108 MONTHS
0106 985170001039982	FEMALE	96 MONTHS	0113 985170001037536	NEUTER	96 MONTHS
0107 985170001036291	FEMALE	96 MONTHS	0114 985170001001568	NEUTER	96 MONTHS
0108 985170000987367	FEMALE	96 MONTHS	0115 985170001016778	NEUTER	108 MONTHS

TOTAL:30 HORSES

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

Los animales son originarios de Estados Unidos.

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

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

Inspection date / Fecha de inspección 4/30/11

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

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

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

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



Health Certificate No. T11-18338
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

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

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

RATHKE, HERMAN, L. DVM

Name of Accredited Veterinarian
*Nombre del Médico Veterinario
Acreditado*

VOGT, H.L. DVM

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

(b) (6)

Signature of Accredited Veterinarian and Date
Veterinarian
*Firma del Médico Veterinario Acreditado
y Fecha 5/2/11*

(b) (6)

Signature of Endorsing Federal Veterinarian
*Firma del Médico Veterinario que endosa
y Fecha 5/2/11*

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

Mexico, Slaughter horse HC

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

**OWNERSHIP CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**

(Please type or print in ink)

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

FORM
APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE 12:00 PM DATE 5-02-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE CAYLE TEX

(b) (6)

NAME OF AUCTION/MARKET N/A

CONSIGNOR (OWNER/SHEPHERD) NAME D & B Trading Co

CONSIGNEE (REGENER/DESTINATION) NAME CRANFORD CE SEED S.A. de C.V.

STREET ADDRESS 996 Vista Hermosa

STREET ADDRESS CARRANZA SEED SANCHEZ ROMAN RD 27.6

CITY, STATE, ZIP CODE CAYLE TEX 7852

CITY, STATE, ZIP CODE SEED 2 AVENTENAS MEXICO C.F. 99310

AREA CODE & TELEPHONE NO. 830 757-6404

AREA CODE & TELEPHONE NO. 44 45-40-46

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

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

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS (include existing conditions)		
		Bay	Gray	Blk.	Pinto	Chest.	Other	TB	CT	Draft	Pony	Other	Male	Stall	Geld					
1452	0026	✓															✓	1204	985 170 001 015 315	
2	37			✓														1204	985 170 001 009 442	
3	38					✓												904	985 170 001 011 831	
4	39							✓										1204	985 170 001 024 424	
5	40									✓								1084	985 170 001 015 357	
6	41		✓															1204	985 170 001 001 993	
7	42					✓												1204	985 170 001 008 364	
8	43																	1204	985 170 001 010 002	
9	44		✓															1204	985 170 001 012 580	
10	45	✓																1084	985 170 001 036 188	
11	46																	1084	985 170 001 016 827	
12	47					✓												1204	985 170 000 988 784	
13	48	✓																1204	985 170 000 999 637	
14	49	✓																1204	985 170 001 037 603	
15	50					✓												1204	985 170 001 024 294	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IN THE LAST 24 HOURS.

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)

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

EST. _____
DATE _____
TIME _____

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0570-0160. 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. 0570-0160

**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	Gray	Blk.	Pinto	Chest.	Other	TB	QT	Draft	Pony	Other	Mare	Stall	Gold			
1562	001		✓														✓	985 170 001 022 573
	02	✓															✓	985 170 001 008 178
	03	✓															✓	985 170 001 017 640
	04																✓	985 170 001 017 085
	05																✓	985 170 001 001 363
	06	✓															✓	985 170 001 039 982
	07																✓	985 170 001 036 291
	08	✓															✓	985 170 000 987 367
	09																✓	985 170 001 001 357
	10																✓	985 170 001 037 550
	11	✓															✓	985 170 001 026 100
	12	✓															✓	985 170 001 038 978
	13																✓	985 170 001 037 536
	14																✓	985 170 001 001 568
1562	15																✓	985 170 001 016 778
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

(b) (6)

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

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



Health Certificate No. T11-18339
 (Valid only if the USDA Veterinary Seal
 Appears over the Certificate Number)

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

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

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

1. Name and Address of Exporter:

Nombre y Dirección del Exportador:

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

2. Name and Address of Importer:

Nombre y Dirección del Importador:

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

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

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
USGZ 0156 985170000995782	NEUTER	96 MONTHS	USGZ 0164 985170001001334	FEMALE	72 MONTHS
0157 985170001008285	FEMALE	84 MONTHS	0165 985170001025357	FEMALE	72 MONTHS
0158 985170001016070	NEUTER	96 MONTHS	0166 985170001012698	NEUTER	108 MONTHS
0159 985170001005762	FEMALE	96 MONTHS	0167 985170001012433	FEMALE	120 MONTHS
0160 985170001001041	FEMALE	108 MONTHS	0168 985170000983049	NEUTER	132 MONTHS
0161 985170001007755	NEUTER	120 MONTHS	0169 985170001014420	FEMALE	120 MONTHS
0162 985170001007441	NEUTER	120 MONTHS	0170 985170001014836	FEMALE	108 MONTHS
0163 985170001001317	FEMALE	84 MONTHS	0171 985170001039308	NEUTER	120 MONTHS

Mexico, Slaughter horse HC



Health Certificate No. T11-18339
(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
USGZ 0172 985170001028006	FEMALE	108 MONTHS	USGZ 0179 985170001027668	NEUTER	132 MONTHS
0173 985170001028379	FEMALE	108 MONTHS	0180 985170000983355	FEMALE	120 MONTHS
0174 985170001015109	NEUTER	96 MONTHS	0181 985170000984652	NEUTER	108 MONTHS
0175 985170001012482	NEUTER	96 MONTHS	0182 985170001015498	FEMALE	96 MONTHS
0176 985170001009803	FEMALE	120 MONTHS	0183 985170001011511	NEUTER	96 MONTHS
0177 985170001012332	FEMALE	120 MONTHS	0184 985170000984786	NEUTER	72 MONTHS
0178 985170001014450	NEUTER	132 MONTHS	0185 985170000984641	FEMALE	108 MONTHS

CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

Los animales son originarios de Estados Unidos.

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

A la 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 5/2/11

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

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

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

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

Identification number/Número de identificación	Sex/Sexo	Breed/Raza	Age /Edad	Color/Color
USGZ 0186 985170001006913	NEUTER		108 MONTHS	
0187 985170001038529	FEMALE		120 MONTHS	
0188 985170001018475	NEUTER		120 MONTHS	
0189 985170001037033	FEMALE		108 MONTHS	
0190 985170001022484	FEMALE		108 MONTHS	
TOTAL:35 HORSES				



Health Certificate No. T11-18339
(Valid only if the USDA Veterinary Seal
Appears over the Certificate Number)

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

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

RATHKE, HERMAN, L. DVM
Name of Accredited Veterinarian
*Nombre del Médico Veterinario
Acreditado*

VOGT, H. L. DVM
Name of Endorsing Federal Veterinarian
*Nombre del Médico Veterinario
Federal que endosa.*

(b) (6)

(b) (6)

Signature of Accredited Veterinarian and Date
Veterinarian
*Firma del Médico Veterinario Acreditado
y Fecha 5/3/11*

Signature of Endorsing Federal
*Firma del Médico Veterinario que endosa
y Fecha 5/3/11*

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

Mexico, Slaughter horse HC

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

**OWNERSHIP CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**

(Please type or print in ink)

According to the Paperwork Reduction Act of 1985, 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 0579-0192. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM
APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE

9:00 AM

DATE

5-07-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

El Paso TX

(b) (6)

NAME OF AUCTION/MARKET

W/13

OWNER/SHIPPER NAME

B & B TRADING CO.

CONSIGNEE (RECEIVER/DESTINATION) NAME

Carreteras de Jerez S.A. de C.V.

STREET ADDRESS

996 Vista Hermosa

STREET ADDRESS

Carreteras Jerez S.A. de C.V. Km 37.5

CITY, STATE, ZIP CODE

El Paso TX 79962

CITY, STATE, ZIP CODE

Jerez Zamora Mexico C.P. 99360

AREA CODE & TELEPHONE NO.

130 757-6404

AREA CODE & TELEPHONE NO.

457 45-40-46

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	Chest.	Other	TB	OT	Draft	Pony	Other	Mare	Stal	Gold				
15520156				✓								✓						✓	985 170 000 995 782
	57		✓									✓						✓	985 170 001 008 285
	58											✓						✓	985 170 001 016 070
	59							✓				✓						✓	985 170 001 005 762
	60							✓				✓						✓	985 170 001 001 041
	61				✓							✓						✓	985 170 001 007 755
	62	✓										✓						✓	985 170 001 007 441
	63											✓						✓	985 170 001 001 317
	64							✓				✓						✓	985 170 001 001 334
	65							✓				✓						✓	985 170 001 025 357
	66				✓							✓						✓	985 170 001 012 698
	67											✓						✓	985 170 001 012 433
	68				✓							✓						✓	985 170 000 983 049
	69				✓							✓						✓	985 170 001 014 420
155270												✓						✓	985 170 001 014 836

HOURS (b) (6)

SIGNATURE

DATE

TIME

HEREBY

COMPLETED BY THE CRA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

(b) (6)

Information contained in this form is true and correct to

FOR A MINIMUM OF 6 CONSECUTIVE

DAYS

STATEMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CRA 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).

Information contained in this form is true and correct to

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME