The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED OMB NO. 0579-0020 and 0301

Non-Responsive

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: L096142

3. PAGE NO.: 2 OF 2

APPROVED

4. DATE ISSUED: 11/14/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE NATION INC. 317 RANG STE JULIE EST ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

SUGARCREEK LIVESTOCK AUCTION
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USHR9736	300	N	PE		BLACK, BLAZE									
USHR9737	120	N	BL		SORREL, BLAZE									
USHR9738	180	F	BL		SORREL, BLAZE, LR,RR-STOCKING									
USHR9739	144	N	AP		SORREL ROAN, BLAZE, LR,RR-SOCK									
USHR9740	240	F	QH		PALOMINO, STAR									
USHR9741	36	F	QH		SORREL, BLAZE, LR-SOCK									
USHR9742	180	N	SN		BAY, STAR, SNIP, RR-CORONET, BRAND RIGHT SIDE OF NECK									
USHR9743	192	N	SN		BAY, STAR, SNIP, LF-CORONET, LR,RR-SOCK									
USHR9744	36	N	QH		SORREL, STAR									
USHR9745	108	F	PAINT		CHESTNUT, WHITE, STAR, LF,LR,RF,RR-STOCKING, PAINTED BODY									
USHR9746	108	F	QH		SORREL, BLAZE, LF,LR,RF,RR-STOCKING									
USHR9747	300	F	PE		BLACK, STARS									
USHR9748	180	N	QH		SORREL, STAR, STRIPE, SNIP									
USHR9749	96	F	QH		RED DUN, STAR, STRIPE, SNIP, LF-FETLOCK, LR-PASTERN									
USHR9750	300	F	QH CROSS		CHESTNUT, STAR, STRIPE, SNIP, RR-CORONET									
USHR9751	240	N	SN		BAY, STAR, SNIP, LR,RR-FETLOCK, RF-PASTERN									
USHR9752	144	N	SN		BAY, STAR, LR,RR-PASTERN									
USHR9753	240	N	TW		CHESTNUT, BLAZE, LR,RR-FETLOCK									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 17 NOV 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 28

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HUGH, DVM, VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0040

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*
SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140
USA 1896142

3. PAGE NO.
2 OF 2

18. CONSIGNEE'S NAME
LES VIANDES DE LA PETITE-NATION INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ✔ — CERTIFIED BRUCELLOSIS FREE AREA ✔

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	E	DATE F	G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	M	N	O
SUGARCREEK LIVESTOCK AUCTION, INC.	USHR9754	120	F	PAINT		BLACK, WHITE, STAR, LF,LR,RF,RR-STOCKING, PAINTED BODY									
102 BUCKEYE STREET	USHR9755	96	F	AP		CHESTNUT, STAR, STRIPE, SNIP, LF-SOCK, RR-PASTERN, WHITE OVER RUMP									
SUGARCREEK, OH 44681	USHR9756	144	F	SN CROSS		BAY, LR,RR-CORONET									
	USHR9757	216	N	QH		SORREL, BLAZE, RR-FETLOCK									
	USHR9758	72	N	QH		BLACK, NO MARKINGS									
	USHR9759	120	F	PAINT		BLACK, WHITE, SNIP, LR,RR-STOCKING, PAINTED BODY									
	USHR9760	204	N	SN		BAY, STAR, LR-CORONET, BRAND RIGHT SIDE OF NECK									
	USHR9761	144	F	QH		BAY, STAR, STRIPE, SNIP									
	USHR9762	144	F	PAINT		SORREL, WHITE, BLAZE, PAINTED BODY									
	USHR9763	144	F	QH		BAY, STAR, SNIP, BRAND LEFT QUAD									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS. ~~OR COLORADO~~
6) ~~THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)~~

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

TIME HORSES LOADED ON CONVEYANCE:

DATE:

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 Buckeye St. P.O Box 452

STREET ADDRESS: 517 Rang Ste Julie EST

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: ST ANDRE AVELIN QC J0W00

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 1-819-983-7944

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USHR	9736			X						PE					X		
2	↑	9737						Sor			BL					X		
3		9738						Sor			BL			X				
4		9739						Roan					AP			X		
5		9740						Pal		X				X				
6		9741						Sor		X				X				
7		9742	X										SN			X	Brand on right side of neck	
8		9743	X										SN			X		
9		9744						Sor		X						X		
10		9745						Chst Wht					Paint	X				
11		9746						Sor		X				X				
12		9747			X						PE			X				
13		9748						Sor		X						X		
14		9749						Red Dun		X				X				
15	↓	9750					X			X Cross				X				

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

PAGE 1 OF 2

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	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	26HR	9751	X										SV			X		
17	↑	9752	X										SV			X		
18		9753					X						TW			X		
19		9754						Blk Wht					Paint	X				
20		9755					X						AP	X			White over Rump	
21		9756	X										SV Cross	X				
22		9757						Sor		X						X		
23		9758			X					X						X		
24		9759						Blk Wht					Paint	X				
25		9760	X										SV			X	Brand on Right side of neck	
26		9761	X							X				X				
27		9762						Sor Wht					Paint	X				
28	↓	9763	X							X				X			Brand on left quad	
29																		
30																		
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.)

Leroy H. Bales

VS FORM 10-13A
(SEP 2002)

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

PAGE 2 OF 2

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0028 and 0001

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: L0961[illegible]

3. PAGE NO.:

4. DATE ISSUED: 11/14/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC. 517 RANG STE JULIE EST ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

SUGARCREEK LIVESTOCK AUCTION
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USHR9704	156	N	PONY		SORREL, STAR, LF-CORONET, RR-PASTERN									
USHR9705	60	N	QH		RED DUN, STAR, SNIPS									
USHR9706	72	F	QH CROSS		BLACK, NO MARKINGS									
USHR9707	48	N	HAFLINGER CROSS		BAY, BLAZE									
USHR9708	84	F	AB		BAY, STAR, STRIPE									
USHR9709	240	F	AB CROSS		SORREL, BLAZE, LF,RR-FETLOCK, LR-SOCK, RF-STOCKING									
USHR9710	228	F	QH		SORREL, BLAZE, WHITE SPOT ON WITHERS, WHITE SPOT LEFT FLANK									
USHR9711	144	N	SN		BAY, LR-SOCK, BRAND RIGHT SIDE OF NECK									
USHR9712	48	F	PAINT CROSS		BAY, WHITE, STAR, STRIPE, SNIP, RR-STOCKING, PAINTED BODY									
USHR9713	216	F	QH		BAY, STAR, LR,RR-FETLOCK									
USHR9714	108	N	SN		BAY, BRAND RIGHT SIDE OF NECK									
USHR9715	300	F	AB CROSS		SORREL, STAR, STRIPE, SNIP, LF,RR-FETLOCK, LR-SOCK									
USHR9716	240	F	QH		BAY, NO MARKINGS									
USHR9717	240	F	PONY		BLACK, BLAZE, LR,RR-SOCK, RF-FETLOCK									
USHR9718	60	F	SN		DARK BAY, RR-CORONET, BRAND RIGHT SIDE OF NECK									
USHR9719	84	F	TW		SORREL, BLAZE, LF,LR,RF,RR-SOCK									
USHR9720	120	F	PAINT		BLACK, WHITE, STAR, SNIP, RF-STOCKING, PAINTED BODY									
USHR9721	108	F	SN		BAY, BRAND RIGHT SIDE OF NECK									

VALID ONLY IF USDA VETERINARIAN SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 17 NOV 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 32

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A.HUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

READ INSTRUCTIONS FROM VS FORM 17-140

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION, INC.

2. [illegible] FARM [illegible]: 1096143

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE NATION INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE [illegible] TESTS

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ✓ — CERTIFIED BRUCELLOSIS FREE AREA ✓

18. INDIVIDUAL IDENTIFICATION

Owner's name / street address / city/town, state code & zip code	ID NO. OR DESCRIPTION (A)	AGE (B)	SEX (C)	BREED (D)	✓ (E)	DATE (F)	✓ (G)	DATE (H)	VAC (I)	1/25 (J)	1/50 (K)	1/100 (L)	DISEASE / TYPE TEST / DATE (M)	DISEASE / TYPE TEST / DATE (N)	DISEASE / TYPE TEST / DATE (O)
SUGARCREEK LIVESTOCK AUCTION, INC.	USHR9722	288	N	SN		DARK BAY, STAR, LR-PARTIAL PASTERN									
102 BUCKEYE STREET	USHR9723	156	N	TN		BLACK, STAR, SNIP									
SUGARCREEK, OH 44681	USHR9724	60	N	OH		CHESTNUT, STAR, STRIPE, SNIP, LR-PASTERN, RR-CORONET									
	USHR9725	240	N	TN CROSS		SORREL, STAR, STRIPE, LR-FETLOCK									
	USHR9726	84	F	OH		BUCKSKIN, STAR, STRIPE, SNIP, RR-SOCK									
	USHR9727	36	F	SN		BAY, LR-FETLOCK, RR-CORONET									
	USHR9728	180	N	SN		BAY, LR-PASTERN, BRAND RIGHT SIDE OF NECK									
	USHR9729	108	F	PAINT		SORREL, WHITE, STAR, STRIPE, LR-STOCKING, PAINTED BODY									
	USHR9730	48	N	OH		CHESTNUT, STAR, STRIPE, SNIP, RR-FETLOCK, LR-PARTIAL FETLOCK									
	USHR9731	180	N	OH CROSS		BAY, STAR, STRIPE, SNIP, LF,RR-CORONET, LR-SOCK									
	USHR9732	156	N	PAINT		CHESTNUT, WHITE, BLAZE, LR-SOCK, PAINTED BODY									
	USHR9733	72	F	TN		CHESTNUT, STAR, LF-FETLOCK									
	USHR9734	60	M	OH		SORREL, BLAZE, LR,RF-SOCK									
	USHR9735	72	F	OH		SORREL, STAR, STRIPE, SNIP, LF-SOCK, RR-PASTERN									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS. ~~OR COLORADO~~
6) ~~THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)~~

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC
CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N - BAKER	CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION
STREET ADDRESS: 102 Buckeye ST. P.O Bx 452	STREET ADDRESS: 517 Rang Ste une est
CITY, STATE, ZIP CODE: SUGARCREEK OH 44681	CITY, STATE, ZIP CODE: ST ANDRE' AVELIN QC J0W0
AREA CODE & TELEPHONE NO.: 330-852-2832	AREA CODE & TELEPHONE NO.: 1-819-983-7744

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	26SHR	9704						Sor				X				X		
2	↑	9705						Red Sor		X						X		
3		9706			X					X Cross				X				
4		9707	X										Hot Cross			X		
5		9708	X										AB	X				
6		9709						Sor					AB Cross	X				
7		9710						Sor		X				X			wht spot on withers left flank	
8		9711	X										SN			X	Brand on right side of neck	
9		9712						Bay wht					Paint Cross	X				
10		9713	X							X				X				
11		9714	X										SN			X	Brand on right side of neck	
12		9715						Sor					AB Cross	X				
13		9716	X							X				X				
14		9717			X							X		X				
15	↓	9718						DK Bay					SN	X			Brand on right side of neck	

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

PAGE 1 OF 2

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	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	USHR	9719						Sor					TW	X				
17	↑	9720						Bay Paint					Paint	X				
18		9721	X										SV	X			Brand on Right Side of Neck	
19		9722						Dk Bay					SV			X	Left Rear Pastiac	pastern
20		9723			X								TW			X		
21		9724					X			X						X		
22		9725						Sor					TW Cross			X		
23		9726						Buckskin		X				X				
24		9727	X										SV	X				
25		9728	X										SV			X	Brand on Right Side of Neck	
26		9729						Sor Bay					Paint	X				
27		9730					X			X						X		
28		9731	X							X Cross						X		
29		9732						Chest Bay					Paint			X		
30		9733					X		TH					X				
31		9734						Sor		X					X			
32	↓	9735						Sor		X				X				
33																		
34																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

Leroy H Baker

VS FORM 10-13A
(SEP 2002)

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

PAGE 2 OF 2

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: L096116

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 11/21/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC. 517 RANG STE JULIE EST ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION	USHR9764	180	N	SN		BLACK, STAR, LR,RR-PASTERN, BRAND RIGHT SIDE OF NECK									
102 BUCKEYE STREET	USHR9765	84	F	SN		BAY, STAR, LR-PASTERN, RF-CORONET									
SUGARCREEK, OH 44681	USHR9766	240	N	MN		BAY, STAR, SNIP, LR-PASTERN									
	USHR9767	240	N	TH		SORREL, STAR, LR,RR-SOCK									
	USHR9768	300	F	QH		BAY, NO MARKINGS									
	USHR9769	108	F	PAINT		BAY, WHITE, STAR, STRIPE, SNIP, LF,LR,RF-STOCKING, PAINTED BODY									
	USHR9770	300	N	SN		BAY, STAR, LF-FETLOCK, LR,RR-SOCK									
	USHR9771	300	F	SN		BAY, STAR, SNIP, BRAND RIGHT SIDE OF NECK									
	USHR9772	84	F	SN		BAY, FEW WHITE HAIRS ON FOREHEAD, BRAND RIGHT SIDE OF NECK									
	USHR9773	48	N	TH		BAY, RR-CORONET									
	USHR9774	72	N	AP		SORREL ROAN, BLAZE, LR-SOCK, RR-FETLOCK									
	USHR9775	156	N	AP		CHESTNUT, BLAZE, RF-PASTERN, RR-FETLOCK, WHITE OVER RUMP									
	USHR9776	216	N	QH		CHESTNUT, BLAZE, LF-STOCKING, LR,RF,RR-SOCK									
	USHR9777	108	F	HAFLINGER		SORREL, BLAZE									
	USHR9778	216	F	SN		BAY, LR,RR-PASTERN									
	USHR9779	84	N	SN		BAY, STAR, BRAND RIGHT SIDE OF NECK									
	USHR9780	60	N	AB CROSS		SORREL, STAR, LR-SOCK, RR-FETLOCK									
	USHR9781	240	N	QH		CHESTNUT, STAR, STRIPE									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: NOV. 24, 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L096116

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE STREET~~
~~SUGARCREEK, OH 44681~~

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USHR9782	72	N	SN		DARK BAY, STAR, BRAND RIGHT SIDE OF NECK									
USHR9783	72	N	QH		BLACK, NO MARKINGS									
USHR9784	240	N	SN		BAY, STAR, BRAND RIGHT SIDE OF NECK									
USHR9785	216	F	SN		BAY, STAR, LR-FETLOCK, RR-SOCK, WHITE SPOT LEFT HIP									
USHR9786	240	F	SN		BAY, RR-FETLOCK, BRAND RIGHT SIDE OF NECK									
USHR9787	216	N	SN		BAY, STAR, LF-PASTERN, LR-SOCK, RR-FETLOCK									
USHR9788	240	F	QH		PALOMINO, STAR									
USHR9789	240	N	QH		STRAWBERRY ROAN, BLAZE, LR,RR-SOCK, RF-CORONET									
USHR9790	60	F	TH		BAY, STAR									
USHR9791	108	N	SN		BAY, LR,RR-CORONET									
USHR9792	144	F	SN		BAY, STAR, BRAND RIGHT SIDE OF NECK									
USHR9793	216	F	SN		BAY, NO MARKINGS									

1) ~~THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.~~
2) ~~THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.~~
3) ~~THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.~~
4) ~~THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.~~
5) ~~DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.~~ ~~OR COLORADO.~~
6) ~~THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)~~

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:
NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER
CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 Buckeye ST. P.O BX 452
STREET ADDRESS: 517 RANG Ste JULIE EST

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681
CITY, STATE, ZIP CODE: ST ANDRE AVELLIN QC J0W0

AREA CODE & TELEPHONE NO.: 330-852-2832
AREA CODE & TELEPHONE NO.: 1-819-983-7941

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USHR	9764			X								SV			X	Brand on Right side of neck	
2	↑	9765	X										SV	X				
3		9766	X										MN			X		
4		9767						Sor	TH							X		
5		9768	X							X				X				
6		9769						Bay colt					Paint	X				
7		9770	X										SV			X		
8		9771	X										SV	X			Brand on Right side of neck	
9		9772	X										SV	X			Brand on Right side of neck	
10		9773	X						TH							X		
11		9774						Sor Roan					AP			X		
12		9775					X						AP			X	White over Rump.	
13		9776					X			X						X		
14		9777						Sor					Hat	X				
15	↓	9778	X										SV	X				

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

SIGNATURE: L. N. Baker

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.)

L. N. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST.
DATE
TIME

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

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

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USHR	9779	X										SV			X	Brand on Right side of neck	
17	↑	9780						Sor					AB Ross			X		
18		9781					X			X						X		
19		9782						DK Bay					SV			X	Brand on Right side of neck	
20		9783			X					X						X		
21		9784	X										SV			X	Brand on Right side of neck	
22		9785	X										SV	X			white spot on left hip	
23		9786	X										SV	X			Brand on Right side of neck	
24		9787	X										SV			X		
25		9788						Pal		X				X				
26		9789						Strawberry		X						X		
27		9790	X						TH					X				
28		9791	X										SV			X		
29		9792	X										SV	X			Brand on Right side of neck	
30	↓	9793	X										SV	X				
31																		
32																		
33																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

Leroy H Bolen

VS FORM 10-13A
(SEP 2002)

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

PAGE 2 OF 2

This certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: L096144

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 11/21/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC. 517 RANG STE JULIE-EST ST. ANDRE AVELLIN, QC JOV 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code
~~SUGARCREEK LIVESTOCK AUCTION~~
~~102 BUCKEYE STREET~~
~~SUGARCREEK, OH 44681~~

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USHR9794	300	N	BL		SORREL, STAR, STRIPE, SNIP									
USHR9795	168	N	BL		SORREL, BLAZE									
USHR9796	240	F	SN		BAY, BRAND RIGHT SIDE OF NECK									
USHR9797	300	N	PE CROSS		BLACK, RR-FETLOCK									
USHR9798	60	F	SN		BAY, NO MARKINGS									
USHR9799	144	N	QH		CHESTNUT, BLAZE, LF-CORONET, LR-FETLOCK, RR-PASTERN									
USHR9800	216	F	QH		SORREL, BLAZE									
USHR9801	108	N	SN		BAY, STAR									
USHR9802	240	N	SN		BAY, FEW WHITE HAIRS ON FOREHEAD									
USHR9803	108	F	PAINT		SORREL, WHITE, BLAZE, RR-STOCKING, PAINTED BODY									
USHR9804	180	N	BL		SORREL, STAR, STRIPE, SNIP									
USHR9805	300	N	PAINT		BLACK, WHITE, BALD FACE, RF-STOCKING, PAINTED BODY									
USHR9806	228	F	SN		BAY, STAR									
USHR9807	60	N	QH		BAY, NO MARKINGS									
USHR9808	216	F	HAFLINGER		SORREL, BLAZE									
USHR9809	120	N	SN		BAY, BRAND RIGHT SIDE OF NECK									
USHR9810	48	N	SN		DARK BAY, BRAND RIGHT SIDE OF NECK									
USHR9811	204	N	BL		SORREL, BLAZE, WHITE SPOT LEFT SIDE OF NECK									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: NOV. 24, 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (*last name, first name, middle initial or business name*): SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L096144

3. PAGE NO.: 2 OF 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name (*Last name, two initials, & business name*)
Owner's street address
Owner's city/town, state code & zip code

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USHR9812	300	N	SN		BAY, NO MARKINGS									
USHR9813	240	N	SN		DARK BAY, WHITE HAIRS ON RIGHT SIDE OF NECK									
USHR9814	240	N	BL		SORREL, BLAZE									
USHR9815	216	N	QH		BAY, BLAZE, LF,RR-STOCKING									
USHR9816	300	N	QH		BAY ROAN, STAR, LR-PASTERN									
USHR9817	132	N	QH		BLACK, STAR, SNIP, LF,LR,RF-FETLOCK, RR-SOCK									
USHR9818	180	F	PAINT		BLACK, WHITE, STAR, STRIPE, SNIP, PAINTED BODY									
USHR9819	72	F	PAINT		CHESTNUT, WHITE, STAR, WHITE HAIRS ACROSS NOSE, PAINTED BODY, LF,LR,RF,RR-STOCKING									
USHR9820	144	F	PAINT		SORREL, WHITE, BLAZE, PAINTED BODY									
USHR9821	156	F	QH		BAY, STAR, STRIPE, SNIP									
USHR9822	240	F	HAFLINGER		SORREL, BLAZE									
USHR9823	156	N	PAINT		BAY, WHITE, BLAZE, PAINTED BODY									

1) ~~THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.~~
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.OR COLORADO.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT.

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 Buckeye ST P.O BX 452

STREET ADDRESS: 517 Rang ste julie est

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: ST ANDRE' AVELLIN QC J0W0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 1-819-983-7941

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	26SHR	9794						Sor			BL					X		
2	↑	9795						Sor			BL					X		
3		9796	X										SW	X			Brand on right side of neck	
4		9797			X						RE Cross					X		
5		9798	X										SW	X				
6		9799					X			X						X		
7		9800						Sor		X				X				
8		9801	X										SW			X		
9		9802	X										SW			X		
10		9803						Sor wht					Paint	X				
11		9804						Sor			BL					X		
12		9805						Bk wht					Paint			X		
13		9806	X										SW	X				
14		9807	X							X						X		
15	↓	9808						Sor					Haf	X				

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	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	26SHR	9809	X										SN			X	Brand on Right SIDE OF NECK	
17	↑	9810						Dk Bay					SN			X	Brand on Right SIDE OF NECK	
18		9811						Sor			BL					X	wht spot on left SIDE OF NECK	
19		9812	X										SN			X		
20		9813						Dk Bay					SN			X	WHITE HAIRS ON Right SIDE OF NECK	
21		9814						Sor			BL					X		
22		9815	X							X						X		
23		9816						Bay Roan		X						X		
24		9817			X					X						X		
25		9818						Bk wht					Paint	X				
26		9819						Blue wht					Paint	X				
27		9820						Sor wht					Paint	X				
28		9821	X							X				X				
29		9822						Sor					Hat	X				
30	↓	9823						Bay wht					Paint			X		
31																		
32																		
33																		
34																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

Leroy H. Beeler

VS FORM 10-13A
(SEP 2002)

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

PAGE 2 OF 2

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: L096135

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 11/28/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC. 517 RANG STE JULIE EST ST. ANDRE AVELLIN, QC JOV 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION	USHR9824	216	N	SN		BLACK, STAR, BRAND RIGHT SIDE OF NECK									
102 BUCKEYE STREET	USHR9825	156	N	SN		BAY, BRAND RIGHT SIDE OFNECK									
SUGARCREEK, OH 44681	USHR9826	300	N	SN		DARK BAY, STAR, LR-FETLOCK, RR-PASTERN									
	USHR9827	216	N	AS		SORREL, BLAZE, LF,LR,RR-SOCK									
	USHR9828	108	F	TW		BLACK, STAR, STRIPE, SNIP, LR-PASTERN, RR-FETLOCK									
	USHR9829	120	F	QH		SORREL, STAR, RR-SOCK									
	USHR9830	240	N	BL		SORREL, BLAZE									
	USHR9831	120	N	AS		CHESTNUT, STAR, STRIPE, SNIP, LR,RR-FETLOCK									
	USHR9832	144	F	BL		SORREL, STAR, BLAZE									
	USHR9833	156	N	QH		CHESTNUT, STAR, RR-PASTERN									
	USHR9834	240	N	BL		SORREL, STAR									
	USHR9835	300	N	BL		CHESTNUT, STAR, SNIP									
	USHR9836	216	F	TW		SORREL, BLAZE, LR,RR-STOCKING									
	USHR9837	96	F	PAINT		BLACK, WHITE, FEW WHITE HAIRS ON FOREHEAD, SNIP, PAINTED BODY, LF,LR,RF-STOCKING									
	USHR9838	300	N	QH		PALOMINO, STAR, STRIPE, SNIP, LR-PASTERN, BRAND LEFT QUAD									
	USHR9839	216	F	QH		PALOMINO, BLAZE									
	USHR9840	72	F	QH		PALOMINO, STAR									
	USHR9841	108	F	PAINT		BLACK, WHITE, LF-PASTERN, LR,RR-STOCKING, RF-FETLOCK, PAINTED BODY									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: DEC. 1, 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian: Nancy L Hannaway DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): NANCY L HANNAWAY, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L096135

3. PAGE NO.: 2 OF 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE STREET SUGARCREEK, OH 44681														
USHR9842	96	N	HAFLINGER		SORREL, BLAZE									
USHR9843	300	F	QH		CHESTNUT, BLAZE, LR,RF-SOCK, RR-PASTERN									
USHR9844	204	N	MUSTANG		BAY, STAR, BRAND LEFT SIDE OF NECK									
USHR9845	72	N	SN		BAY, STAR, BRAND RIGHT SIDE OF NECK									
USHR9846	48	F	AB CROSS		BAY, STRIPE, SNIP, LR-PASTERN									
USHR9847	240	N	QH		CHESTNUT, BLAZE									
USHR9848	84	M	TW		BLACK, LF,LR,RF,RR-FETLOCK									
USHR9849	168	N	BL		SORREL, BLAZE, RR-STOCKING									
USHR9850	144	N	SN		BAY, STAR, LR,RR-FETLOCK									
USHR9851	96	N	TW		SORREL, STAR									
USHR9852	204	N	BL		SORREL, BLAZE									
USHR9853	72	F	QH		SORREL, STAR, STRIPE, SNIP, RR-FETLOCK									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO, OR TEXAS, COLORADO OR NEBRASKA. MZH
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 Buckeye ST. P.O.Box 452

STREET ADDRESS: 517 Rang Ste julie est

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: ST ANDRE' AVELLIN QC J0W0O

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 1-819-983-7941

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USHR	9824			X								SN			X	Brand on right side of neck	
2	↑	9825	X										SN			X	Brand on right side of neck	
3		9826						DK Bay					SN			X		
4		9827						Sor					AS			X		
5		9828			X								TW	X				
6		9829						Sor		X				X				
7		9830						Sor			Bl					X		
8		9831					X						AS			X		
9		9832						Sor			Bl			X				
10		9833					X			X						X		
11		9834						Sor			Bl					X		
12		9835					X				Bl					X		
13		9836						Sor					TW	X				
14		9837						DK Bay					Paint	X				
15	↓	9838						Pal		X						X	Brand on left quad	

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

SIGNATURE: L. N. Baker

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.)

L. N. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	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	2SHR	9839						Pal		X				X				
17	↑	9840						Pal		X				X				
18		9841						Blk Paint					Paint	X				
19		9842						Sor					Hat			X		
20		9843					X			X				X				
21		9844	X										Mahog			X	Brand on left side of neck	
22		9845	X										SW			X	Brand on right side of neck	
23		9846	X										AB Cross	X				
24		9847					X			X						X		
25		9848			X								TW		X			
26		9849						Sor			Bl					X		
27		9850	X										SW			X		
28		9851						Sor					TW			X		
29		9852						Sor			Bl					X		
30	↓	9853						Sor		X				X				
31																		
32																		
33																		
34																		
35																		
36																		
37																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

Leroy H. Baker

VS FORM 10-13A
(SEP 2002)

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

PAGE 2 OF 2

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: L083549

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12/1/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC. 517 RANG STE JULIE EST ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN: Owner's name (Last name, two initials, or business name); Owner's street address; Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION	USHR9854	144	F	QH		SORREL, LF,RR-FETLOCK									
102 BUCKEYE STREET	USHR9855	144	N	QH		SORREL, BLAZE, LF-STOCKING, RF-PASTERN, RR-SOCK,									BRAND LEFT QUAD
SUGARCREEK, OH 44681	USHR9856	144	F	QH		BUCKSKIN, STAR									
	USHR9857	84	F	QH		CHESTNUT, BLAZE									
	USHR9858	300	N	SN		BAY, STAR, STRIPE, SNIP, LF-PASTERN, LR-FETLOCK									
	USHR9859	192	N	PAINT		BAY, WHITE, BLAZE, PAINTED BODY									
	USHR9860	276	F	QH		BAY, STAR, STRIPE, SNIP, LR-SOCK									
	USHR9861	120	F	QH		CHESTNUT, STAR									
	USHR9862	216	F	QH		DARK BAY, STAR									
	USHR9863	60	F	PAINT		PALOMINO, WHITE, BLAZE, PAINTED BODY									
	USHR9864	132	F	SN		BAY, STAR, STRIPE, RR-SOCK, WHITE SPOT ON WITHERS									
	USHR9865	156	F	TW		BLACK, FEW WHITE HAIRS ON FOREHEAD, SNIP, RR-PASTERN									
	USHR9866	180	N	SN		DARK BAY, BRAND RIGHT SIDE OF NECK									
	USHR9867	180	F	QH		BUCKSKIN, STAR, SNIP									
	USHR9868	96	F	QH		BAY, STAR, SNIP									
	USHR9869	300	N	TW		SORREL, BLAZE									
	USHR9870	132	F	QH		PALOMINO, NO MARKINGS									
	USHR9871	180	N	QH		BAY, STAR, SNIP, LR,RR-FETLOCK									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: DEC. 2, 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): DAUGHERTY, RICK L. 5123

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian: Kellie A Hough, DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (*last name, first name, middle initial or business name*): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L083549

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name (*Last name, two initials, & business name*)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USHR9872	144	N	PAINT		BLACK, WHITE, BALD FACE, PAINTED BODY									
102 BUCKEYE STREET	USHR9873	156	F	PAINT		BLACK, WHITE, BALD FACE, PAINTED BODY									
SUGARCREEK, OH 44681	USHR9874	120	F	QH		BLACK, STAR, STRIPE, SNIP, LF-FETLOCK, LR-PASTERN									
	USHR9875	156	F	QH		SORREL, STAR									
	USHR9876	216	N	QH		CHESTNUT, STAR, WHITE SPOTS OVER BODY AND RUMP									
	USHR9877	156	N	PAINT		SORREL, WHITE, BLAZE, LR-STOCKING, PAINTED BODY									
	USHR9878	156	F	QH		PALOMINO, STAR, STRIPE, SNIP									
	USHR9879	108	F	TW		CHESTNUT, BLAZE, LF,LR,RF,RR-STOCKING									
	USHR9880	72	F	PAINT		CHESTNUT, WHITE, STAR, PAINTED BODY									
	USHR9881	240	F	TW		SORREL, WHITE MARKING RIGHT SHOULDER									
	USHR9882	156	F	TW		SORREL, STAR, STRIPE									
	USHR9883	24	F	SN		BAY, NO MARKINGS									

1) ~~THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.~~
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO, COLORADO, AND NEBRASKA.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY W. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 BUCKEYE ST. P.O BX 452

STREET ADDRESS: 517 RANG STE JULIE EST

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: ST. ANDRÉ AVELLIN QC J0V 1X0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 1-819-983-7941

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USHR	9854						Sor		X				X				
2		9855						Sor		X						X	Brand on left QUAD	
3		9856						Buckskin		X				X				
4		9857					X			X				X				
5		9858	X										SW			X		
6		9859						Bay wht					Paint			X		
7		9860	X							X				X				
8		9861					X			X				X				
9		9862						DK Bay		X				X				
10		9863						Bay wht					Painted	X				
11		9864	X										SW	X			white spots on withers	
12		9865			X								TW	X				
13		9866						DK Bay					SW			X	Brand on right SIDE OF NECK	
14		9867						Buckskin		X				X				
15		9868	X							X				X				

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	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	RSHR	9869						Sor					TW			X		
17	↑	9870						Pal		X				X				
18		9871	X							X						X		
19		9872						Pal wht					Paint			X		
20		9873						Pal wht					Paint	X				
21		9874			X					X				X				
22		9875						Sor		X				X				
23		9876					X			X						X	white spots over body & rump	
24		9877						Sor wht					Paint			X		
25		9878						Pal		X				X				
26		9879					X						TW	X				
27		9880						Chst wht					Paint	X				
28		9881						Sor					TW	X			wht marking on right shoulder	
29		9882						Sor					TW	X				
30	↓	9883	X										SV	X				
31																		
32																		
33																		
34																		
35																		
36																		
37																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

Leroy H. Bolen

VS FORM 10-13A
(SEP 2002)

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

PAGE 2 OF 2

USDA

United States
Department of
Agriculture

Animal and Plant
Health Inspection
Service

Service Center 3

12927 Stonecreek Dr
Pickerington, OH 43147

Office: (614) 856-4735
Fax: (614) 856-4754

To whom it may concern:

This is an addendum to Certificate L083549 issued on December 1, 2014 by USDA Accredited Veterinarian, Dr. Rick L. Daugherty, and endorsed on December 2, 2014 by Veterinary Medical Officer, Dr. Kellie A. Hough.

The state of Texas was omitted from the following statement on the health certificate:

"During the previous twenty-one (21) days, the animal(s) in this shipment has/have not been in the state of New Mexico, Colorado, or Nebraska."

The statement should read:

"During the previous twenty-one (21) days, the animal(s) in this shipment has/have not been in the states of Texas, New Mexico, Colorado, or Nebraska."

Kellie A. Hough, DVM
Signature of Endorsing Official

Kellie A. Hough, DVM
Typed Name

Veterinary Medical Officer
Title of Endorsing Official

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: L096134

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 11/7/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC. 517 RANG STE JULIE EST ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

17. FARM ORIGIN (A)	ID NO. OR DESCRIPTION (A)	AGE (B)	SEX (C)	BREED (D)	√ (E)	DATE (F)	√ (G)	DATE (H)	VAC (I)	1/25 (J)	1/50 (K)	1/100 (L)	DISEASE / TYPE TEST / DATE (M)	DISEASE / TYPE TEST / DATE (N)	DISEASE / TYPE TEST / DATE (O)
SUGARCREEK LIVESTOCK AUCTION	USHR9645	144	N	SN		BAY, NO MARKINGS									
102 BUCKEYE STREET	USHR9646	156	F	QH		SORREL, STAR, SNIP, LR-SOCK									
SUGARCREEK, OH 44681	USHR9647	216	F	QH CROSS		BAY, STAR, SNIP									
	USHR9648	36	N	TH		BLACK, STAR, LF-FETLOCK, RR-SOCK									
	USHR9649	216	N	QH CROSS		BAY, STAR, SNIP, LF,RF,RR-FETLOCK,								WHITE SPOTS LEFT SIDE OF WITHERS	
	USHR9650	72	F	SN		BLACK, LR,RE-PASTERN									
	USHR9651	180	F	QH		SORREL, BLAZE									
	USHR9652	60	N	QH CROSS		SORREL, BLAZE, LF,RF-PASTERN, LR,RR-SOCK									
	USHR9653	120	F	QH		CHESTNUT, STAR, STRIPE, SNIP, LR-SOCK									
	USHR9654	240	F	PAINT		CHESTNUT, WHITE, BLAZE, LR,RF,RR-STOCKING, PAINTED BODY									
	USHR9655	84	N	DRAFT CROSS		SORREL ROAN, STAR, STRIPE, SNIP									
	USHR9656	240	F	PAINT		BAY, WHITE, BLAZE, PAINTED BODY									
	USHR9657	144	F	QH		BAY, STAR, SNIP									
	USHR9658	180	F	QH		BAY, STAR, STRIPE, SNIP									
	USHR9659	108	F	QH		CHESTNUT, STAR, STRIPE, SNIP									
	USHR9660	72	F	QH		SORREL, STAR, STRIPE, LF,LR,RR-SOCK									
	USHR9661	204	F	PAINT		STAR, SNIP, PAINTED BODY									
	USHR9662	48	F	QH		DUN,STAR, RR-CORONET, BLACK,WHITE									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: NOV. 10, 20145

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 28

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): ROGER A KROGWOLD, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L096134

3. PAGE NO.: 2 OF 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USHR9663	60	F	MN		BAY, STAR									
USHR9664	84	F	QH		BAY, STAR									
USHR9665	168	F	QH		BLUE ROAN, STAR, STRIPE, SNIP, LR-FETLOCK, RF-PASTERN, RR-CORONET									
USHR9666	240	F	PAINT		CHESTNUT, WHITE, BLAZE, LR-STOCKING, PAINTED BODY									
USHR9667	48	M	TH		BAY, RR-CORONET									
USHR9668	216	F	QH		SORREL, STAR, STRIPE, SNIP, RR-SOCK									
USHR9670	96	F	MULE		BAY ROAN, NO MARKINGS									
USHR9671	300	F	BL		SORREL, BLAZE									
USHR9672	300	M	BL		SORREL, BLAZE, WHITE MARKING LEFT SHOULDER									
USHR9673	96	M	PAINT		SORREL, WHITE, BALD FACE, PAINTED BODY									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS, OR COLORADO.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:
NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY & L. BAKER
CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 Buckeye ST P.O.Bx 452
STREET ADDRESS: 517 RANG STE JULIE EST

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681
CITY, STATE, ZIP CODE: ST ANDRE AVELIN QC J0W0

AREA CODE & TELEPHONE NO.: 330-852-2832
AREA CODE & TELEPHONE NO.: 1-819-983-7941

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	21SHR	9645	X										SV			X		
2		9646						Sor		X				X				
3		9647	X							X CROSS				X				
4		9648			X				TH							X		
5		9649	X							X CROSS						X	WHITE SPOTS ON LEFT SIDE OF WITHERS	
6		9650			X								SV	X				
7		9651						Sor		X				X				
8		9652						Sor		X CROSS						X		
9		9653					X			X				X				
10		9654						Chest Wnt					Paint	X				
11		9655						Sor Roan			X CROSS					X		
12		9656						Bay Wnt					Paint	X				
13		9657	X							X				X				
14		9658	X							X				X				
15		9659					X			X				X				

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST.
DATE
TIME

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

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	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	26HR	9660						Sor		X				X				
17	↑	9661						Blk wht					Paint	X				
18		9662						Dun		X				X				
19		9663	X										MN	X				
20		9664	X							X				X				
21		9665						Blue Roan		X				X				
22		9666						Red wht					Paint	X				
23		9667	X						TH							X		
24	↓	9668						Sor		X				X				
25	26HR	9670						Bay Roan					Mule	X				
26	↑	9671						Sor			BL			X				
27		9672						Sor			BL					X	wht marking on left shoulder	
28	↓	9673						Sor wht					Paint		X			
29																		
30																		
31																		
32																		
33																		
34																		
35																		
36																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

Leroy H. Baker

VS FORM 10-13A
(SEP 2002)

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

PAGE 2 OF 2

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: L096140

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 11/7/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address):
LES VIANDES DE LA PETITE-NATION INC.
517 RANG STE JULIE EST
ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION	USHR9674	60	M	PAINT		SORREL, WHITE, BALD FACE, PAINTED BODY									
102 BUCKEYE STREET	USHR9675	144	N	SN		BAY, STAR, STRIPE, SNIP, LR,RR-SOCK, BRAND RIGHT SIDE OF NECK									
SUGARCREEK, OH 44681	USHR9676	108	N	SN		BAY, LR-FETLOCK, BRAND RIGHT SIDE OF NECK									
	USHR9677	108	F	SN		BAY, STAR, LF-CORONET, RF-SOCK, BRAND RIGHT SIDE OF NECK									
	USHR9678	216	F	SN		BAY, RF-PASTERN									
	USHR9679	240	N	PAINT		CHESTNUT, WHITE, BLAZE, PAINTED BODY									
	USHR9680	24	N	QH		PALOMINO, BLAZE									
	USHR9681	240	F	SN		BLACK, STAR, SNIP									
	USHR9682	72	N	SN		BAY, STAR									
	USHR9683	36	F	PAINT		BAY, WHITE, BLAZE, PAINTED BODY, RR-STOCKING									
	USHR9684	156	F	SN		BLACK, STAR,									
	USHR9685	60	N	PAINT		SORREL, WHITE, BLAZE, PAINTED BODY									
	USHR9686	156	N	SN		BAY, STAR									
	USHR9687	132	N	SN		BAY, STAR, STRIPE, SNIP, LF-PASTERN, LR-CORONET, RF-FETLOCK									
	USHR9688	240	F	SN		BLACK, STAR, STRIPE, SNIP, LF,RF-PASTERN, RR-SOCK									
	USHR9689	48	N	TH		BAY, BLAZE, LF-PASTERN									
	USHR9690	156	N	QH		CHESTNUT, BLAZE, LR-SOCK, RR-FETLOCK									
	USHR9691	216	N	PAINT		BAY, WHITE, STAR, STRIPE, SNIP, LF,LR,RF-STOCKING, RR-SOCK, PAINTED BODY									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: NOV. 10, 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): ROGER A KROGWOLD, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE NATION INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L096140

3. PAGE NO.: 2 OF 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE STREET~~
~~SUGARCREEK, OH 44681~~

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USHR9692	156	N	SN		BAY, NO MARKINGS									
USHR9693	120	N	SN		BAY, STAR									
USHR9694	36	N	SN		BAY, STAR, RR-FETLOCK, BRAND RIGHT SIDE OF NECK									
USHR9695	180	F	SN		BAY, STAR, RR-SOCK, BRAND RIGHT SIDE OF NECK									
USHR9696	180	N	SN		BAY, BRAND RIGHT SIDE OF NECK									
USHR9697	146	N	SN		BAY, FEW WHITE HAIRS ON FOREHEAD, BRAND RIGHT SIDE OF NECK									
USHR9698	204	N	SN		BAY, STAR, SNIP, LR-CORONET, BRAND RIGHT SIDE OF NECK									
USHR9699	240	F	TW		SORREL, STAR, SNIP									
USHR9700	180	N	SN		BAY, STAR, BRAND RIGHT SIDE OF NECK									
USHR9701	108	F	PAINT		PALOMINO, WHITE, BALD FACE, LR,RF,RR-STOCKING, PAINTED BODY									
USHR9702	108	F	QH		PALOMINO, STAR									
USHR9703	168	F	SN		BAY, NO MARKINGS									

1) ~~THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.~~
2) ~~THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.~~
3) ~~THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.~~
4) ~~THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.~~
5) ~~DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS OR COLORADO.~~
6) ~~THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)~~

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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: SUGARCREEK OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC
CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER	CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION
STREET ADDRESS: 102 Buckeye ST P.O Bx 452	STREET ADDRESS: 517 RANG Ste julie EST
CITY, STATE, ZIP CODE: SUGARCREEK OH 44681	CITY, STATE, ZIP CODE: ST ANDRE AVELLIN QC J0W00
AREA CODE & TELEPHONE NO.: 330-852-2832	AREA CODE & TELEPHONE NO.: 1-819-983-7944

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USHR	9674						Sor wht					Paint		X			
2	↑	9675	X										SW			X	Brand on Right SIDE OF NECK	
3		9676	X										SW			X	Brand on Right SIDE OF NECK	
4		9677	X										SW	X			Brand on Right SIDE OF NECK	
5		9678	X										SW	X				
6		9679						Chst wht					Paint			X		
7		9680						PaL		X						X		
8		9681			X								SW	X				
9		9682	X										SW			X		
10		9683						Bay wht					Paint	X				
11		9684			X								SW	X				
12		9685						Sor wht					Paint			X		
13		9686	X										SW			X		
14		9687	X										SW			X		
15	↓	9688			X								SW	X				

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USHR	9689	X						TH							X		
17	↑	9690					X			X						X		
18		9691						Pay wht					Paint			X		
19		9692	X										SN			X		
20		9693	X										SN			X		
21		9694	X										SN			X	Brand on Right SIDE OF NECK	
22		9695	X										SN	X			Brand on Right SIDE OF NECK	
23		9696	X										SN			X	Brand on Right SIDE OF NECK	
24		9697	X										SN			X	Brand on Right SIDE OF NECK	
25		9698	X										SN			X	Brand on Right SIDE OF NECK	
26		9699						Sor					TW	X				
27		9700	X										SN			X	Brand on Right SIDE OF NECK	
28		9701						Pal wht					Paint	X				
29		9702						Pal		X				X				
30	↓	9703	X										SN	X				
31																		
32																		
33																		
34																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

Leroy H. Bellen

VS FORM 10-13A
(SEP 2002)

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

PAGE 2 OF 2

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

APPROVED L095980 31

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CONTROL NO.

3. PAGE NO. 1 OF 2

4. DATE ISSUED: 10/24/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY OR TOWN: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC. 517 RANG STE JULIE EST ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION	USHR9580	84	M	QH		BAY, RR-FETLOCK									
102 BUCKEYE STREET	USHR9581	240	M	PAINT		BAY, WHITE, STAR, SNIP, LR,RR-SOCK, PAINTED BODY									
SUGARCREEK, OH 44681	USHR9582	36	M	SN CROSS		BLACK, LF,RF-PASTERN, LR,RR-FETLOCK									
	USHR9584	240	N	QH		BLACK, STARS, SNIP, RR-CORONET									
	USHR9585	48	F	TH		CHESTNUT, STAR									
	USHR9586	192	F	QH		BAY, STAR									
	USHR9587	204	F	SN		BLACK, STAR, LR-FETLOCK, WHITE SPOT RIGHT WITHERS									
	USHR9588	96	F	TW		CHESTNUT, STAR, SNIP, LR-PASTERN									
	USHR9589	180	F	SN CROSS		BLACK, LR,RR-FETLOCK, RF-PASTERN									
	USHR9590	216	F	SN		BAY, SNIP, LR-FETLOCK, BRAND RIGHT SIDE OF NECK, WHITE SPOT RIGHT WITHERS									
	USHR9591	48	F	TH		SORREL, STAR, RR-SOCK									
	USHR9593	192	F	HAFLINGER		SORREL, STAR									
	USHR9594	84	F	PAINT		BLACK, WHITE, LF,LR,RF,RR-STOCKING, PAINTED BODY									
	USHR9595	156	N	PAINT		BAY, WHITE, STAR, SNIP, LF,RF,RR-STOCKING, PAINTED BODY									
	USHR9596	120	F	TW		SORREL, BLAZE, LR-SOCK									
	USHR9597	228	N	SN		BAY, FEW WHITE HAIRS ON FOREHEAD, LR,RR-FETLOCK, BRAND RIGHT SIDE OF NECK									
	USHR9599	240	F	QH		CHESTNUT, BLAZE, LR-CORONET, SCAR LEFT HIP									
	USHR9600	144	F	PAINT	X	AP SORREL ROAN, WHITE, STAR, STRIPE, SNIP, LF,RR-STOCKING, PAINTED BODY									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 27 OCT 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): RYAN, SHAWN T. 9874

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 33

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLE A. HUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0021

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*
SUGARCREEK LIVESTOCK AUCTION, INC.

2. [illegible] FROM VS FORM [illegible]
1005289

3. PAGE NO.
2 OF 2

16. CONSIGNEE'S NAME
LES VIANDES DE LA PETITE-NATION INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF TEST(S)

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——

18. INDIVIDUAL IDENTIFICATION

—— CERTIFIED BRUCELLOSIS FREE AREA

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USHR9601	24	F	HK CROSS		BAY, STAR, STRIPE, SNIP, LF-FETLOCK, LR-SOCK									
102 BUCKEYE STREET	USHR9602	108	F	QH		CHESTNUT, STAR, SNIP, LF,LR-STOCKING, RF-CORONET, RR-PASTERN									
SUGARCREEK, OH 44681	USHR9603	156	N	SN		BLACK, STAR, LR-FETLOCK									
	USHR9604	300	F	HAFLINGER		SORREL, STAR									
	USHR9605	20	M	QH		CHESTNUT, BLAZE, LF,RF,RR-STOCKING									
	USHR9606	54	F	QH		CHESTNUT, STAR, STRIPE, SNIP, LR,RR-SOCK, RF-PASTERN									
	USHR9607	168	N	SN		DARK BAY, STAR, BRAND RIGHT SIDE OF NECK									
	USHR9608	156	F	QH		BLACK, STAR									
	USHR9609	216	F	QH		CHESTNUT, STAR									
	USHR9610	120	N	MN		BAY, NO MARKINGS									
	USHR9611	60	F	QH CROSS		PALMINO, STAR, STRIPE, SNIP, RF,RR-SOCK									
	USHR9612	120	N	SN		BAY, LR-PASTERN, BRAND RIGHT SIDE OF NECK									
	USHR9613	60	F	QH		GREY, NO MARKINGS									
	USHR9614	300	F	QH		GREY, NO MARKINGS									
	USHR9615	132	F	QH		CHESTNUT, BLAZE, LF-FETLOCK, LR,RR-SOCK									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS. OR (T)[illegible]
6) ~~THE EXPORTER HAS BEEN INFORMED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)~~

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC
CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER	CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION
STREET ADDRESS: 102 Buckeye ST P.O BX 452	STREET ADDRESS: 517 RANG STE JULIEST
CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681	CITY, STATE, ZIP CODE: ST ANDRÉ AVELLIN QC J0W0
AREA CODE & TELEPHONE NO.: 330-852-2832	AREA CODE & TELEPHONE NO.: 1-819-983-7941

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	215HR	9580	X							X					X			
2	↑	9581						Bay wht					PAINT		X			
3		9582			X								SN X		X			
4	215HR	9584			X					X						X		
5	↑	9585					X		TH					X				
6		9586	X							X				X				
7		9587			X								SN	X			wht spots on right withers	
8		9588					X						TW	X				
9		9589			X								SN X	X				
10		9590	X										SN	X			Brand on right side of neck - wht spot on R with	
11		9591						Sor	TH					X				
12	215HR	9593						Sor					Hf	X				
13	↑	9594						BR wht					Paint	X				
14		9595						Bay wht					Paint			X		
15	↓	9596						Sor					TW	X				

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

SIGNATURE: L. N. Baker

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS REQUESTED 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.)

L. N. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS-116 (AUG 2004) Previous editions are obsolete

PAGE 1 OF 2

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	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	245HR	9597	X										SN			X	Brand on RIGHT SIDE OF NECK	
17	245HR	9599					X			X				X			SCAR ON left HIP	
18	↑	9600						Brown with					Paint AP	X				
19		9601	X										HK X	X				
20		9602					X			X				X				
21		9603			X								SN			X		
22		9604						Sor					Half	X				
23		9605					X			X					X			
24		9606					X			X				X				
25		9607						DK Bay					SN			X	Brand on RIGHT SIDE OF NECK	
26		9608			X					X				X				
27		9609					X			X				X				
28		9610	X										MN			X		
29		9611						Pal		X CROSS				X				
30		9612	X										SN			X	Brand on RIGHT SIDE OF NECK	
31		9613		X						X				X				
32		9614		X						X				X				
33	↓	9615					X			X				X				
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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

Leroy H. Baden

VS FORM 10-13A
(SEP 2002)

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

PAGE 2 OF 2

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0181

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: E096125

3. PAGE NO.: 1 of 2

APPROVED NOV 3 2014

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
10/31/14	CHAMPLAIN, NY	36	102 BUCKEYE STREET	SUGARCREEK

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC. 517 RANG STE JULIE EST ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [ ] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [X] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION	USHR9616	216	F	BL	SORREL, BLAZE										
102 BUCKEYE STREET	USHR9617	240	N	BL	SORREL, BLAZE, RR-SOCK										
SUGARCREEK, OH 44681	USHR9618	288	N	BL	SORREL, BLAZE, LF,LR,RR-SOCK										
	USHR9619	84	F	BL	SORREL, BLAZE, WHITE SPOT ON RIGHT SHOULDER										
	USHR9620	240	N	BL	SORREL, BLAZE,										
	USHR9622	300	N	BL	SORREL, BLAZE,										
	USHR9623	216	F	BL	SORREL, BLAZE, LR-FETLOCK, RR-SOCK										
	USHR9624	300	N	PE	BLACK, STAR, STRIPE, SNIP										
	USHR9625	228	N	PE	BLACK, STAR, LF,RR-PASTERN										
	USHR9626	96	F	OH	BAY, NO MARKINGS										
	USHR9627	108	N	SN	BAY, STAR, LF-CORONET, BRAND RIGHT SIDE OF NECK										
	USHR9628	144	F	OH	CHESTNUT, STAR, STRIPE, SNIP, LF-CORONET,RR-FETLOCK										
	USHR9629	300	N	OH	CHESTNUT,STAR, STRIPE, SNIP,RF SOCK, WHITE SPOT ON LEFT SHOULDER										
	USHR9630	132	F	SN	BAY, BRAND ON RIGHT SIDE OF NECK										
	USHR9631	300	F	OH	BLACK, STAR										
	USHR9632	156	N	OH	BLACK, STAR, SNIP, LR-PASTERN, RR-FETLOCK										
	USHR9633	216	N	OH	SORREL,STAR,STRIPE,SNIP,RR-FETLOCK										
	USHR9634	156	N	SN	BAY, WHITE HAIRS ON FOREHEAD, LR-PASTERN										

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
NOV. 3, 2014	HIRSCHBACH, BRYAN E. 9689	[ ] 2 Federal [ ] 1 State [X] 3 Accredited	28

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4- FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: 1096125

3. PAGE NO. 2 OF 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USHR9635	156	N	SH	BAY, RR-CORONET, BRAND ON RIGHT SIDE OF NECK										
USHR9636	240	N	SH	BAY, STAR, BRAND ON RIGHT SIDE OF NECK										
USHR9637	132	F	TW	CHESTNUT, STAR, SNIP, LR-PASTERN										
USHR9638	216	F	QH	BLACK, LR,RF,RR-FETLOCK										
USHR9639	264	N	MULE	SORREL, GREY HAIRS ON FACE, WHITE MUZZLE										
USHR9640	300	F	QH	BAY, STAR, RR-PASTERN										
USHR9641	144	F	TH	BAY, NO MARKINGS										
USHR9642	72	N	PAINT	SORREL/WHITE, BLAZE, PAINTED BODY										
USHR9643	300	N	BL CROSS	CHESTNUT, STAR, STRIPE, SNIP, LF,LR-CORONET, RR-PASTERN										
USHR9644	96	M	TH	BAY, RR-FETLOCK										

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS OR GEORGIA.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE ACCRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 Buckeye ST. PO Bx 452

STREET ADDRESS: 517 RANG ste JULIEN EST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: ST ANDRE AVELLIN QC J0V1W0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 1-819-983-7941

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	2USHR	9616						Sor			BL			X				
2	↑	9617						Sor			BL					X		
3		9618						Sor			BL					X		
4		9619						Sor			BL			X			white spot on RIGHT SHOULDER	
5	↓	9620						Sor			BL					X		
6	2USHR	9622						Sor			BL					X		
7	↑	9623						Sor			BL			X				
8		9624			X						PE					X		
9		9625			X						PE					X		
10		9626	X							X				X				
11		9627	X										SN			X	Brand on Right SIDE OF NECK	
12		9628					X			X				X				
13		9629					X			X						X	white spot on left shoulder	
14		9630	X										SN	X			Brand on Right SIDE OF NECK	
15	↓	9631			X					X				X				

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	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	21SHR	9632			X					X						X		
17	↑	9633						Sor		X						X		
18		9634	X										SW			X		
19		9635	X										SW			X	Brand on Right side of neck	
20		9636	X										SW			X	Brand on Right side of neck	
21		9637					X						TW	X				
22		9638			X					X				X				
23		9639						Sor					Milk			X		
24		9640	X							X				X				
25		9641	X						TH					X				
26		9642						Sor Wht					Paint			X		
27		9643					X				BL Ross					X		
28	↓	9644	X						TH						X			
29																		
30																		
31																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

Leroy H Bolen

VS FORM 10-13A
(SEP 2002)

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

PAGE 2 OF 2

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: L096133

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 8/8/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC. 517 RANG STE JULIE EST ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION														
102 BUCKEYE STREET														
SUGARCREEK, OH 44681														
USHR9460	300	N	QH		CHESTNUT, BLAZE,LR SOCK,RF STOCKING,RR FETLOCK									
USHR9461	216	N	QH		CHESTNUT,BLAZE,SNIP,LR PASTERN,RR FETLOCK									
USHR9462	108	F	QH		CHESTNUT,STAR,STRIPE,SNIP									
USHR9463	216	N	QH		SORREL,STAR,RR FETLOCK									
USHR9464	24	N	TH		CHESTNUT,STAR,STRIPE,SNIP,LR,RR SOCK									
USHR9465	144	N	QH		SORREL,BLAZE,LF,LR,RF,RR STOCKING, WHITE SPOT ON RIGHT WITHERS									
USHR9466	108	F	TH		BAY,BLAZE,LF,LR,RF,RR STOCKING									
USHR9467	300	N	TW		SORREL,STAR,LF FETLOCK,RF PASTERN,RR SOCK, WHITE SPOT ON LEFT WITHERS									
USHR9468	144	N	SN		BAY, NO MARKINGS									
USHR9469	72	N	MUSTANG,		CHESTNUT,STAR,STRIPE,SNIP,LR,RR SOCK, BRAND ON LEFT SIDE OF NECK									
USHR9470	108	F	PAINT		BAY,WHITE,STAR,SNIP,LF,RF,RR STOCKING, PAINTED BODY									
USHR9471	72	F	MUSTANG,		BAY,STAR,LF CORONET,LR,RR SOCK, BRAND ON LEFT SIDE OF NECK									
USHR9472	300	N	SN		BAY,STAR,STRIPE,SNIP,LF FETLOCK,LR SOCK,RR PASTERN									
USHR9473	240	F	PAINT		BAY,WHITE,BLAZE,PAINTED BODY									
USHR9474	72	F	PAINT		SORREL,WHITE,BLAZE, PAINTED BODY									
USHR9475	108	N	AB		BAY,STAR,WHITE MARKINGS ON LEFT RIBS									
USHR9476	48	F	TH		CHESTNUT,STAR									
USHR9477	156	N	TW		CHESTNUT,STAR,STRIPE, LR SOCK									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: AUGUST 11, 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 29

23. Signature of Endorsing Federal Veterinarian: Kellie A Hough, DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L096133

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USHR9478	216	N	SN		BAY,LF,LR SOCK, BRAND ON RIGHT SIDE OF NECK, STAR									
USHR9479	120	F	QH		CHESTNUT,BLAZE,LF,LR,RF,RR SOCK									
USHR9480	48	N	TH		BAY,STAR,STRIPE,SNIP,LR,RR FETLOCK									
USHR9481	156	F	SN		BAY,SCAR CRANIAL RIGHT HOCK									
USHR9482	216	N	PAINT		CHESTNUT,WHITE,BLAZE,LR,RR STOCKING,PAINTED BODY									
USHR9484	60	N	QH		SORREL,STAR									
USHR9485	216	F	TW		BLACK,BLAZE,LR SOCK, RR STOCKING									
USHR9486	216	N	TW		STAR, BLACK,STRIPE,SNIP,LF PASTERN									
USHR9487	60	N	QH		BAY,STAR,STRIPE									
USHR9488	144	N	TW		BAY,NO MARKINGS									
USHR9489	240	N	QH		CHESTNUT,BLAZE									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS, OR COLORADO. (NW)
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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: SUGARCREEK OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC
CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER	CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION
STREET ADDRESS: 102 Buckeye ST P.O Bx 452	STREET ADDRESS: 517 TANG Ste julie EST
CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681	CITY, STATE, ZIP CODE: ST ANDRE' AVELIN QC J0K2X0
AREA CODE & TELEPHONE NO.: 330-852-2832	AREA CODE & TELEPHONE NO.: 1-819-983-7941

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	21SHR	9460					X			X						X		
2	↑	9461					X			X						X		
3		9462					X			X				X				
4		9463						Sor		X						X		
5		9464					X		TH							X		
6		9465						Sor		X						X	white spot on Right withers	
7		9466	X						TH					X				
8		9467						Sor					TW			X	white spot on left withers	
9		9468	X										SN			X		
10		9469					X						Mustang			X	Brand on left side of neck	
11		9470						Bay wht					Paint	X				
12		9471	X										Mustang	X			Brand on left side of neck	
13		9472	X										SN			X		
14		9473						Bay wht					Paint	X				
15	↓	9474						Sor wht					Paint	X				

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

PAGE 1 OF 2

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2KSHR	9475	X										AB			X	WHT MARKINGS ON LEFT RIBS	
17	↑	9476					X		TH					X				
18		9477					X						TW			X		
19		9478	X										SN			X	Brand on RIGHT SIDE OF NECK	
20		9479					X			X				X				
21		9480	X						TH							X		
22		9481	X										SN	X			SCAR ON CRANIAL RIGHT HOCK	
23	↓	9482						Chest wht					Paint			X		
24	2KSHR	9484						5or		X						X		
25	↑	9485			X								TW	X				
26		9486			X								TW			X		
27		9487	X							X						X		
28		9488	X										TW			X		
29	↓	9489					X			X						X		
30																		
31																		
32																		
33																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

L. H. Baker

VS FORM 10-13A
(SEP 2002)

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

PAGE 2 OF 2

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: L096130

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 8/8/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN,NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC. 517 RANG STE JULIE EST ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION	USHR9431	72	F	QH		SORREL,BLAZE, LR,RR SOCK									
102 BUCKEYE STREET	USHR9432	120	N	TH		SORREL, BLAZE, LR SOCK, RF FETLOCK									
SUGARCREEK, OH 44681	USHR9433	120	N	QH		BUCKSKIN, NO MARKINGS									
	USHR9434	48	N	TH		BAY,STAR,RF PASTERN, RR FETLOCK									
	USHR9435	36	F	PAINT		BAY ROAN,WHITE,STAR,SNIP,LF,LR,RF,RR STOCKING,PAINTED BODY									
	USHR9436	300	N	QH		BAY,STAR,LR,RR FETLOCK									
	USHR9437	72	N	QH		SORREL,STAR,STRIPE,SNIP									
	USHR9438	60	N	TW CROSS, BAY, NO MARKINGS											
	USHR9439	156	F	TH		BAY,STAR,LF CORONET									
	USHR9440	156	N	QH		DARK BAY, BLAZE, LR,RR FETLOCK, BRAND ON LEFT QUAD									
	USHR9441	84	F	PAINT		CHESTNUT,WHITE,BLAZE,PAINTED BODY									
	USHR9442	48	F	PAINT		BAY,WHITE,BLAZE,PAINTED BODY									
	USHR9443	168	F	QH		GRULLO,STAR,RR PASTERN									
	USHR9444	240	F	SN		BAY,RR CORONET, SCAR ON RIGHT REAR CANNON BONE									
	USHR9445	72	N	QH		SORREL,STAR,STRIPE,SNIP									
	USHR9446	24	F	TH		BAY, LR CORONET									
	USHR9447	72	F	QH		BAY,STAR,SNIP,LF,LR,RF,RR FETLOCK									
	USHR9448	156	F	QH		CHESTNUT,STAR									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: AUGUST 11, 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 29

23. Signature of Endorsing Federal Veterinarian: Kellie A Hough, DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (*last name, first name, middle initial or business name*): SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L096130

3. PAGE NO.: 2 OF 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name (*Last name, two initials, & business name*)
Owner's street address
Owner's city/town, state code & zip code

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USHR9449	144	F	QH		SORREL,STAR,STRIPE,SNIP,LF							PASTERN,LR	SOCK,RF FETLOCK	
USHR9450	84	N	OH		BAY,STAR,STRIPE,LF,RR CORONET,LR SOCK									
USHR9451	96	F	OH		BUCKSKIN,STAR,SNIP									
USHR9452	108	F	SN		BAY,BRAND ON RIGHT SIDE OF NECK									
USHR9453	132	F	PAINT		CHESTNUT,WHITE,STAR,PAINTED BODY									
USHR9454	48	F	TH		BAY,BLAZE,LR FETLOCK									
USHR9455	108	N	TH		BAY,BLAZE,LF CORONET,LR,RR SOCK, RF FETLOCK									
USHR9456	18	F	TH		BAY,STAR									
USHR9457	108	F	TH		BAY,STAR									
USHR9458	204	N	AP		GREY,NO MARKINGS									
USHR9459	240	F	TW		CHESTNUT,STAR,STRIPE,SNIP,LR,RR SOCK, RF CORONET,									BRAND ON LEFT QUAD

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS, OR COLORADO. (NM)
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC
CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER	CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION
STREET ADDRESS: 102 Buckeye St. P.O Bx 452	STREET ADDRESS: 517 Rang ste julie EST
CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681	CITY, STATE, ZIP CODE: ST ANDRE' AVELIN QC J0W 1C0
AREA CODE & TELEPHONE NO.: 330-852-2832	AREA CODE & TELEPHONE NO.: 1-819 983-7941

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USHR	9431						Sor		X				X				
2	↑	9432						Sor	TH							X		
3		9433						Buckskin		X						X		
4		9434	X						TH							X		
5		9435						Bay Roany wht					PAINT	X				
6		9436	X							X						X		
7		9437						Sor		X						X		
8		9438	X										TW BAYS			X		
9		9439	X						TH					X				
10		9440						DK Bay		X						X	Brand on left QUAD	
11		9441						Wht					Paint	X				
12		9442						Bay Wht					Paint	X				
13		9443						Grullo		X				X				
14		9444	X										SN	X			Scar on Rght Rear Cannon bone	
15	↓	9445						Sor		X						X		

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

PAGE 1 OF 2

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	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	25HR	9446	X						TH					X				
17		9447	X							X				X				
18		9448					X			X				X				
19		9449						Sor		X				X				
20		9450	X							X						X		
21		9451						Buckskin		X				X				
22		9452	X										SW	X			Brand on Right SIDE OF NECK	
23		9453						Chest Paint					Paint	X				
24		9454	X						TH					X				
25		9455	X						TH							X		
26		9456	X						TH					X				
27		9457	X						TH					X				
28		9458		X									AP			X		
29		9459					X						TW	X			Brand on left QUAD	
30																		
31																		
32																		
33																		
34																		
35																		
36																		
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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.)

L. H. Bales

VS FORM 10-13A (Rev. 4-2002)

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

PAGE 2 OF 2

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: L096129

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 8/8/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC. 517 RANG STE JULIE EST ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

SUGARCREEK LIVESTOCK AUCTION
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USHR9490	108	F	QH		SORREL, BLAZE, LF,LRRR FETLOCK									
USHR9491	300	N	QH		SORREL,STAR,STRIPE, RR FETLOCK									
USHR9492	60	F	QH		SORREL,BLAZE,LF,LR,RR SOCK									
USHR9493	132	F	QH		BAY,STAR,LR PASTERN									
USHR9494	144	N	TW		SORREL,STAR,STRIPE,SNIP									
USHR9495	132	F	QH		SORREL,STAR,SNIP,LR PASTERN									
USHR9496	108	F	SN		BAY,BRAND ON RIGHT SIDE OF NECK									
USHR9497	36	N	PAINT		BLUE ROAN,WHITE,LF,LR,RF,RR STOCKING,PAINTED BODY									
USHR9498	108	N	SN		BAY,STAR,RF CORONET,RR PASTERN,BRAND ON LEFT &RIGHT SIDE OF NECK									
USHR9499	96	F	PAINT		BAY,WHITE,BLAZE, RR STOCKING, PAINTED BODY									
USHR9500	72	F	PAINT		BAY ROAN,WHITE, FEW WHITE HAIRS ON FOREHEAD,LR STOCKING PAINTED BODY									
USHR9501	48	F	PAINT		SORREL,WHITE,BLAZE, PAINTED BODY									
USHR9502	60	N	TW		BAY,STAR,STRIPE,SNIP,LF STOCKING,LR,RR SOCK, RF PASTERN									
USHR9503	216	F	QH		BAY,STAR									
USHR9504	72	F	TW		SORREL,ROAN,BLAZE,LF,LR,RF,RR STOCKING									
USHR9505	72	F	TW		SORREL,STAR,STRIPE,SNIP,LR FETLOCK,RF PASTERN, RR SOCK									
USHR9506	84	F	PAINT		SORREL,WHITE,BLAZE,PAINTED BODY									
USHR9507	24	F	PAINT		BAY,WHITE,STAR,STRIPE,SNIP,LF,RR STOCKING,PAINTED BODY									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: AUGUST 11, 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L096129

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USHR9508	108	F	SN		BAY,LF,RR FETLOCK									
USHR9509	84	N	QH		CHESTNUT,BLAZE, LR,RR PARTIAL PASTERN									
USHR9510	108	F	TW		GREY,BLAZE,LR,RR STOCKING									
USHR9512	84	F	QH		GREY,BLAZE									
USHR9513	96	F	QH		FLEABITEN GREY, NO MARKINGS									
USHR9514	24	M	QH CROSS, BAY,STAR,SNIP,LR,RF,RR FETLOCK											
USHR9515	24	F	QH CROSS, BAY,STAR											
USHR9516	108	F	QH		FLEABITTEN GREY, NO MARKINGS									
USHR9517	84	F	TW		GREY, NO MARKINGS									
USHR9518	108	N	TW		GREY,WHITE, GREY SPOTS ON HEAD AND NECK									
USHR9519	24	F	TW		BAY,STAR,STRIPE,SNIP,LR,RR SOCK									
USHR9520	72	F	HK CROSS, BAY, STAR, LR,RR FETLOCK											

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS, OR COLORADO. (Y/N)
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

TIME HORSES LOADED ON CONVEYANCE:

DATE:

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 Buckeye ST P.O Bx 452

STREET ADDRESS: 5M Bang Ste Julie EST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: ST ANDRE AVELIN QC J0W00

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 1-819-983-7941

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USHR	9490						Sor		X				X				
2	↑	9491						Sor		X						X		
3		9492						Sor		X				X				
4		9493	X							X				X				
5		9494						Sor					TW			X		
6		9495						Sor		X				X				
7		9496	X										SN	X			Brand on right SIDE OF NECK	
8		9497						Blue Roan Wht					Paint			X		
9		9498	X										SN			X	Brand on left and Right SIDE OF NECK	
10		9499						Bay Wht					Paint	X				
11		9500						Bay Roan Wht					Paint	X				
12		9501						Sor Wht					Paint	X				
13		9502	X										TW			X		
14		9503	X							X				X				
15	↓	9504						Sor Roan					TW	X				

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

SIGNATURE: L.H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

PAGE 1 OF 2

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	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	2ASHR	9505						Sor					TW	X				
17	↑	9506						Sor wht					Paint	X				
18		9507						Gray wht					Paint	X				
19		9508	X										SV	X				
20		9509					X			X						X	LEFT REAR PARTIAL	Right Rear PASTERN
21		9510		X									TW	X				
22	2ASHR	9512		X						X				X				
23	↑	9513						Brown grey		X				X				
24		9514	X							X CROSS					X			
25		9515	X							X CROSS				X				
26		9516						Brown grey		X				X				
27		9517		X									TW	X				
28		9518						Grey wht					TW			X		
29		9519	X										TW	X				
30	↓	9520	X										TW CROSS	X				
31																		
32																		
33																		
34																		
35																		
36																		
37																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

J. H. Bah

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

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: L096122

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 8/15/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC.
517 RANG STE JULIE EST
ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town. State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION	USHR9521	36	M	QH		BUCKSKIN, STAR, LR-CORONET, RR-PASTERN									
102 BUCKEYE STREET	USHR9522	60	N	TH		BAY, STAR, STRIPE, LR-FETLOCK									
SUGARCREEK, OH 44681	USHR9523	300	N	MULE		SORREL, STAR, WHITE MUZZLE									
	USHR9524	48	F	MN		BAY, STAR, STRIPE, SNIP, LF,RR-PASTERN, LR-SOCK									
	USHR9525	132	F	TW		BLACK, STAR, LF-SOCK, LR,RR-FETLOCK									
	USHR9526	108	F	AB		BAY, STAR, STRIPE									
	USHR9527	240	N	BL		SORREL, STAR, STRIPE, SNIP									
	USHR9528	240	N	HAFLINGER		SORREL, STAR, SNIP									
	USHR9529	300	F	HAFLINGER		SORREL, BLAZE, RR-PASTERN									
	USHR9530	84	N	HAFLINGER		SORREL, STAR, STRIPE, LR-PASTERN									
	USHR9531	240	N	QH		STRAWBERRY ROAN, BLAZE, LF,LR,RF,RR-STOCKING									
	USHR9532	240	F	TW		BLACK, BLAZE									
	USHR9533	144	F	AP		CHESTNUT LEOPARD, SPOTS OVER BODY									
	USHR9534	108	F	AP		CHESTNUT ROAN, NO MARKINGS									
	USHR9535	156	F	AP		GREY ROAN, WHITE MUZZLE									
	USHR9536	300	F	BL		SORREL, BLAZE, LR,RR-SOCK									
	USHR9537	300	N	DRAFT		BAY, STAR									
	USHR9538	96	N	PAINT		SORREL, WHITE, BALD FACE, LR-FETLOCK, PAINTED BODY									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: AUGUST 18, 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 26

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): NANCY L HANNAWAY, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L096122

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USHR9539	300	N	BL		SORREL, BLAZE									
102 BUCKEYE STREET	USHR9540	108	F	QH		DUN, STAR, SNIP									
SUGARCREEK, OH 44681	USHR9541	84	N	QH		BAY, STAR, RF-FETLOCK									
	USHR9542	216	F	MULE		SORREL, NO MARKINGS									
	USHR9543	144	F	QH		BAY, STAR, SNIP, RF-PASTERN, RR-FETLOCK									
	USHR9544	120	N	BL		SORREL, BLAZE									
	USHR9545	192	F	BL		SORREL, STAR, STRIPE, SNIP									
	USHR9546	168	F	SN		DARK BAY, BRAND RIGHT SIDE OF NECK									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS OR COLORADO.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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: SUGARCREEK OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC
CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER	CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION
STREET ADDRESS: 102 BUCKEYE ST PO BX 452	STREET ADDRESS: 517 RANG STE JULIE EST
CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681	CITY, STATE, ZIP CODE: ST ANDRE' AVELIN QC J0W0
AREA CODE & TELEPHONE NO.: 330-852-2832	AREA CODE & TELEPHONE NO.: 1-819-983-7941

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	21SHR	9521						Buckskin		X					X			
2	↑	9522	X						TH							X		
3		9523						Sor					Mlk			X		
4		9524	X										MN	X				
5		9525			X								TW	X				
6		9526	X										AB	X				
7		9527						Sor			BL					X		
8		9528						Sor					Hf			X		
9		9529						Sor					Hf	X				
10		9530						Sor					Hf			X		
11		9531						STRAW ROAN		X						X		
12		9532			X								TW	X				
13		9533						Chst LEOPARD					AP	X			Spots over BODY	
14		9534						Chst ROAN					AP	X				
15	↓	9535						Grey ROAN					AP	X				

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	215HR	9536						Sor			BL			X				
17	↑	9537	X								X					X		
18		9538						Sor Wht					Paint			X		
19		9539						Sor			BL					X		
20		9540						Dun		X				X				
21		9541	X							X						X		
22		9542						Sor					Mule	X				
23		9543	X							X				X				
24		9544						Sor			BL					X		
25		9545						Sor			BL			X				
26	↓	9546						DK Bay					SN	X			Brand on RIGHT SIDE OF NECK	
27																		
28																		
29																		
30																		
31																		
32																		
33																		
34																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

L. H. Baker

VS FORM 10-13A
(SEP 2002)

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

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: L096123

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 8/15/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC.
517 RANG STE JULIE EST
ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION	USHR9547	84	F	PAINT	BAY, WHITE, STAR, STRIPE, SNIP, LF,RF-SOCK, LR,RR-STOCKING, PAINTED BODY									
102 BUCKEYE STREET	USHR9548	144	N	QH	SORREL, BLAZE, LF,LR-SOCK									
SUGARCREEK, OH 44681	USHR9549	84	N	SN	BAY, STAR, LR-FETLOCK									
	USHR9550	108	F	TW	BAY, BLAZE, LF-PASTERN, LR,RR-SOCK									
	USHR9551	120	N	TW	SORREL, FEW WHITE HAIRS ON FOREHEAD									
	USHR9552	108	N	TW	BAY, STAR, LR-FETLOCK									
	USHR9553	240	F	QH CROSS	BAY, NO MARKINGS									
	USHR9555	72	F	TW CROSS	BAY, STAR, SNIP, LR-PASTERN, RR-FETLOCK									
	USHR9556	14	M	QH	BAY, STAR, STRIPE, SNIP, LF,RF-CORONET, LR,RR-PASTERN									
	USHR9557	48	F	SN	BLACK, RR-FETLOCK, BRAND RIGHT SIDE OF NECK, SCAR RR CRANIAL CANNON BONE									
	USHR9558	180	N	PAINT	SORREL, WHITE, STAR, LF,RF-STOCKING, PAINTED BODY									
	USHR9559	36	F	TH	CHESTNUT, STAR									
	USHR9560	156	F	QH CROSS	BAY, STAR, SNIP, LR-PASTERN, RR-FETLOCK									
	USHR9561	24	N	PAINT	BALOMINO, WHITE, BALD FACE, PAINTED BODY									
	USHR9562	108	F	QH	CHESTNUT, STAR									
	USHR9563	24	N	PAINT	BLACK, WHITE, SNIP, LF,LR,RF,RR-STOCKING, PAINTED BODY									
	USHR9564	48	N	PAINT	CHESTNUT, WHITE, PAINTED BODY									
	USHR9565	180	N	QH	SORREL, STAR, LR-PASTERN									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: AUGUST 18, 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 32

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): NANCY L HANNAWAY, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4- FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0820

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L096123

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) ✓ — CERTIFIED BRUCELLOSIS FREE AREA ✓

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	E	DATE F	G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USHR9566	24	N	PAINT		SORREL, WHITE, BLAZE, LF-SOCK, RF-STOCKING, RR-PASTERN, PAINTED BODY									
USHR9567	36	F	OH		RED ROAN, BLAZE, LF-PASTERN, LR-CORONET, RR-FETLOCK									
USHR9568	108	F	TH		BAY, STAR									
USHR9569	144	N	TW		BAY, STAR, SHIP, LR-PASTERN									
USHR9570	72	F	PAINT		BAY, WHITE, BLAZE, LF-STOCKING, PAINTED BODY									
USHR9571	108	F	SN		BAY, NO MARKINGS									
USHR9572	60	F	OH		BAY, STAR, LR,RR-SOCK									
USHR9573	72	F	PAINT		SORREL, WHITE, BLAZE, PAINTED BODY									
USHR9574	60	N	AP		GREY ROAN, NO MARKINGS									
USHR9575	72	F	PAINT		SORREL, BALD FACE									
USHR9576	48	N	AP		CHESTNUT LEOPARD, SPOTS OVER BODY									
USHR9577	84	N	PAINT		SORREL, WHITE, BLAZE, PAINTED BODY									
USHR9578	300	N	AP		SORREL ROAN, BLAZE, RF-STOCKING									
USHR9579	156	F	PAINT		SORREL, WHITE, BLAZE, PAINTED BODY									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS OR COLORAD.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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: SUGARCREEK OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC
CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER	CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION
STREET ADDRESS: 102 Buckeye ST P.O BX 452	STREET ADDRESS: 517 Rang Ste julie EST
CITY, STATE, ZIP CODE: SUGARCREEK OH 44681	CITY, STATE, ZIP CODE: ST ANDRÉ AVELLIN QC J0W0
AREA CODE & TELEPHONE NO.: 330-852-2832	AREA CODE & TELEPHONE NO.: 1-819-983-7944

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS include existing conditions
1	21SHR	9547						Bay wht					Paint	X				
2	↑	9548						Sor		X						X		
3		9549	X										SN			X	Brand on	RIGHT SIDE OF NECK
4		9550	X										TW	X				
5		9551						Sor					TW			X		
6		9552	X										TW			X		
7	↓	9553	X							X CROSS				X				
8	21SHR	9555	X										TW CROSS	X				
9	↑	9556	X							X					X			
10		9557			X								SN	X			Scar RR CRANIAL CANON BONE Brand on RIGHT SIDE OF NECK	
11		9558						Sor wht					Paint			X		
12		9559					X		TH					X				
13		9560	X							X CROSS				X				
14		9561						Pal wht					Paint			X		
15	↓	9562					X			X				X				

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

SIGNATURE: L. H. Bake

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.)

L. H. Bake

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	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	24SHR	9563						Ch wht					Paint			X		
17		9564						Chst wht					Paint			X		
18		9565						Sor		X						X		
19		9566						Sor wht					Paint			X		
20		9567						Red Dun		X				X				
21		9568	X						TH					X				
22		9569	X										TW			X		
23		9570						Bay wht					Paint	X				
24		9571	X										SV	X				
25		9572	X							X				X				
26		9573						Sor wht					Paint	X				
27		9574						Grey Roan					AP			X		
28		9575						Sor					Paint	X				
29		9576						Chst roans					AP			X		
30		9577						Sor wht					Paint			X		
31		9578						Sor Roan					AP			X		
32		9579						Sor wht					Paint	X				
33																		
34																		
35																		
36																		
37																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

L. H. Baker

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: L096117

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 8/1/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: OH

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC. 517 RANG STE JULIE EST ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

MODIFIED ACCREDITED AREA (TB)						CERTIFIED BRUCELLOSIS FREE AREA						DISEASE / TYPE TEST	DISEASE / TYPE TEST	DISEASE / TYPE TEST
ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USHR9400	36	M	QH CROSS		GREY, STAR, LR-PASTERN									
USHR9401	156	F	HAFLINGER		SORREL, FEW WHITE HAIRS ON FOREHEAD									
USHR9402	144	M	PAINT		DUN, WHITE, BLAZE, LR,RR-STOCKING, PAINTED BODY									
USHR9403	36	N	PAINT		CHESTNUT, WHITE, STAR, STRIPE, SNIP, LF,LR,RF,RR-STOCKING, PAINTED BODY									
USHR9404	72	F	HAFLINGER CROSS		BAY, STAR, WHITE HAIRS ACROSS NOSE									
USHR9406	180	N	TW		CHESTNUT, STAR, STRIPE, SNIP									
USHR9407	276	N	SN		BAY, NO MARKINGS									
USHR9408	48	F	PAINT		BAY, WHITE, STAR, SNIP, LF-SOCK, LR-FETLOCK, PAINTED BODY, RF,RR-STOCKING									
USHR9409	144	F	PAINT		SORREL, WHITE, BLAZE, PAINTED BODY									
USHR9410	48	F	TH		SORREL, STAR, STRIPE, SNIP, LF-PASTERN, LR-FETLOCK									
USHR9411	72	N	AP		BAY ROAN, STAR, LR-PASTERN									
USHR9412	180	F	QH		SORREL, BLAZE									
USHR9413	180	F	SN		BAY, STAR									
USHR9414	216	F	QH		CHESTNUT, STAR, STRIPE, SNIP, LR-SOCK, RF-CORONET,RR-FETLOCK									
USHR9415	264	N	SN		BAY, STAR, LR-FETLOCK, RR-PASTERN									
USHR9416	18	M	PAINT		SORREL, WHITE, BALD FACE, PAINTED BODY									
USHR9417	144	N	SN		BAY, STAR, BRAND RIGHT SIDE OF NECK									
USHR9418	18	F	PAINT		BAY, WHITE, BALD FACE, PAINTED BODY									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: AUG 4 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 28

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): NANCY L. HANNABY, DVM, VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4- FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140

3. PAGE NO. 2 OF 2

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) ✓ — CERTIFIED BRUCELLOSIS FREE AREA ✓

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	E	DATE F	G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USHR9419	18	F	PAINT		SORREL, WHITE, BALD FACE, SORREL MARKINGS ON HEAD AND FACE									
USHR9420	156	N	SN		BAY, STAR, LR,RR-SOCK, BRAND RIGHT SIDE OF NECK									
USHR9421	144	N	HAFLINGER		SORREL, BLAZE, LF-FETLOCK, LR,RR-SOCK									
USHR9422	48	F	TH		BAY, STAR									
USHR9423	48	F	TW		CHESTNUT, STAR, LF-SOCK, LR-STOCKING									
USHR9425	144	N	QH		CHESTNUT, STAR, STRIPE, LR-FETLOCK									
USHR9426	48	F	TW		BAY, RR-PASTERN									
USHR9427	60	N	HK		BAY, BLAZE, LF,RF-PASTERN, RR-SOCK									
USHR9428	108	F	TH		BAY, STAR, STRIPE, SNIF, LR,RR-PASTERN									
USHR9429	336	N	QH		SORREL, BLAZE, LR-SOCK, RF-FETLOCK,RR-PASTERN, GREY HAIRS ON FACE									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS. OR COLORADO.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT FRK

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 Buckeye ST. P.O Bx 452

STREET ADDRESS: 517 Rang Ste Julie EST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: ST ANDRE' AVELLIN QC J0W0

AREA CODE & TELEPHONE NO.: 330-852-2882

AREA CODE & TELEPHONE NO.: 1-819-983-7944

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	21SHR	9400		X						X (QT)					X			
2	↑	9401						Sor					Hat	X				
3		9402						Sor wht					Paint		X			
4		9403						Ches wht					Paint			X		
5	↓	9404	X										Hat X	X				
6	21SHR	9406					X						TW			X		
7	↑	9407	X										SV			X		
8		9408						Bay wht					Paint	X				
9		9409						Sor wht					Paint	X				
10		9410						Sor	TH					X				
11		9411						Bay Roan					AP			X		
12		9412						Sor		X				X				
13		9413	X										SV	X				
14		9414					X			X				X				
15	↓	9415	X										SV			X		

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

SIGNATURE: L.H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	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	21SHR	9416						Sor wht					Paint		X			
17	↑	9417	X										SN			X	Brand on RIGHT SIDE OF NECK	
18		9418						Bay wht					Paint	X				
19		9419						Sor wht					Paint	X			Sorrel marking on face & head	
20		9420	X										SN			X	Brand on RIGHT SIDE	OF NECK
21		9421						Sor					Hat			X		
22		9422	X						TH					X				
23		9423					X						TW	X				
24	↓ 21SHR	9425					X			X						X		
25	↑	9426	X										TW	X				
26		9427	X										HK			X		
27		9428	X						TH					X				
28	↓	9429						Sor		X						X	Grey hairs on face	
29																		
30																		
31																		
32																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

L. H. Bales

VS FORM 10-13A
(SEP 2002)

*U.S. Government Printing Office: 2001 — 616-324/99765

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: L096120

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 8/1/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC.
517 RANG STE JULIE EST
ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

17. FARM ORIGIN (A)	ID NO. OR DESCRIPTION (A)	AGE (B)	SEX (C)	BREED (D)	✓ (E)	DATE (F)	✓ (G)	DATE (H)	VAC (I)	1/25 (J)	1/50 (K)	1/100 (L)	DATE (M)	DATE (N)	DATE (O)
SUGARCREEK LIVESTOCK AUCTION	USHR9374	156	F	BL		SORREL, BLAZE									
102 BUCKEYE STREET	USHR9375	132	N	SN		BAY, STAR, LF-FETLOCK, RR-PASTERN, BRAND RIGHT SIDE OF NECK									
SUGARCREEK, OH 44681	USHR9376	132	N	PE		BLACK, STAR, LR-PASTERN, BRAND LEFT & RIGHT QUAD									
	USHR9377	144	N	PE		BLACK, STAR, RR-CORONET									
	USHR9378	300	F	BL		SORREL, BLAZE, WHITE MARKINGS ON LEFT & RIGHT SHOULDER									
	USHR9379	156	N	QH		SORREL, STAR, RR-SOCK									
	USHR9380	96	N	QH		FLEABITTEN GREY, BLAZE, LR,RR-STOCKING, RF-SOCK									
	USHR9381	120	N	BL		SORREL, BLAZE, LR-STOCKING									
	USHR9382	84	N	QH		PALOMINO, BLAZE									
	USHR9383	156	F	SN		BAY, LR-PASTERN, BRAND RIGHT SIDE OF NECK									
	USHR9386	108	F	QH		CHESTNUT, BLAZE, LR,RR-SOCK									
	USHR9387	84	F	QH		CHESTNUT, STAR, STRIPE									
	USHR9388	60	N	TW		BAY, NO MARKINGS									
	USHR9389	240	N	TW		CHESTNUT, STAR									
	USHR9390	240	N	SN		BAY, BRAND RIGHT SIDE OF NECK									
	USHR9391	144	F	SN		BAY, BRAND RIGHT SIDE OF NECK									
	USHR9392	240	F	QH		CHESTNUT, STAR, STRIPE, SNIP, LR-PASTERN, RR-CORONET									
	USHR9393	216	N	BL		SORREL, BLAZE									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: AUG 4 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 25

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): NANCY L. HANNAY, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved, OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L096120

PAGE NO. 2 OF 2

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) ——— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USHR9394	240	N	BL		SORREL, BLAZE									
USHR9395	84	F	QH		SORREL, STAR, RR-CORONET									
USHR9396	216	N	SN		BAY, STAR, LR,RR-FETLOCK									
USHR9397	276	N	BL		SORREL, BLAZE, LR,RF,RR-SOCK									
USHR9398	240	F	HAFLINGER		SORREL, STAR, STRIPE, SNIP									
USHR9399	108	M	PE		BLACK, STAR									
USHR9430	144	N	TW		BAY, STAR, STRIPE, SNIP, RF-PASTERN, RR-FETLOCK									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS. OR COLORADO
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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: SUGARCREEK OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC
CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER	CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION
STREET ADDRESS: 102 Buckeye ST P.O Bx 452	STREET ADDRESS: 517 KING STE JULIE EST
CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681	CITY, STATE, ZIP CODE: ST ANDRE AVELIN QC J0K2X0
AREA CODE & TELEPHONE NO.: 330-852-2882	AREA CODE & TELEPHONE NO.: 1-819-983-7941

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	26SHR	9374						Sor			BL			X				
2		9375	X										SV			X	Brand on RIGHT SIDE OF NECK	
3		9376			X						AE					X	Brand on left and Right QUAD	
4		9377			X						AE					X		
5		9378						Sor			BL			X			White markings on left & Right SHOULDER	
6		9379						Sor		X						X		
7		9380						Flea-bitten Grey		X						X		
8		9381						Sor			BL					X		
9		9382						Pal		X						X		
10		9383	X										SV	X			Brand on Right SIDE OF NECK	
11	26SHR	9386					X			X				X				
12		9387					X			X				X				
13		9388	X										TW			X		
14		9389					X						TW			X		
15		9390	X										SV			X	Brand on RIGHT SIDE OF NECK	

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	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	21SHR	9391	X										SW	X			Brand on right side of neck	
17	↑	9392					X			X				X				
18		9393						Sor			BL					X		
19		9394						Sor			BL					X		
20		9395						Sor		X				X				
21		9396	X										SW			X		
22		9397						Sor			BL					X		
23		9398						Sor					Hat.	X				
24	↓	9399			X						PE				X			
25	21SHR	9430	X										TW			X		
26																		
27																		
28																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

L. H. Baler

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: L091000

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5/29/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC.
517 RANG STE JULIE EST
ST. ANDRE AVELLIN, QC J0V 1W0

17. DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION	USHR9073	96	N	QH	SORREL, BLAZE, LR-FETLOCK									
102 BUCKEYE STREET	USHR9074	60	F	PAINT	PALOMINO, WHITE, STAR, STRIPE, SNIP, PAINTED BODY									
SUGARCREEK, OH 44681	USHR9075	180	F	QH	SORREL, BLAZE, LR,RR-SOCK									
	USHR9076	84	F	SN	BAY, BRAND RIGHT SIDE OF NECK									
	USHR9077	216	F	QH	SORREL, STAR, STRIPE, RR-FETLOCK									
	USHR9078	48	N	TW	BLACK, LR,RR-FETLOCK									
	USHR9079	240	N	SN	BAY, RR-FETLOCK									
	USHR9080	240	F	PAINT	PALOMINO, WHITE, BLAZE, LR,RR-STOCKING, PAINTED BODY									
	USHR9081	108	F	MUSTANG	BAY, STAR, STRIPE, SNIP, LF,RR-FETLOCK, BRAND LEFT SIDE OF NECK									
	USHR9082	180	F	QH	BAY, LR,RR-FETLOCK									
	USHR9083	36	M	PAINT	CHESTNUT, WHITE, BLAZE, PAINTED BODY									
	USHR9084	60	N	QH	SORREL, STAR, STRIPE, SNIP, LF-FETLOCK, LR-SOCK									
	USHR9085	156	F	PAINT	BLACK, WHITE, BALD FACE, LF,LR,RF-STOCKING, PAINTED BODY									
	USHR9086	72	F	TW	PALOMINO, STAR, STRIPE, SNIP									
	USHR9087	120	N	TW	SORREL, STAR, STRIPE, SNIP, LR-SOCK, RR-FETLOCK									
	USHR9088	144	N	PONY	BLACK, BLAZE									
	USHR9090	84	N	QH	SORREL, BLAZE, LR-SOCK									
	USHR9091	216	F	TW	BAY, STAR									

VALID ONLY WHEN USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAY 30 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACK, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 31

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

CERTIFICATE NO. FROM VS FORM 17-140: L091000

3. PAGE NO. 2 OF 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USHR9092	60	F	QH		SORREL, BLAZE, RF-PASTERN									
USHR9093	156	F	PONY		BLACK, STAR, LR,RR-CORONET									
USHR9094	36	F	QH		BAY, STAR, LR-FETLOCK									
USHR9096	96	F	PAINT		SORREL, WHITE, STAR, STRIPE, SNIP, LF,LR-STOCKING, PAINTED BODY									
USHR9098	240	N	QH		SORREL, STAR, LR-SOCK									
USHR9099	60	F	QH		CHESTNUT, STAR, STRIPE, LR-SOCK									
USHR9100	48	F	PAINT		CHESTNUT, WHITE, BLAZE, LR,RR-STOCKING, PAINTED BODY									
USHR9101	36	F	PAINT		BAY, WHITE, BLAZE, LF,LR,RF,RR-STOCKING, PAINTED BODY									
USHR9102	36	N	QH		CHESTNUT, STAR, STRIPE, SNIP									
USHR9103	240	F	AP		STRAWBERRY ROAN, BLAZE, LF,LR,RF-STOCKING, BRAND LEFT QUAD									
USHR9104	144	F	MM		BAY, STAR									
USHR9106	72	F	TW		SORREL, STAR, STRIPE, LR-CORONET									
USHR9112	36	M	PAINT		SORREL, WHITE, BLAZE, LR,RF-STOCKING, PAINTED BODY									

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE STREET
SUGARCREEK, OH 44681

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS THIRTY (30) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN INFORMED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 BUCKEYE ST PO BX 452

STREET ADDRESS: 517 TANG ST. JULIE EST

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: ST ANDRE AVELLIN QC J0V1W0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 1-819-983-7941

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USHR	9073						Sor		X						X		
2		9074						Pal wht					Paint	X				
3		9075						Sor		X				X				
4		9076	X										SN	X			Brand on right side of neck	
5		9077						Sor		X				X				
6		9078			X								TW			X		
7		9079	X										SN			X		
8		9080						Pal wht					Paint	X				
9		9081	X										Mustang	X			Brand on left side of neck	
10		9082	X							X				X				
11		9083						Blk wht					Paint		X			
12		9084						Sor		X						X		
13		9085						Blk wht					Paint	X				
14		9086						Pal					TW	X				
15		9087						Sor					TW			X		

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

SIGNATURE: L. N. Baker

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.)

L. N. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include précondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	76SHR	9088			X							X				X		
17	↑	9090						Sor		X						X		
18		9091	X										TW	X				
19		9092						Sor		X				X				
20		9093			X							X		X				
21		9094	X							X				X				
22		9096						Sor Wht					Paint	X				
23		9098						Sor		X						X		
24		9099					X			X				X				
25		9100						Blst Wht					Paint	X				
26		9101						Blst Wht					Paint	X				
27		9102					X			X						X		
28		9103						Sand Roan					AP	X			Brand on left QUAD	
29		9104	X										MN	X				
30	↓	9106						Sor					TW	X				
31	76SHR	9112						Sorr Wht					Paint		X			
32																		
33																		
34																		
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37																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

L. H. Bales

VS FORM 10-13A
(SEP 2002)

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

PAGE 2 OF 2

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: 1090990

3. PAGE NO. 1 OF 2

4. DATE ISSUED: 5/23/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address):
LES VIANDES DE LA PETITE-NATION INC.
517 RANG STE JULIE EST
ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

CENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION	USHR9073	96	N	QH		SORREL, BLAZE, LR-FETLOCK									
102 BUCKEYE STREET	USHR9074	60	F	PAINT		PALOMINO, WHITE, STAR, STRIPE, SNIP, PAINTED BODY									
SUGARCREEK, OH 44681	USHR9075	180	F	QH		SORREL, BLAZE, LR,RR-SOCK									
	USHR9076	84	F	SN		BAY, BRAND RIGHT SIDE OF NECK									
	USHR9077	216	F	QH		SORREL, STAR, STRIPE, RR-FETLOCK									
	USHR9078	48	N	TW		BLACK, LR,RR-FETLOCK									
	USHR9079	240	N	SN		BAY, RR-FETLOCK									
	USHR9080	240	F	PAINT		PALOMINO, WHITE, BLAZE, LR,RR-STOCKING, PAINTED BODY									
	USHR9081	108	F	MUSTANG		BAY, STAR, STRIPE, SNIP, LF,RR-FETLOCK, BRAND LEFT SIDE OF NECK									
	USHR9082	180	F	QH		BAY, LR,RR-FETLOCK									
	USHR9083	36	M	PAINT		CHESTNUT, WHITE, BLAZE, PAINTED BODY									
	USHR9084	60	N	QH		SORREL, STAR, STRIPE, SNIP, LF-FETLOCK, LR-SOCK									
	USHR9086	72	F	TW		PALOMINO, STAR, STRIPE, SNIP									
	USHR9087	120	N	TW		SORREL, STAR, STRIPE, SNIP, LR-SOCK, RR-FETLOCK									
	USHR9088	144	N	PONY		BLACK, BLAZE									
	USHR9089	180	F	TW		PALOMINO, SNIP									
	USHR9090	84	N	QH		SORREL, BLAZE, LR-SOCK									
	USHR9091	216	F	TW		BAY, STAR									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAY 27 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 32

23. Signature of Endorsing Federal Veterinarian: Kellie A. Hugh, DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: AA090990

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE STREET~~
~~SUGARCREEK, OH 44681~~

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USHR9092	60	F	QH		SORREL, BLAZE, RF-PASTERN									
USHR9093	156	F	PONY		BLACK, STAR, LR,RR-CORONET									
USHR9094	36	F	QH		BAY, STAR, LR-FETLOCK									
USHR9096	96	F	PAINT		SORREL, WHITE, STAR, STRIPE, SNIP, LF,LR-STOCKING, PAINTED BODY									
USHR9097	96	N	QH		BAY, LR-CORONET									
USHR9098	240	N	QH		SORREL, STAR, LR-SOCK									
USHR9099	60	F	QH		CHESTNUT, STAR, STRIPE, LR-SOCK									
USHR9100	48	F	PAINT		CHESTNUT, WHITE, BLAZE, LR,RR-STOCKING, PAINTED BODY									
USHR9101	36	F	PAINT		BAY, WHITE, BLAZE, LF,LR,RF,RR-STOCKING, PAINTED BODY									
USHR9102	36	N	QH		CHESTNUT, STAR, STRIPE, SNIP									
USHR9103	240	F	AP		STRAWBERRY ROAN, BLAZE, LF,LR,RF-STOCKING, BRAND LEFT QUAD									
USHR9104	144	F	MN		BAY, STAR									
USHR9106	72	F	TW		SORREL, STAR, STRIPE, LR-CORONET									
USHR9112	36	M	PAINT		SORREL, WHITE, BLAZE, LR,RR-STOCKING, PAINTED BODY									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

Page 75 of 234

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 Buckeye St PO Bx 452

STREET ADDRESS: 517 Rang Ste Julie est

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: ST ANDRÉ AVELIN QC J0W0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 1-819-983-7941

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	265HR	9073						Sor		X						X		
2	↑	9074						Pal wht					Paint	X				
3		9075						Sor		X				X				
4		9076	X										SN	X			Brand on RIGHT SIDE OF NECK	
5		9077						Sor		X				X				
6		9078			X								TW			X		
7		9079	X										SN			X		
8		9080						Pal wht					Paint	X				
9		9081	X										Nstang	X			Brand on left SIDE OF NECK	
10		9082	X							X				X				
11		9083						Chst wht					Paint		X			
12		9084						Sor		X						X		
13		9086						Pal					TW	X				
14		9087						Sor					TW			X		
15	↓	9088			X							X				X		

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

SIGNATURE: L. H. Bale

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.)

L. H. Bale

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous Editions are Obsolete

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	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	26SHR	9089						Pal					TW	X				
17	↑	9090						Sor		X						X		
18		9091	X										TW	X				
19		9092						Sor		X				X				
20		9093			X							X		X				
21	↓	9094	X							X				X				
22	26SHR	9096						Sor wht					Paint	X				
23	↑	9097	X							X						X		
24		9098						Sor		X						X		
25		9099					X			X				X				
26		9100						Blt wht					Paint	X				
27		9101						Bay wht					Paint	X				
28		9102					X			X						X		
29		9103						Spav Roan					AP	X			Brand on left quad	
30		9104	X										MN	X				
31	↓	9106						Sor					TW	X				
32	26SHR	9112						Sor wht					Paint		X			
33																		
34																		
35																		
36																		
37																		
38																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the Information contained in this form is true and correct to the best of my knowledge.)

L. H. Bales

VS FORM 10-13A
(SEP 2002)

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

PAGE 2 OF 2

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: L090986

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5/23/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC.
517 RANG STE JULIE EST
ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

SUGARCREEK LIVESTOCK AUCTION
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USHR9085	156	F	PAINT		BLACK, WHITE, BALD FACE, LF,LR,RF-STOCKING, PAINTED BODY									
USHR9095	48	F	QH		BAY, STAR, LR-FETLOCK, RR-PASTERN									
USHR9107	72	F	PAINT		BLACK, WHITE, BALD ACE, PAINTED BODY									
USHR9108	216	N	TH		BAY, BLAZE, LR,RF,RR-FETLOCK									
USHR9109	156	F	QH		CHESTNUT, BLAZE, LR,RR-PARTIAL PASTERN									
USHR9110	216	N	TW		BLACK, STAR									
USHR9111	144	F	QH		SORREL, BLAZE, LF,LR-STOCKING, RF-SOCK, RR-PASTERN									
USHR9113	144	F	PAINT		GREY, WHITE, BLAZE, LF,LR,RF,RR-STOCKING, PAINTED BODY									
USHR9114	96	N	QH		CHESTNUT, LR-PASTERN									
USHR9115	96	N	BL		SORREL, BLAZE, LR,RR-SOCK									
USHR9116	156	F	QH CROSS		BAY, STAR									
USHR9117	240	F	QH		CHESTNUT, STAR, STRIPE, SNIP, LF-PASTERN RR-FETLOCK									
USHR9118	240	N	AB		SORREL, STAR, STRIPE, SNIP									
USHR9119	240	N	AP		GREY, BLAZE									
USHR9120	300	F	QH		STRAWBERRY ROAN, BLAZE, LR,RF,RR-FETLOCK									
USHR9121	36	F	BL		SORREL, STAR, STRIPE, SNIP, RR-SOCK									
USHR9122	156	F	SN CROSS		BAY, NO MARKINGS									
USHR9123	24	F	QH CROSS		SORREL,BLAZE, LR,RR-SOCK									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAY 27 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 29

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Formerly Form 7-140 OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: 1090986

3. PAGE NO. 2 OF 2

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USHR9124	180	F	QH		CHESTNUT, BLAZE, LR-SOCK, RR-PASTERN									
USHR9126	96	N	PAINT		BLACK, WHITE, BALD FACE, PAINTED BODY									
USHR9127	120	N	SN		BAY, STAR, STRIPE, RR-PASTERN									
USHR9128	120	F	PAINT		SORREL, WHITE, BLAZE, LF-STOCKING, PAINTED BODY									
USHR9129	72	N	QH		SORREL, STAR, STRIPE, SNIP, LF,LR-SOCK, RR-FETLOCK									
USHR9130	72	N	QH		BLACK, FEW WHITE HAIRS ON FOREHEAD, LR,RR-PASTERN									
USHR9131	108	N	SN		BLACK, SNIP, LF,LR,RR-SOCK, RF-CORONET, BRAND RIGHT SIDE OF NECK									
USHR9132	240	F	SN		BAY, FEW WHITE HAIRS ON FOREHEAD									
USHR9133	120	F	PAINT		PALOMINO, WHITE, BLAZE, RR-STOCKING, PAINTED BODY									
USHR9134	108	F	PONY		SORREL, NO MARKINGS									
USHR9135	108	N	PONY		BAY, WHITE, STAR, SNIP, RR-STOCKING, PAINTED BODY									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 BUCKEYE ST P.O BX 452

STREET ADDRESS: 517 KING STE JULIE EST

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: ST. ANDRE AVELIN QC J0W0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 1-819-983-7944

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	21SHR	9085						Blk colt					Paint	X				
2	21SHR	9095	X							X				X				
3	21SHR	9107						Blk colt					Paint	X				
4		9108	X						TH							X		
5		9109					X			X				X			Left Rear Right Rear partial pattern	
6		9110			X								TW			X		
7		9111						Sor		X				X				
8	21SHR	9113						Grey colt					Paint	X				
9		9114					X			X						X		
10		9115						Sor			BL					X		
11		9116	X							X CROSS				X				
12		9117					X			X				X				
13		9118						Sor					AB			X		
14		9119		X									AP			X		
15		9120						STRAW Roan		X				X				

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

SIGNATURE: L. N. Baker

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.)

L. N. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	24SHR	9121						Sor			Bl			X				
17	↑	9122	X										SN cross	X				
18		9123						Sor		X cross				X				
19	↓	9124					X			X				X				
20	24SHR	9126						Bl wht					Paint			X		
21	↑	9127	X										SN			X		
22		9128						Sor wht					Paint	X				
23		9129						Sor		X						X		
24		9130			X					X						X		
25		9131			X								SN			X	Brand on right side of stack.	
26		9132	X										SN	X				
27		9133						Pal wht					Paint	X				
28		9134						Sor				X		X				
29	↓	9135						Bay wht				X				X		
30																		
31																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

L.H. Baker

VS FORM 10-13A
(SEP 2002)

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

PAGE 2 OF 2

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: L090980

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5/23/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address):
LES VIANDES DE LA PETITE-NATION INC.
517 RANG STE JULIE EST
ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION														
102 BUCKEYE STREET														
SUGARCREEK, OH 44681														
	USHR9136	144	F	QH	CHESTNUT, STAR, SNIP, RR-CORONET									
	USHR9137	120	N	PAINT	BLACK, WHITE, BLAZE, RR-STOCKING, PAINTED BODY									
	USHR9138	156	F	QH	CHESTNUT, BLAZE, LF-FETLOCK, LR,RR-STOCKING									
	USHR9139	48	N	PAINT	CHESTNUT, WHITE, STAR, SNIP, LR,RR-STOCKING, PAINTED BODY									
	USHR9140	72	N	QH	SORREL, STAR, STRIPE, LR,RR-FETLOCK, WHITE HAIRS RIGHT RIBS									
	USHR9141	156	F	QH	BAY, STAR, LR,RF-PASTERN									
	USHR9142	156	F	SN	BLACK, BRAND RIGHT SIDE OF NECK									
	USHR9143	132	N	QH CROSS	BAY, NO MARKINGS									
	USHR9144	72	N	QH	SORREL, BLAZE, RF-FETLOCK, RR-SOCK									
	USHR9145	120	F	TH	BAY, STAR, LF-CORONET, RR-CORONET									
	USHR9146	156	N	TH	CHESTNUT, STAR, LR-SOCK, RR-CORONET									
	USHR9147	144	N	QH	CHESTNUT, BLAZE, LR-PASTERN									
	USHR9148	108	F	SN	BAY, FEW WHITE HAIRS ON FOREHEAD, BRAND RIGHT SIDE OF NECK									
	USHR9149	240	N	SN	BAY, STAR, LR,RR-FETLOCK									
	USHR9150	60	F	QH	BUCKSKIN, NO MARKINGS									
	USHR9151	300	F	QH CROSS	BAY, LF-FETLOCK, RF-PASTERN									
	USHR9152	72	N	PAINT	BAY, WHITE, BLAZE, LR-STOCKING, PAINTED BODY									
	USHR9153	120	N	QH	FLEABITTEN GREY, RR-PASTERN									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAY 27 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 29

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140

3. PAGE NO. 2 OF 2

16. CONSIGNEE'S NAME: LES VIVADES DE LA PETITE-NATION INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USHR9154	300	N	PAINT		SORREL, WHITE, BLAZE, PAINTED BODY									
USHR9155	48	M	QH		BUCKSKIN, STAR									
USHR9156	120	F	QH		BAY, STAR									
USHR9157	48	N	PAINT		BAY, WHITE, STAR, SNIP, LR,RF,RR-STOCKING, PAINTED BODY									
USHR9158	240	F	QH		SORREL, STAR, LR-CORONET									
USHR9159	72	F	HAFLINGER		SORREL, STAR, STRIPE									
USHR9160	144	N	QH		CHESTNUT, BLAZE, RF,RR-SOCK									
USHR9161	180	N	SN		BAY, STAR, STRIPE, RR-FETLOCK, BRAND RIGHT SIDE OF NECK									
USHR9162	144	F	QH		BAY, STAR, STRIPE, SNIP, LR-PASTERN									
USHR9163	36	N	QH		BLACK, STAR, SNIP, LF,LR,RR-STOCKING									
USHR9164	72	F	PAINT		SORREL, WHITE, BLAZE, PAINTED BODY									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY-ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 BUCKEYE ST P.O BX 452

STREET ADDRESS: 517 RANG STE JULIE EST

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: ST ANDRÉ AVELLIN QC J0V0C0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 1-819-983-7944

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	26SHR	9136					X			X				X				
2	↑	9137						Blk cont					Paint			X		
3		9138					X			X				X				
4		9139						Chst cont					Paint			X		
5		9140						Sor		X						X		
6		9141	X							X				X				
7		9142			X								SN	X			Brand on Right side of neck	
8		9143	X						Cross	X						X		
9		9144						Sor		X						X		
10		9145	X						TH					X				
11		9146					X		TH							X		
12		9147					X			X						X		
13		9148	X										SN	X			Brand on Right side of neck	
14		9149	X										SN			X		
15	↓	9150						Buckskin		X				X				

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	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	2/SHR	9151	X							X Cross				X				
17		9152						Bay cont					Paint			X		
18		9153						Brown Grey		X						X		
19		9154						Sor cont					Paint			X		
20		9155						Buckskin		X					X			
21		9156	X							X				X				
22		9157						Bay white					Paint			X		
23		9158						Sor		X				X				
24		9159						Sor					Hat	X				
25		9160					X			X						X		
26		9161	X										SN			X	Brand on right side of neck	
27		9162	X							X				X				
28		9163			X					X						X		
29		9164						Sor white					Paint	X				
30																		
31																		
32																		
33																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

L. H. Bale

VS FORM 10-13A
(SEP 2002)

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

PAGE ___ OF ___

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: 1090984

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5/23/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC. 517 RANG STE JULIE EST ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION	USHR9044	48	N	PAINT	BAY, WHITE, STAR, SNIP, RF-STOCKING,PAINTED BODY									
102 BUCKEYE STREET	USHR9045	216	F	PAINT	SORREL, WHITE, BLAZE, PAINTED BODY									
SUGARCREEK, OH 44681	USHR9046	156	N	QH	BLACK, STAR, STRIPE, LR-FETLOCK									
	USHR9047	96	N	QH	BAY, NO MARKINGS									
	USHR9048	96	N	AP	SORREL LEOPARD, SPOTS OVER BODY									
	USHR9049	240	F	QH	SORREL, BLAZE, LR-PASTERN, RF,RR-SOCK									
	USHR9050	48	F	QH	FLEABITTEN GREY, BLAZE									
	USHR9051	216	F	QH	GREY, SNIP									
	USHR9052	216	F	QH	GREY, SNIP									
	USHR9053	216	N	DRAFT CROSS	BAY, STAR, SNIP									
	USHR9054	84	F	QH	CHESTNUT, STAR, LR-SOCK, RR-FETLOCK									
	USHR9055	60	N	TW	SORREL, STAR									
	USHR9056	72	F	QH	GREY, NO MARKINGS									
	USHR9057	60	N	TW	SORREL, STAR, SNIP									
	USHR9058	48	F	QH	CHESTNUT, BLAZE, LF,RF-FETLOCK, RR-SOCK									
	USHR9059	216	N	SN	BLACK, STAR, RR-FETLOCK									
	USHR9060	72	F	QH	BAY, RR-PASTERN									
	USHR9061	84	N	AB	BAY, LR-SOCK									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAY 27 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian: Kellie A. Hough, DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*
SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140
10590984

3. PAGE NO.
2 OF 2

16. CONSIGNEE'S NAME
LES VIANDES DE LA PETITE-NATION INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USHR9062	72	N	TH	BAY, STAR, STRIPE, SNIP, RR-SOCK									
102 BUCKEYE STREET	USHR9063	300	F	SN CROSS	BAY, STAR, SNIP, LF,LR,RR-FETLOCK, RF-PASTERN									
SUGARCREEK, OH 44681	USHR9064	240	F	QH	BAY, STAR, STRIPE, SNIP									
	USHR9065	156	F	QH	SORREL, STAR, LR-FETLOCK									
	USHR9066	72	F	QH	BAY, STAR									
	USHR9067	72	F	QH	SORREL, BLAZE, LR,RR-SOCK									
	USHR9068	60	N	SN	BAY, STRIPE, SNIP, BRAND RIGHT SIDE OF NECK									
	USHR9069	156	N	QH	SORREL, STAR, RR-FETLOCK									
	USHR9070	120	F	QH	SORREL, STAR, STRIPE, SNIP, LR-FETLOCK									
	USHR9071	180	F	QH	SORREL, FEW WHITE HAIRS ON FOREHEAD, WHITE HAIRS ON FACE									
	USHR9072	156	N	QH	CHESTNUT, BLAZE, LR,RF,RR-SOCK									
	USHR9125	36	M	QH CROSS	SORREL, BLAZE, LR,RR-SOCK									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED DURING THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 BUCKEYE ST P.O BOX 452

STREET ADDRESS: 517 RANG STE JULIE EST

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: ST ANDRE AVELIN QC J0W0

AREA CODE & TELEPHONE NO.: 1-330-852-2832

AREA CODE & TELEPHONE NO.: 1-819-983-7944

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chesta	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	245HR	9044						Sorrel Light					Paint			X		
2	↑	9045						Sor Light					Paint	X				
3		9046			X					X						X		
4		9047	X							X						X		
5		9048						Sor Brand					AP			X		
6		9049						Sor		X				X				
7		9050						Farm Brand Grey		X				X				
8		9051		X						X				X				
9		9052		X						X				X				
10		9053	X								X Cross					X		
11		9054					X			X				X				
12		9055						Sor					TW			X		
13		9056		X						X				X				
14		9057						Sor					TW			X		
15	↓	9058					X			X				X				

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

SIGNATURE: L. N. Baker

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.)

L. N. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	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	26SHR	9059			X								SV			X		
17	↑	9060	X							X				X				
18		9061	X										AB			X		
19		9062	X						TH							X		
20		9063	X										SV CROSS	X				
21		9064	X							X				X				
22		9065						Sor		X				X				
23		9066	X							X				X				
24		9067						Sor		X				X				
25		9068	X										SV			X	Brand on RIGHT SIDE OF NECK	
26		9069						Sor		X						X		
27		9070						Sor		X				X				
28		9071						Sor		X				X				
29	↓	9072					X			X						X		
30	26SHR	9125						Sor		CROSS					X			
31																		
32																		
33																		
34																		
35																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

L. H. Balen

VS FORM 10-13A
(SEP 2002)

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

PAGE 2 OF 2

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FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: NL096104

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6/13/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC. 517 RANG STE JULIE EST ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (instructions for columns A, B, C & D on reverse)

17. FARM ORIGIN (A)	ID NO. OR DESCRIPTION (A)	AGE (B)	SEX (C)	BREED (D)	√ (E)	DATE (F)	√ (G)	DATE (H)	VAC (I)	1/25 (J)	1/50 (K)	1/100 (L)	DATE (M)	DATE (N)	DATE (O)
SUGARCREEK LIVESTOCK AUCTION	USHR9340	216	F	PAINT		BLACK, WHITE, LF,RR-STOCKING, PAINTED BODY									
102 BUCKEYE STREET	USHR9341	216	F	AP		PALOMINO ROAN, STAR, STRIPE, SNIP									
SUGARCREEK, OH 44681	USHR9342	120	F	QH		BLACK, LR-PASTERN									
	USHR9343	48	F	PONY		BAY, FEW WHITE HAIRS ON FOREHEAD, LR-CORONET, RR-SOCK									
	USHR9344	144	F	PONY		SORREL, STAR, STRIPE, SNIP									
	USHR9345	120	F	QH		BAY, STAR, STRIPE, SNIP, LF-SOCK, LR,RF-PASTERN									
	USHR9346	156	N	PAINT		BAY, WHITE, STAR, STRIPE, SNIP, LR,RF,RR-STOCKING, PAINTED BODY									
	USHR9347	96	F	TW		GREY, BLAZE, LF,LR,RF,RR-STOCKING, WHITE MARKINGS UNDER BELLY									
	USHR9348	240	F	AP		FLEABITTEN GREY, NO MARKINGS									
	USHR9349	132	F	MULE		SORREL, NO MARKINGS									
	USHR9350	216	F	DONKEY		SORREL, WHITE BELLY AND MUZZLE									
	USHR9351	108	F	AP PONY		SORREL ROAN, NO MARKINGS									
	USHR9352	180	F	PAINT		BAY, WHITE, STAR, SNIP, LF,LR,RF,RR-STOCKING, PAINTED BODY									
	USHR9353	48	F	PAINT		SORREL, WHITE, STAR, SNIP, LF,LR-STOCKING, PAINTED BODY									
	USHR9354	96	N	QH		DUN, STAR, SNIP, LR-SOCK, RF-FETLOCK, RR-PASTERN									
	USHR9355	216	F	AS		CHESTNUT, BLAZE, LF,RF-FETLOCK, LR,RR-SOCK									
	USHR9356	108	N	QH		CHESTNUT, BLAZE, WHITE SPOT LEFT SIDE OF RIBS									
	USHR9357	120	N	TW		SORREL, STAR, LR-PASTERN, RR-FETLOCK									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: JUN 16 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 32

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HUTH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: 12896104

3. PAGE NO. 2 OF 2

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) ✓ — CERTIFIED BRUCELLOSIS FREE AREA ✓

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	E	DATE F	G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USHR9358	108	N	QH		PALOMINO, STAR, LF,LR,RR-SOCK									
USHR9359	48	F	PAINT		BAY, WHITE, SNIP, LF-STOCKING, PAINTED BODY									
USHR9360	96	F	AP		GREY ROAN, NO MARKINGS									
USHR9361	72	F	QH		BAY, STAR									
USHR9362	18	M	PAINT		SORREL, WHITE, BLAZE, LF,LR-STOCKING, PAINTED BODY									
USHR9363	72	F	PAINT		BAY, WHITE, STAR, STRIPE, SNIP, LF,LR,RF-STOCKING, PAINTED BODY									
USHR9364	48	F	PONY		GREY, NO MARKINGS									
USHR9365	36	F	PAINT		BLACK, WHITE, STAR, SNIP, LF,LR,RF,RR-STOCKING, PAINTED BODY									
USHR9366	60	F	QH		SORREL, STAR, STRIPE, SNIP, RR-FETLOCK									
USHR9367	48	N	PAINT		BAY, WHITE, STAR, LF,LR,RF,RR-STOCKING, PAINTED BODY									
USHR9368	180	N	QH		CREMELLO, NO MARKINGS									
USHR9369	216	F	BL		SORREL, BLAZE									
USHR9370	240	N	BL		SORREL, BLAZE									
USHR9373	72	N	PAINT		BLACK, WHITE, BLAZE, LF-SOCK, RR-STOCKING, PAINTED BODY									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 Buckeye ST. P.O Bx 452

STREET ADDRESS: 517 Rang Ste Julie EST

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: ST ANDRÉ AVELLIN QC J0W0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 1-819-983-7941

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USHR	9340						BK wht					Runt	X				
2	↑	9341						Pal Roan					AP	X				
3		9342			X					X				X				
4		9343	X									X		X				
5		9344						Sor				X		X				
6		9345	X							X				X				
7		9346						Bay wht					Runt			X		
8		9347		X									TW	X			white markings UNDER BELLY	
9		9348						Red Roan					AP	X				
10		9349						Sor					Mule	X				
11		9350						Sor					Donkey	X			white BELLY & muzzle	
12		9351						Sor Roan				AP X		X				
13		9352						Bay wht					Runt	X				
14		9353						Sor wht					Runt	X				
15	↓	9354						Dun		X						X		

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous Editions Are Obsolete

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	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	2USHR	9355					X						AS	X				
17	↑	9356					X			X						X	white spot on left side of ribs	
18		9357						Sor					TW			X		
19		9358						Pal		X						X		
20		9359						Bay wht					Paint	X				
21		9360						Grey Roan					AP	X				
22		9361	X							X				X				
23		9362						Sor wht					Paint		X			
24		9363						Bay wht					Paint	X				
25		9364		X								X		X				
26		9365						Blk wht					Paint	X				
27		9366						Sor		X				X				
28		9367						Bay wht					Paint			X		
29		9368					Cremello			X						X		
30		9369						Sor			BL			X				
31	↓	9370						Sor			BL					X		
32	2USHR	9373						Blk wht					Paint			X		
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.)

L. H. Bales

VS FORM 10-13A
(SEP 2002)

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

PAGE 2 OF 2

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: 1096102

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6/13/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC.
517 RANG STE JULIE EST
ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

17. FARM ORIGIN (A)	ID NO. OR DESCRIPTION (A)	AGE (B)	SEX (C)	BREED (D)	√ (E)	DATE (F)	√ (G)	DATE (H)	VAC (I)	1/25 (J)	1/50 (K)	1/100 (L)	DATE (M)	DATE (N)	DATE (O)
SUGARCREEK LIVESTOCK AUCTION	USHR9311	240	M	PAINT		BUCKSKIN, WHITE, STAR, LF,LR,RF,RR-STOCKING, PAINTED BODY BRAND LEFT SHOULDER AND QUAD									
102 BUCKEYE STREET	USHR9312	120	N	MN		BAY, STAR									
SUGARCREEK, OH 44681	USHR9313	108	F	PAINT		BAY, WHITE, STAR, SNIP, RR-STOCKING, PAINTED BODY									
	USHR9314	240	N	QH		CHESTNUT, STAR, WHITE HAIRS ON NOSE, LR-PASTERN, RR-FETLOCK									
	USHR9315	72	N	SN		BAY, STAR, LR-FETLOCK, BRAND RIGHT SIDE OF NECK									
	USHR9316	96	F	QH		CHESTNUT, BLAZE, LR-SOCK									
	USHR9317	84	F	AP		SORREL ROAN, BLAZE									
	USHR9318	216	F	PAINT		PALOMINO, WHITE, BLAZE, PAINTED BODY									
	USHR9319	96	F	AP		FLEABITTEN GREY, BLAZE, LF-SOCK, LR-PASTERN									
	USHR9320	156	N	QH		BAY, BLAZE, LR,RR-SOCK									
	USHR9321	84	F	SN		BAY, LR,RR-FETLOCK									
	USHR9323	48	F	AP		BAY ROAN, LR-PASTERN									
	USHR9324	72	N	QH		SORREL, BLAZE, RR-SOCK									
	USHR9325	180	N	SN		BAY, STAR, LF-PASTERN, LR,RR-FETLOCK, BRAND RIGHT SIDE OF NECK									
	USHR9326	144	F	PAINT		SORREL, WHITE, BLAZE, PAINTED BODY									
	USHR9327	240	H	SN		BAY, NO MARKINGS									
	USHR9328	155	N	QH		BAY, STAR, SNIP, LR,RR-FETLOCK, BRAND LEFT AND RIGHT QUAD									
	USHR9329	48	N	TH		BAY, RR-CORONET									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: JUN 16 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Formerly approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (*last name, first name, middle initial or business name*): SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

2. CERTIFICATE NO. (FROM VS FORM 17-140): 1096102

3. PAGE NO.: 2 OF 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name (*Last name, two initials, & business name*)
Owner's street address
Owner's city/town, state code & zip code

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	TYPE TEST M / DATE M	TYPE TEST N / DATE N	TYPE TEST O / DATE O
USHR9330	300	N	SN		CHESTNUT, BLAZE, RR-FETLOCK									
USHR9331	216	N	SN		BAY, LR,RR-FETLOCK, BRAND RIGHT SIDE OF NECK									
USHR9332	96	F	AS		SORREL, STAR									
USHR9333	96	N	AP		CHESTNUT ROAN, BLAZE, LF-PASTERN, RR-SOCK, WHITE OVER RUMP									
USHR9334	180	N	SN		BAY, BRAND RIGHT SIDE OF NECK									
USHR9335	96	N	OH		PALOMINO, STAR, STRIPE, SNIP, LR,RR-SOCK									
USHR9336	216	N	SN CROSS		CHESTNUT, NO MARKINGS									
USHR9337	144	F	PAINT		CHESTNUT, WHITE, SNIP, LR,RF-STOCKING, PAINTED BODY									
USHR9338	132	F	PAINT		BLACK, WHITE, STRIPE, SNIP, PAINTED BODY									
USHR9339	84	F	OH		BAY, STAR, SNIP, RR-SOCK									
USHR9371	72	F	OH CROSS		BAY, NO MARKINGS									
USHR9372	144	N	OH		SORREL, BLAZE, LR-FETLOCK									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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: SUGARCREEK OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC
CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER	CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION
STREET ADDRESS: 102 Buckeye ST P.O Bx 452	STREET ADDRESS: 517 RANG Ste julie EST
CITY, STATE, ZIP CODE: SUGARCREEK OH 44681	CITY, STATE, ZIP CODE: ST ANDRE AVELLIN QC J0W0
AREA CODE & TELEPHONE NO.: 330-852-2832	AREA CODE & TELEPHONE NO.: 1-819-983-7941

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	26SHR	9311						Buckskin wht					Paint		X		Brand on left shoulder AND QUAD	
2	↑	9312	X										MN			X		
3		9313						Bay wht					Paint	X				
4		9314					X			X						X		
5		9315	X										SN			X	Brand on right side of neck	
6		9316					X			X				X				
7		9317						Sor Roan					AP	X				
8		9318						Pal wht					Paint	X				
9		9319						Flea bitten gray					AP	X				
10		9320	X							X						X		
11	↓	9321	X										SN	X				
12	26SHR	9323						Bay Roan					AP	X				
13	↑	9324						Sor		X						X		
14		9325	X										SN			X	Brand on right side of neck	
15	↓	9326						Sor wht					Paint	X				

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	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	2ASHR	9327	X										SW			X		
17	↑	9328	X							X						X	Brand on left AND RIGHT QUAD	
18		9329	X						TH							X		
19		9330					X						SW			X		
20		9331	X										SW			X	Brand on Right SIDE OF NECK	
21		9332						Sor					AS	X				
22		9333						Chst Roan					AP			X		
23		9334	X										SW			X	Brand on Right SIDE OF NECK	
24		9335						Pal		X						X		
25		9336					X						SW Cross			X		
26		9337						Chst wht					Paint	X				
27		9338						Blk wht					Paint	X				
28		9339	X							X				X				
29	2ASHR	9371	X							Cross				X				
30	↕	9372						Sor		X						X		
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

L. H. Bales

VS FORM 10-13A
(SEP 2002)

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

PAGE 2 OF 2

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0329 and 0579-

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: L096111

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6/6/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC. 517 RANG STE JULIE EST ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN. Owner's name (Last name, two initials, or business name) Owner's street address Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION	USHR9249	108	N	QH		CHESTNUT, STAR, STRIPE, SNIP, LF,LR,RR-SOCK									
102 BUCKEYE STREET	USHR9250	108	F	SN		BAY, WHITE HAIRS ON FACE, LF-CORONET									
SUGARCREEK, OH 44681	USHR9251	240	N	SN		BAY, STAR STRIPE, SNIP, LR,RR-FETLOCK, RF-CORONET									
	USHR9252	240	N	QH		BAY, STAR, LR,RR-FETLOCK									
	USHR9253	180	N	QH		GREY, BLAZE									
	USHR9254	156	F	PAINT		SORREL, WHITE, BALD FACE, LR-SOCK, RF-STOCKING, PIANTED BODY									
	USHR9255	120	N	TW		BAY, LR-PASTERN, RR-CORONET									
	USHR9256	300	F	AP		GREY, SPOTS OVER BODY									
	USHR9257	120	N	SN		BAY, LR,RR-FETLOCK, BRAND RIGHT SIDE OF NECK									
	USHR9258	60	N	MULE		DARK BAY, NO MARKINGS									
	USHR9259	144	N	QH		CHESTNUT, STAR, STRIPE, SNIP, BRAND LEFT HIP & QUAD									
	USHR9260	144	N	TW		CHESTNUT, STAR, SNIP, RR-SOCK									
	USHR9261	120	F	QH		SORREL, BLAZE, LR,RR-SOCK									
	USHR9263	108	N	QH		GREY, STAR, STRIPE, SNIP, LR,RR-PASTERN									
	USHR9264	35	N	AP		GREY LEOPARD, SPOTS OVER BODY									
	USHR9265	180	F	QH		CHESTNUT, BLAZE, LF,RF,RR-SOCK									
	USHR9266	108	N	QH		GREY, NO MARKINGS									
	USHR9267	180	N	SN		BAY, RR-FETLOCK, BRAND RIGHTSIDE OF NECK									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: JUNE 9, 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian: Nancy L Hannaway

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): NANCY L HANNAWAY, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: 1096111

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN

Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) ✓ — CERTIFIED BRUCELLOSIS FREE AREA ✓

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	E	DATE F	G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USHR9268	192	F	SN		BAY, BRAND RIGHT SIDE OF NECK									
USHR9269	120	F	TH		BLACK, STAR, RR-PASTERN									
USHR9270	48	F	PAINT		SORREL, WHITE, BALD FACE, LF,RF-STOCKING, LR,RR-SOCK, WHITE MARKINGS ON BELLY									
USHR9271	144	N	SN		BAY, BLAZE, LF,RF-FETLOCK, LR,RR-SOCK									
USHR9272	216	F	OH		PALOMINO, BLAZE, LR-SOCK									
USHR9273	300	N	AP X		PAINT CHESTNUT ROAN, WHITE, STAR, STRIPE, SNIP, LF,LR,RF,RR-STOCKING, PAINTED BODY									
USHR9274	180	N	SN		BAY, BRAND RIGHT SIDE OF NECK									
USHR9275	120	N	OH		CHESTNUT, BLAZE, LF-STOCKING, LR,RR-SOCK									
USHR9276	120	F	AB		BAY, STAR, STRIPE, SNIP, RR-FETLOCK									
USHR9277	300	F	OH		SORREL, STAR, SNIP, LR-FETLOCK, RR-PASTERN									
USHR9278	144	F	OH		BAY, STAR, STRIPE, SNIP									
USHR9309	48	F	OH		BAY, STAR, LF,LR-PASTERN, RR-CORONET									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT. INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 Dickey ST P.O Box 452

STREET ADDRESS: 517 King Ste julie est

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE, ST ANDRE AVELIN QC J0W00

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 1-819-983-7941

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	215HR	9249					X			X						X		
2	↑	9250	X										SW	X				
3		9251	X										SW			X		
4		9252	X							X						X		
5		9253	X							X						X		
6		9254						Sor wht					Paint	X				
7		9255	X										TW			X		
8		9256		X									AP	X			Spots over body	
9		9257	X										SW			X	Brand on right side of neck.	
10		9258						DK Bay					Mule			X		
11		9259					X			X						X	Brand on left hip & quad	
12		9260					X						TW			X		
13	↓	9261						Sor		X				X				
14	215HR	9263		X						X						X		
15	↕	9264					Grey Leopard						AP			X	Spots over body	

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

SIGNATURE: L. N. Baker

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

L. N. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	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	21SHR	9265					X			X				X				
17		9266		X						X						X		
18		9267	X										SN			X	Brand on RIGHT SIDE OF NECK	
19		9268	X										SN	X			Brand on RIGHT SIDE OF NECK	
20		9269			X				TH					X				
21		9270						Sor Pint					Paint	X			White markings on Belly.	
22		9271	X										SN			X		
23		9272						Pal		X				X				
24		9273						Spot Paint					AR Paint			X		
25		9274	X										SN			X	Brand on RIGHT SIDE OF NECK	
26		9275					X			X						X		
27		9276	X										AB	X				
28		9277						Sor		X				X				
29		9278	X							X				X				
30		9279	X							X				X				
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

L. H. Bales

VS FORM 10-13A
(SEP 2002)

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

This certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: L096110

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6/6/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address):
LES VIANDES DE LA PETITE-NATION INC.
517 RANG STE JULIE EST
ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION														
102 BUCKEYE STREET														
SUGARCREEK, OH 44681														
	USHR9279	108	F	TW	BLACK, NO MARKINGS									
	USHR9280	156	F	AB	CHESTNUT, BLAZE, LF,LR,RR-STOCKING, RF-FETLOCK									
	USHR9281	216	F	PAINT	GREY, WHITE, BLAZE, PAINTED BODY									
	USHR9282	300	F	QH	SORREL, STAR, STRIPE, SNIP, RR-CORONET, WHITE HAIRS ALONG MANE									
	USHR9283	108	N	TW	SORREL, STAR, STRIPE, SNIP, LR,RF,RR-SOCK									
	USHR9284	96	N	MULE	BAY, NO MARKINGS									
	USHR9285	96	N	TW	BLACK, NO MARKIGNS									
	USHR9286	192	F	BL	SORREL, BLAZE, LR-STOCKING									
	USHR9287	156	F	QH	BUCKSKIN, STAR									
	USHR9288	12	F	TH	BAY, LF,LR-PASTERN, RR-FETLOCK									
	USHR9289	144	N	QH	DARK BAY, STAR, SNIP, LR-FETLOCK									
	USHR9290	144	F	SN	BAY, RR-FETLOCK									
	USHR9291	120	F	TW	CHESTNUT, BLAZE									
	USHR9292	72	F	QH	BAY, STAR, STRIPE, SNIP									
	USHR9293	144	F	QH	BUCKSKIN, STAR, STRIPE, SNIP, LF-PASTERN, RR-SOCK									
	USHR9294	144	N	PAINT	BLACK, WHITE, STAR, SNIP, LF,LR,RF,RR-STOCKING, PAINTED BODY									
	USHR9295	72	N	AP	GREY, STAR									
	USHR9296	216	N	TH	BAY, STAR, SNIP, RR-PASTERN									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: JUNE 9, 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): NANCY L HANNAWAY, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L096110

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USHR9297	96	N	TW		CHESTNUT, BLAZE, LR,RR-STOCKING, WHITE MARKINGS ON BELLY & NECK									
USHR9298	156	F	BL		SORREL, STAR, BLAZE, RR-SOCK									
USHR9299	108	F	SN		BAY, STAR, LR-CORONET									
USHR9301	240	F	SN		BLACK, RR-PASTERN									
USHR9302	72	N	AP		BAY ROAN, BLAZE, LR,RR-PASTERN									
USHR9303	240	F	MULE		BAY, NO MARKINGS									
USHR9304	240	F	PAINT		SORREL, WHITE, STAR, STRIPE, SNIP, PAINTED BODY									
USHR9305	156	N	OH		SORREL, BLAZE, LF-FETLOCK, LR,RR-SOCK									
USHR9306	240	F	PONY		SORREL, NO MARKINGS									
USHR9307	72	F	OH		BAY, FEW WHITE HAIRS ON FOREHEAD									
USHR9300	144	N	PONY		DARK BAY, NO MARKINGS									
USHR9308	60	F	MN		BAY, STAR, SNIP, LF-CORONET									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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: SUGARCREEK OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC
CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER	CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION
STREET ADDRESS: 102 Buckeye ST P.O. Box 452	STREET ADDRESS: 511 Rang Ste julie EST
CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681	CITY, STATE, ZIP CODE: ST ANDRE AVELIN QC J0W 2W0
AREA CODE & TELEPHONE NO.: 330-852-2832	AREA CODE & TELEPHONE NO.: 1-819-983-7944

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	21SHR	9279			X								TW	X				
2	↑	9280					X						AB	X				
3		9281						Grey/Wht					Paint	X				
4		9282						Sor		X				X			White hairs along mane	
5		9283						Sor					TW			X		
6		9284	X										Mule			X		
7		9285			X								TW			X		
8		9286						Sor			Bl			X				
9		9287						Buckskin		X				X				
10		9288	X						TH					X				
11		9289						DK Bay		X						X		
12		9290	X										SW	X				
13		9291					X						TW	X				
14		9292	X							X				X				
15	↓	9293						Buckskin		X				X				

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	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	26SHR	9294						BK Paint					Paint			X		
17		9295		X									AP			X		
18		9296	X						TH							X		
19		9297					X						TW			X	White markings on belly & neck	
20		9298						Sor			BL			X				
21		9299	X										SV	X				
22	26SHR	9301			X								SV	X				
23		9302						Bay Pinto					AP			X		
24		9303	X										MUE	X				
25		9304						Sor Paint					Paint	X				
26		9305						Sor		X						X		
27		9306						Sor				X		X				
28		9307	X							X				X				
29		9200						Bay				X				X		
30		9308	X										MW	X				
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

L. H. Bales

VS FORM 10-13A
(SEP 2002)

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

PAGE 2 OF 2

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: L096112

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6/6/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC. 517 RANG STE JULIE EST ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION	USHR9222	132	M	QH		STRAWBERRY ROAN, STAR, STRIPE, SNIP, LF,RR-STOCKING,RF-PASTERN									
102 BUCKEYE STREET	USHR9224	48	N	BL		SORREL, BLAZE, LF-SOCK, LR-FETLOCK, RR-STOCKING									
SUGARCREEK, OH 44681	USHR9225	216	F	MULE		SORREL, NO MARKINGS									
	USHR9226	96	N	BL		SORREL, STAR, STRIPE, SNIP									
	USHR9227	240	N	BL		SORREL, BLAZE, RR-STOCKING									
	USHR9228	300	N	BL		SORREL, BLAZE									
	USHR9230	72	N	PAINT		CHESTNUT, WHITE, STAR, SNIP, LR-STOCKING, PAINTED BODY									
	USHR9231	144	N	PAINT		SORREL, WHITE, BLAZE, LF,LR,RF-STOCKING, PAINTED BODY									
	USHR9232	108	N	TW		SORREL, STAR, LF-PASTERN, LR,RR-SOCK									
	USHR9233	156	F	TW		BLACK, NO MARKINGS									
	USHR9234	84	F	QH		FLEABITTEN GREY, LR,RF,RR-CORONET									
	USHR9235	120	N	PAINT		SORREL, WHITE, BLAZE, PAINTED BODY									
	USHR9236	180	F	QH		CHESTNUT, STAR, SNIP, LR-PASTERN, BRAND LEFT QUAD									
	USHR9237	108	N	QH		SORREL, STAR, STRIPE, LR,RR-STOCKING, RF-PASTERN									
	USHR9238	60	F	QH		CHESTNUT, STAR									
	USHR9239	48	F	QH		SORREL, BLAZE, LR,RR-STOCKING									
	USHR9240	108	F	QH		BAY, BRAND LEFT QUAD									
	USHR9241	156	F	AP		BAY, STAR, SNIP, WHITE OVER RUMP									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: JUNE 9, 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): NANCY L HANNAWAY, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L096112

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USHR9242	48	N	OH		BAY, STAR, STRIPE, SNIP, RR-PASRTIAL PASTERN									
102 BUCKEYE STREET	USHR9243	132	F	OH		BAY, FEW WHITE HAIRS ON FOREHEAD, SNIP, LF-STOCKING, RF-SOCK, WHITE SPOT RIGHT SIDE OF WITHERS									
SUGARCREEK, OH 44681	USHR9244	84	N	OH		BAY, RR-CORONET									
	USHR9245	144	F	OH		BAY, FEW WHITE HAIRS ON FOREHEAD									
	USHR9246	48	M	TH		BAY, RR-CORONET									
	USHR9247	180	F	OH		CHESTNUT, FEW WHITE HAIRS ON FOREHEAD									
	USHR9248	84	F	PAINT		BLACK, WHITE, BLAZE, LF-SOCK, LR-CORONET, RR-STOCKING, PAINTED BODY									
	USHR9310	240	N	MN		BAY, STAR, STRIPE, SNIP, LR-SOCK									
	USHR9223	240	N	BL		SORREL, BLEZE									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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: SugarCreek OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: SugarCreek Livestock Auct Inc.
CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER	CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION
STREET ADDRESS: 102 Buckeye St PO Box 452	STREET ADDRESS: 517 Rang Ste Julie EST
CITY, STATE, ZIP CODE: SugarCreek OH 44681	CITY, STATE, ZIP CODE: ST ANDRE AVELLIN QC J0V1V0
AREA CODE & TELEPHONE NO.: 330-852-2832	AREA CODE & TELEPHONE NO.: 1-819-983-7941

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	26SHR	9222						Grey Roan		X					X			
2		9224						Sor			BL					X		
3		9225						Sor					Mule	X				
4		9226						Sor			BL					X		
5		9227						Sor			BL					X		
6		9228						Sor			BL					X		
7	26SHR	9230						Sor wht					Paint			X		
8		9231						Sor wht					Paint			X		
9		9232						Sor					TW			X		
10		9233			X								TW	X				
11		9234						Red Roan Grey		X				X				
12		9235						Sor wht					Paint			X		
13		9236					X			X				X			Brand on left quad	
14		9237						Sor		X						X		
15		9238					X			X				X				

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2KHR	9239						Sor		X				X				
17		9240	X							X				X			Brand on left quad	
18		9241	X										AP	X			white over rump	
19		9242	X							X						X	Right Rear	Partial pastern
20		9243	X							X				X			white spot Right side of withers	
21		9244	X							X						X		
22		9245	X							X				X				
23		9246	X						TH							X		
24		9247					X			X				X				
25		9248						Bk Wht					Paint	X				
26		9310	X										NN			X		
27	↓	9223						SR			BL					X		
28																		
29																		
30																		
31																		
32																		
33																		
34																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

L. H. Baler

PAGE 2 OF 2

VS FORM 10-13A
(SEP 2002)

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

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: L096106

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5/30/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC. 517 RANG STE JULIE EST ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

SUGARCREEK LIVESTOCK AUCTION
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USHR9166	96	N	QH		CHESTNUT, STAR, SNIP, LF-FETLOCK									
USHR9167	252	F	PAINT		SORREL, BLAZE, LF,LR,RF,RR-STOCKING, WHITE MARKINGS ON BELLY									
USHR9168	156	N	QH		CHESTNUT, STAR, STRIPE, SNIP, LF-PASTERN, LR,RF,RR-SOCK									
USHR9169	156	N	TW		BLACK, BLAZE, LF-PASTERN, LR,RR-STOCKING, WHITE MARKINGS ON DORSAL MIDLINE									
USHR9170	144	N	QH		BAY, LR,RR-PASTERN									
USHR9171	108	F	TW		SORREL, BLAZE, SNIP									
USHR9172	144	N	QH		BAY, STAR, SNIP									
USHR9173	72	F	QH		BUCKSKIN, LF-CORONET									
USHR9174	240	N	TH		BAY, STAR, SNIP, LF-SOCK, LR,RF,RR-FETLOCK									
USHR9175	72	N	HAFLINGER		SORREL, BLAZE									
USHR9176	240	F	PAINT		CHESTNUT, WHITE, STAR, STRIPE, SNIP, RR-STOCKING, PAINTED BODY									
USHR9177	144	N	QH		BAY, STAR, STRIPE, SNIP, LF,LR-FETLOCK, RF-PASTERN									
USHR9178	216	F	QH		BLACK, STAR, LF,LR,RF,RR-STOCKING									
USHR9179	240	F	BL		SORREL, STAR, STRIPE, SNIP									
USHR9180	300	N	BL		SORREL, BLAZE, LR-SOCK, RR-STOCKING, WHITE HAIRS ON FLANK AND BELLY									
USHR9181	180	N	BL		SORREL, BLAZE, LR,RR-STOCKING									
USHR9182	156	N	QH		PALOMINO, BLAZE, LF,LR,RF,RR-STOCKING									
USHR9183	216	F	BL		SORREL, STAR, STRIPE									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: JUNE 2, 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27

23. Signature of Endorsing Federal Veterinarian: Nancy L Hannaway DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): NANCY L HANNAWAY, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L096106

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USHR9184	72	F	QH		SORREL, STAR, STRIPE, LF,RF-SOCK, LR-PASTERN									
USHR9185	72	N	QH		BAY, NO MARKINGS									
USHR9186	144	F	PAINT		SORREL, BALD FACE, LF,LR,RR-STOCKING									
USHR9187	60	F	PAINT		BAY, WHITE, STAR, SNIP, LF,LR,RF-STOCKING, PAINTED BODY									
USHR9188	216	N	SN		BAY, BRAND RIGHT SIDE OF NECK									
USHR9189	252	N	BL		SORREL, BLAZE									
USHR9190	72	F	QH		RED DUN, STAR, STRIPE, SNIP, LF-FETLOCK, LR-SOCK									
USHR9191	240	N	SN		BAY, STAR, BRAND RIGHT SIDE OF NECK									
USHR9192	144	N	QH		BAY, STAR									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 Buckeye St. PO Bx 452

STREET ADDRESS: 517 Bang Ste Julie EST

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: ST ANDRE AVELLIN QC J0V1X0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 1-819-983-7941

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chesta	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USHR	9166					X			X						X		
2	↑	9167						Sor					Paint	X			white marking on Belly	
3		9168					X			X						X		
4		9169			X								TW			X	white marking on dorsal mid line	
5		9170	X							X						X		
6		9171						Sor					TW	X				
7		9172	X							X						X		
8		9173						Buckskin		X				X				
9		9174	X						TH							X		
10		9175						Sor					Hat			X		
11		9176						Pint Wht					Paint	X				
12		9177	X							X						X		
13		9178			X					X				X				
14		9179						Sor			BL			X				
15	↓	9180						Sor			BL					X	white pairs on flank & Belly	

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	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	7LSHR	9181						Sor			BL					X		
17	↑	9182						Pal		X						X		
18		9183						Sor			BL			X				
19		9184						Sor		X				X				
20		9185	X							X						X		
21		9186						Sor					Paint	X				
22		9187						Bay Paint					Paint	X				
23		9188	X										SW			X	Brand on Right SIDE OF NECK	
24		9189						Sor			BL					X		
25		9190						Pal Bun		X				X				
26		9191	X										SW			X	Brand on Right SIDE OF NECK	
27	↓	9192	X							X						X		
28																		
29																		
30																		
31																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

L. H. Belen

VS FORM 10-13A
(SEP 2002)

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

PAGE 2 OF 2

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: L096108

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5/30/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN,NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC. 517 RANG STE JULIE EST ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION	USHR9193	96	F	QH		BAY, NO MARKIGNS									
102 BUCKEYE STREET	USHR9194	144	N	TW		SORREL, STAR, LF-PASTERN, LR-SOCK, RR-FETLOCK									
SUGARCREEK, OH 44681	USHR9195	300	N	AB		BLACK, WHITE HAIRS ON FACE									
	USHR9196	156	F	AP		WHITE, GREY SPOTS ON CHEST AND NECK									
	USHR9197	48	N	TW		SORREL, BLAZE, LF,LR,RR-SOCK, RF-CORONET									
	USHR9198	156	F	PAINT		CHESTNUT, WHITE, BLAZE, LR-STOCKING, PAINTED BODY									
	USHR9199	180	F	TW		SORREL, STAR, STRIPE, SNIP									
	USHR9200	156	F	TW		CHESTNUT, WHITE HAIRS ON FACE									
	USHR9201	48	F	TW		BLACK, STAR									
	USHR9202	144	F	QH		SORREL, STAR, WHITE LEFT FLANK									
	USHR9203	144	N	MN		BAY, NO MARKINGS									
	USHR9204	144	F	TW		BLACK, STAR, SNIP, LR,RR-SOCK, RF-PASTERN									
	USHR9205	144	N	QH		PALOMINO, SNIP									
	USHR9206	60	F	QH		BUCKSKIN, STAR, RF-CORONET									
	USHR9207	24	N	SN		BAY, STAR, LF,LR,RR-FETLOCK									
	USHR9208	180	N	QH		BAY, BLAZE, LR-PASTERN									
	USHR9209	36	F	QH		SORREL, STAR, STRIPE, SNIP, LR,RR-STOCKING, RF-SOCK									
	USHR9210	96	F	QH		BUCKSKIN, STAR, LR,RR-FETLOCK									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: JUNE 2, 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 29

23. Signature of Endorsing Federal Veterinarian: Nancy L Hannaway DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): NANCY L HANNAWAY, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (*last name, first name, middle initial or business name*): SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L096108

3. PAGE NO.: 2 OF 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name (*Last name, two initials, & business name*)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USHR9211	72	F	QH	CROSS	BAY, STAR, SNIP, LF-CORONET, LR-SOCK, RR-FETLOCK									
102 BUCKEYE STREET	USHR9212	48	F	SN		BAY, FEW WHITE HAIRS ON FOREHEAD									
SUGARCREEK, OH 44681	USHR9213	48	F	PAINT		BAY, WHITE, SNIP, PAINTED BODY									
	USHR9214	120	F	QH		SORREL, STAR, LR-PASTERN									
	USHR9215	144	F	TW		BLACK, STAR, SNIP									
	USHR9216	84	F	QH		SORREL, STAR, STRIPE, SNIP, LR-SOCK									
	USHR9217	144	F	HK		BAY, BLAZE, LF-SOCK, LR-CORONET									
	USHR9218	72	F	QH		SORREL, ROAN, STAR, LF-PASTERN, RR-FETLOCK									
	USHR9219	96	N	SN		BAY, LR-CORONET									
	USHR9220	216	N	QH		BAY ROAN, STAR, LF,RF-FETLOCK, LR,RR-SOCK									
	USHR9221	180	F	QH		PALOMINO, STAR, STRIPE, SNIP, LF,LR,RF-SOCK, RR-PASTERN									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 Buckeye ST P.O. BX 452

STREET ADDRESS: 517 Rang Ste Julie EST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: ST ANDRE AVELLIN QC J0W0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 1-819-983-7944

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	25HR	9193	X							X				X				
2	↑	9194						Sor					TW			X		
3		9195			X								AB			X		
4		9196						White					AP	X				
5		9197						Sor					TW			X		
6		9198						Chst Wht					Paint	X				
7		9199						Sor					TW	X				
8		9200					X						TW	X				
9		9201			X								TW	X				
10		9202						Sor		X				X			white on left FRANK	
11		9203	X										MN			X		
12		9204			X								TW	X				
13		9205						Pal		X						X		
14		9206						Buckskin		X				X				
15	↓	9207	X										SN			X		

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	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	765HR	9208	X							X						X		
17	↑	9209						Sor		X				X				
18		9210						Buckin		X				X				
19		9211	X							Cross				X				
20		9212	X										SN	X				
21		9213						Black Wht					Paint	X				
22		9214						Sor		X				X				
23		9215			X								TW	X				
24		9216						Sor		X				X				
25		9217	X										HK	X				
26		9218						Sor Roan		X				X				
27		9219	X										SN			X		
28		9220						Bay Roan		X						X		
29	↓	9221						Pal		X				X				
30																		
31																		
32																		
33																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

L. H. Baker

VS FORM 10-13A
(SEP 2002)

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

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED, OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: L090963

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 4/25/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC. 517 RANG STE JULIE EST ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION	USHR8843	300	F	QH		CHESTNUT, STAR, LR-FETLOCK									
102 BUCKEYE STREET	USHR8845	36	F	QH		SORREL, STAR, STRIPE, SNIP, LRPASTER									
SUGARCREEK, OH 44681	USHR8846	300	F	QH		CHESTNUT, NO MARKINGS									
	USHR8847	144	F	TW		BLACK, STAR, RR-FETLOCK									
	USHR8849	48	F	TW		SORREL, NO MARKINGS									
	USHR8850	108	F	TW		BLACK, NO MARKINGS									
	USHR8852	96	N	QH		SORREL, BLAZE, LF,RF-STOCKING, LR-SOCK, RR-PASTERN									
	USHR8853	60	F	DONKEY		DUN, WHITE MUZZLE AND BELLY									
	USHR8854	180	F	SN		BAY, FEW WHITE HAIRS ON FOREHEAD, LR,RR-FETLOCK, BRAND RIGHT SIDE OF NECK									
	USHR8855	144	F	AB		BAY, STAR, LR-PASTERN, RR-FETLOCK									
	USHR8856	24	F	PAINT		GREY, WHITE, STRIPE, LF,LR,RF,RR-STOCKING, PAINTED BODY									
	USHR8857	240	F	SN		BAY, FEW WHITE HAIRS ON FOREHEAD, WHITE HAIRS ON SIDE OF FACE									
	USHR8858	120	N	QH		SORREL, LR-PASTERN, BLAZE									
	USHR8859	144	N	QH		SORREL, BLAZE									
	USHR8860	24	F	AS		SORREL, STAR, LF,RF,RR-PASTERN, LR-FETLOCK									
	USHR8861	144	N	AB		BUCKSKIN, STAR, LR,RR-FETLOCK									
	USHR8862	72	F	HAFLINGER CROSS		SORREL, BLAZE, LR-SOCK, RR-PASTERN									
	USHR8863	216	N	QH		BLACK, STAR, SNIP, RR-PASTERN									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: APR 28 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 24

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): ROGER A KROGWOLD, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140

3. PAGE NO. 2 OF 2

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF TESTS

DISEASE | DISEASE

TYPE TEST | TYPE TEST

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USHR8864	216	F	PAINT		SORREL, BLAZE, LR,RR-STOCKING, RF-PASTERN,WHITE SPOT RIGHT SIDE OF BELLY									
USHR8865	168	F	QH		BAY, STAR, STRIPE, SNIP, LR-FETLOCK									
USHR8866	36	M	MULE		DUN, NO MARKINGS									
USHR8867	216	F	TH		BAY, STAR									
USHR8868	216	F	AS		CHESTNUT, STAR, LR,RR-FETLOCK									
USHR8838	96	M	QH		BAY, SNIP, FEW WHITE HAIRS ON FOREHEAD, RR-FETLOCK									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY-ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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: SUGARCREEK OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC
CONSIGNOR (OWNER/SHIPPER) NAME: LEROY J. BAKER	CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION
STREET ADDRESS: 102 Buckeye ST P.O Bx 452	STREET ADDRESS: 517 Rang Ste Julie EST
CITY, STATE, ZIP CODE: SUGARCREEK OH 44681	CITY, STATE, ZIP CODE: ST ANDRE AVELLIN QC J0V1C0
AREA CODE & TELEPHONE NO.: 330-852-2832	AREA CODE & TELEPHONE NO.: 1-819-983-7944

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	KSHR	8843					X			X				X				
2	↑	8845						Sor		X				X				
3		8846					X			X				X				
4		8847			X								TW	X				
5		8849						Sor					TW	X				
6		8850			X								TW	X				
7		8852						Sor		X						X		
8		8853						Dun					Donkey	X			white muzzle AND BELLY	
9		8854	X										SN	X			Brand on right side OF NECK	
10		8855	X										AB	X				
11		8856						Grey with					Paint	X				
12		8857	X										SN	X			white hairs on SIDE OF FACE	
13		8858						Sor		X						X		
14		8859						Sor		X						X		
15	↓	8860						Sor					AS	X				

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED
OMB NO.
0579-0160

	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	21SHR	8861						Buckskin					AB			X		
17	↑	8862						Sor					Half Brass	X				
18		8863			X					X						X		
19		8864						Sor					Paint	X			white spot on right side of belly	
20		8865	X							X				X				
21		8866						Pinto					Mule		X			
22		8867	X						TH					X				
23	↓	8868					X						AS	X				
24	21SHR	8838	X							X					X			
25																		
26																		
27																		
28																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

L. H. Baler

VS FORM 10-13A
(SEP 2002)

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

PAGE 2 OF 2

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: 1090960

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 4/25/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC.
517 RANG STE JULIE EST
ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION	USHR8820	240	N	BL		SORREL, BLAZE, LR,RR-SOCK									
102 BUCKEYE STREET	USHR8821	180	F	QH		SORREL, STAR, STRIPE, SNIP,LR,RF-SOCK, WHITE MARKINGS ON LEFT AND RIGHT SHOULDER									
SUGARCREEK, OH 44681	USHR8822	216	F	TH		BAY, STAR, STRIPE, SNIP, LR-PASTERN									
	USHR8823	144	F	AP		GREY, NO MARKINGS									
	USHR8824	180	F	TW		BLACK, STAR, SNIP									
	USHR8825	132	F	QH		SORREL, STAR, LR-FETLOCK, RR- CORONET									
	USHR8826	96	N	TH		BAY, STAR, LF-PASTERN, RF-CORONET, RR-FETLOCK									
	USHR8827	60	F	TW		CREMELLO, NO MARKINGS									
	USHR8828	96	F	QH		DARK BAY, NO MARKINGS									
	USHR8829	144	N	PAINT		SORREL, WHITE, BLAZE, RR-STOCKING, PAINTED BODY									
	USHR8830	180	F	TW		BLACK, FEW WHITE HAIRS ON FOREHEAD									
	USHR8831	144	N	QH		CHESTNUT, BLAZE, LR-PASTERN, RF,RR-SOCK									
	USHR8832	132	F	SPOTTED DRAFT		BAY, WHITE, BLAZE, LR-STOCKING, PAINTED BODY									
	USHR8833	120	F	QH		BAY, STAR									
	USHR8834	156	F	PAINT		CHESTNUT, BALD FACE, LF,LR,RF,RR-STOCKING									
	USHR8835	240	F	PE		GREY, NO MARKINGS									
	USHR8836	180	F	BL		SORREL, BLAZE									
	USHR8837	36	M	PAINT		CHESTNUT, WHITE, PAINTED BODY, CHESTNUT STRIPE ON FACE									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: APR 28 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 22

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): ROGER A KROLOLD, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L090[illegible]

3. PAGE NO. 2 OF 2

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USHR8839	120	F	QH		RED DUN, BLAZE, LF,RF-FETLOCK, LR,RR-SOCK									
USHR8840	72	M	AB		BAY, SNIP, LR-CORONET, RR-PASTERN									
USHR8841	48	F	PAINT		SORREL, WHITE, BALDFACE PAINTED BODY									
USHR8842	108	F	PAINT		BAY, BALD FACE, LF-SOCK, LR,RR-FETLOCK, RF-STOCKING									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THIS INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 Buckeye ST P.O. Box 452

STREET ADDRESS: 517 Bang Ste Julie EST

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: ST ANDRE' AVELIN QC J0W 1X0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 1-819-983-7941

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USHR	8820						Sor			BL					X		
2	↑	8821						Sor		X				X			white markings on each shoulder	
3		8822	X						TH					X				
4		8823		X									AP	X				
5		8824			X								TW	X				
6		8825						Sor		X				X				
7		8826	X						TH							X		
8		8827						Genello					TW	X				
9		8828						DK Bay		X				X				
10		8829						Sor wht					Paint			X		
11		8830			X								TW	X				
12		8831					X			X						X		
13		8832						Bay wht			Spotted Draft			X				
14		8833	X							X				X				
15	↓	8834					X						Paint	X				

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

SIGNATURE: L. N. Baker

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.)

L. N. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	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	265112	8835		X							RE			X				
17		8836						Sor			RL			X				
18		8837						Chest Wht					Paint		X			
19		8839						Red Sun		X				X				
20		8840	X										AB			X		
21		8841						Sor wht					Paint	X				
22		8842	X										Paint	X				
23																		
24																		
25																		
26																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

L. H. Baker

VS FORM 10-13A
(SEP 2002)

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

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: L090971

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5/2/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: OH

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC.
517 RANG STE JULIE EST
ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

CENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

SUGARCREEK LIVESTOCK AUCTION
102 BUCKEYE STREET
SUGARCREEK, OH 44681

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USHR8869	264	N	SN		BAY, BLAZE, LF,LR,RR-SOCK, RF-PASTERN, BRAND RIGHT SIDE OF NECK									
USHR8870	48	F	HK		BAY, STAR, STRIPE, SNIP, LF,RR-FETLOCK, LR-SOCK									
USHR8871	132	F	QH		BAY, STAR, SNIP, LR-PASTERN									
USHR8872	84	N	SN		BAY, LR,RR-CORONET, BRAND RIGHT SIDE OF NECK									
USHR8873	48	F	QH		PALOMINO, STAR									
USHR8874	240	N	TW		BLACK, LR-CORONET									
USHR8875	180	F	QH		PALOMINO, STAR, STRIPE, SNIP, LR,RR-SOCK									
USHR8876	96	N	PAINT		BLACK, WHITE, BLAZE, LF,RF,RR-STOCKING, PAINTED BODY									
USHR8877	156	N	PAINT		BAY, WHITE, BLAZE, LR-STOCKING, PAINTED BODY									
USHR8878	156	F	QH		BAY, STAR, RR-PASTERN									
USHR8879	60	N	QH		CHESTNUT, STAR, LR-FETLOCK, RF-PASTERN, RR-CORONET									
USHR8880	84	N	HAFLINGER		SORREL, STAR									
USHR8881	240	F	QH		SORREL, STAR,STRIPE, SNIP, LF-PASTERN, LR-FETLOCK, RR-SOCK									
USHR8882	180	N	PAINT		BUCKSKIN, WHITE, STAR, SNIP, LF,LR-STOCKING, PAINTED BODY									
USHR8883	168	F	PE		BLACK, STAR									
USHR8884	216	F	BL		SORREL, STAR									
USHR8885	108	N	AP		PALOMINO ROAN, LR-STOCKING									
USHR8886	240	N	PE		GREY, NO MARKINGS									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAY 5 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 29

23. Signature of Endorsing Federal Veterinarian: Kellie A. Hugh, DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. OMB Approved No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*
SUGARCREEK LIVESTOCK AUCTION, INC.

2. SHIPMENT NO. FROM VS FORM 17-140

3. PAGE NO.
2 OF 2

16. CONSIGNEE'S NAME
LES VIANDES DE LA PETITE-NATION INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USHR8887	96	N	PAINT	SORREL, WHITE, BLAZE, LR-STOCKING, PAINTED BODY									
102 BUCKEYE STREET	USHR8888	96	F	PAINT	SORREL, WHITE, STAR, STRIPE, LR-SOCK, RR-FETLOCK, PAINTED BODY									
SUGARCREEK, OH 44681	USHR8889	60	N	AS	SORREL, STAR, STRIPE, SNIP, LR,RR-CORONET									
	USHR8890	18	M	HK	BAY, BLAZE, RF,RR-PASTERN									
	USHR8891	60	N	SN	BAY, BRAND RIGHT SIDE OF NECK									
	USHR8892	144	N	QH	SORREL, STAR, SNIP, LR-SOCK									
	USHR8893	216	N	SN	BAY, NO MARKINGS									
	USHR8894	132	F	SN	BAY, STAR, LR-FETLOCK									
	USHR8895	120	N	AB	BAY, STAR, STRIPE, SNIP									
	USHR8896	240	F	SN	BAY, STAR, BRAND RIGHT SIDE OF NECK									
	USHR8897	300	N	BL	SORREL, STAR, SNIP									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 Buckeye ST P.O Bx 452

STREET ADDRESS: 577 RANG STE JULIE EST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: ST ANDRE AVELIN QC J0W00

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 1-819-983-7944

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	21SHR	8869	X										SN			X	Brand on right side of Neck	
2		8870	X										HK	X				
3		8871	X							X				X				
4		8872	X										SN			X	Brand on right side of Neck	
5		8873						Pal		X				X				
6		8874			X								TW			X		
7		8875						Pal		X				X				
8		8876						Blk wht					Paint			X		
9		8877						Bay wht					Paint			X		
10		8878	X							X				X				
11		8879					X			X						X		
12		8880						Sor					Hat			X		
13		8881						Sor		X				X				
14		8882						Buckskin wht					Paint			X		
15		8883			X						PE			X				

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	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	26SHL	8884						Sor			BL			X				
17	↑	8885						Pal Pann					AP			X		
18		8886		X							PE					X		
19		8887						Sor Wht					Paint			X		
20		8888						Sor Wht					Paint	X				
21		8889						Sor					AS			X		
22		8890	X										HK		X			
23		8891	X										SV			X	Brand on right side of neck	
24		8892						Sor		X						X		
25		8893	X										SV			X		
26		8894	X										SV	X				
27		8895	X										AB			X		
28		8896	X										SV	X			Brand on right side of neck	
29	↓	8897						Sor			BL					X		
30																		
31																		
32																		
33																		
34																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

L. H. Baler

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: 0090972

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5/9/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC.
517 RANG STE JULIE EST
ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION	USHR8898	216	N	PAINT		BLACK, WHITE, SNIP, LF,LR,RF-STOCKING, PAINTED BODY									
102 BUCKEYE STREET	USHR8899	144	N	AP		STRAWBERRY ROAN, NO MARKINGS									
SUGARCREEK, OH 44681	USHR8900	192	N	QH		CHESTNUT, BLAZE, LF-FETLOCK, LR,RF,RR-SOCK									
	USHR8901	144	N	QH		BAY, STAR, LF-PASTERN, LR-FETLOCK, BRAND LEFT QUAD									
	USHR8902	216	F	QH		BAY, STAR, LR-PASTERN, RR-CORONET									
	USHR8903	120	F	TH		BAY, NO MARKINGS									
	USHR8904	144	N	QH		BAY, STAR, LR,RR-SOCK									
	USHR8905	132	N	SN		BAY, STAR, BRAND RIGHT SIDE OF NECK									
	USHR8906	180	F	SN		BAY, BRAND RIGHT SIDE OF NECK									
	USHR8907	156	F	SN		BAY, STAR, SNIP, LR-PASTERN, RR-CORONET, BRAND RIGHT SIDE OF NECK									
	USHR8908	120	F	QH		GREY, NO MARKINGS									
	USHR8909	60	F	QH		SORREL, BLAZE									
	USHR8910	168	F	SN		BAY, STAR, LR-FETLOCK, BRAND RIGHT SIDE OF NECK									
	USHR8911	96	N	MULE		BAY, NO MARKINGS									
	USHR8912	180	N	SN		BAY, LF-PASTERN, LR,RR-FETLOCK									
	USHR8913	144	N	QH		BLACK, STAR, RR-FETLOCK, SCARS ON LR LEG									
	USHR8914	156	N	QH		SORREL, BLAZE, LR-SOCK, RF,RR-STOCKING									
	USHR8915	144	F	QH		CHESTNUT, STAR, STRIPE, SNIP									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAY 12 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 28

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): NANCY L. HANNAWAY, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

FEDERAL ORDER NO. FL090972

3. PAGE NO. 2 OF 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE TEST OF OTHER DISEASES

DISEASE | TYPE TEST | DISEASE | TYPE TEST | DISEASE | TYPE TEST

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USHR8916	84	M	PAINT		BAY, WHITE, STAR, STRIPE, SNIP, LF,LR,RF,RR-STOCKING, PAINTED BODY									
USHR8917	120	N	TH		BAY, STAR, LR-PASTERN									
USHR8918	168	N	TH		BLACK, STAR, LR-FETLOCK									
USHR8919	60	F	SH		BAY, STAR, STRIPE, SNIP, LR-PASTERN, BRAND RIGHT SIDE OF NECK									
USHR8920	120	F	QH		SORREL, BLAZE, LR-FETLOCK, RR-SOCK									
USHR8921	144	N	QH		SORREL, STAR, SNIP, LR-PASTERN, WHITE SPOT ON EACH SIDE OF WITHERS									
USHR8922	96	N	QH		BAY, NO MARKINGS									
USHR8923	180	F	HAFLINGER		SORREL, BLAZE,LF,RF-STOCKING, LR,RR-SOCK									
USHR8924	48	M	QH		CHESTNUT, STAR, LR,RR-FETLOCK									
USHR8925	108	M	PAINT		BAY, WHITE, STAR, STRIPE, SNIP, PAINTED BODY									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (THAT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 Buckeye ST PO Bx 452

STREET ADDRESS: 517 Rang Ste julie EST

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: ST ANDRE AVELLIN QC J0V2W0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 1-819-983-7941

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USHR	8898						Blk wht					Paint			X		
2		8899						Seal Brown					AP			X		
3		8900					X			X						X		
4		8901	X							X						X	Brand on left QUND	
5		8902	X							X				X				
6		8903	X						TH					X				
7		8904	X							X						X		
8		8905	X										SN			X	Brand on RIGHT SIDE OF NECK	
9		8906	X										SN	X			Brand on RIGHT SIDE OF NECK	
10		8907	X										SN	X			Brand on RIGHT SIDE OF NECK	
11		8908		X						X				X				
12		8909						Sor		X				X				
13		8910	X										SN	X			Brand on RIGHT SIDE OF NECK	
14		8911	X										Mule			X		
15		8912	X										SN			X		

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2USHR	8913			X					X						X	Scars on left rear leg	
17	↓	8914						Sor		X						X		
18		8915					X			X				X				
19		8916						Bay wht					Paint			X		
20		8917	X						TH							X		
21		8918			X				TH							X		
22		8919	X										SW	X			Brand on right side of neck	
23		8920						Sor		X				X				
24		8921						Sor		X						X	Wht spot on each side of withers	
25		8922	X							X						X		
26		8923						Sor					Hef	X				
27		8924					X			X					X			
28	↓	8925						Bay wht					Paint		X			
29																		
30																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

L. H. Baker

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: L090964

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5/9/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address):
LES VIANDES DE LA PETITE-NATION INC.
517 RANG STE JULIE EST
ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION	USHR8988	72	M	PAINT	BAY, WHITE, BLAZE, LR,RF,RR-STOCKING, PAINTED BODY									
102 BUCKEYE STREET	USHR8989	96	M	PAINT	BAY, WHITE, STRIPE, SNIP, LF,RF-PASTERN, LR,RR-STOCKING, PAINTED BODY									
SUGARCREEK, OH 44681	USHR8990	240	F	BL	SORREL, BLAZE, LR,RR-STOCKING, WHITE SPOT RIGHT SIDE OF NECK									
	USHR8991	144	F	BL	SORREL, BLAZE									
	USHR8992	228	F	PE	BLACK, FEW WHITE HAIRS ON FOREHEAD, WHITE MARKING RIGHT SIDE OF NECK									
	USHR8993	300	N	BL	SORREL, BLAZE, LF,LR,RF,RR-STOCKING									
	USHR8994	180	F	PE	BLACK, STAR									
	USHR8995	300	F	BL	SORREL, BLAZE									
	USHR8996	240	N	BL	SORREL, BLAZE									
	USHR8997	216	N	PAINT	CHESTNUT, WHITE, BLAZE, LF,LR,RF,RR-STOCKING, PAINTED BODY									
	USHR8998	24	N	QH	SORREL, STAR, STRIPE, SNIP, LF-FETLOCK, LR,RR-SOCK, RF-CORONET									
	USHR8999	228	N	QH	BAY, NO MARKINGS									
	USHR9000	84	F	QH	CHESTNUT, BLAZE, LF,LR,RR-SOCK									
	USHR9001	108	N	SN	BAY, LR,RR-PASTERN, BRAND RIGHT SIDE OF NECK									
	USHR9002	240	F	SN	DARK BAY, STAR, BRAND RIGHT SIDE OF NECK									
	USHR9003	156	N	SN	BAY, BRAND RIGHT SIDE OF NECK									
	USHR9004	144	N	SN	BAY, STAR, SNIP, LR,RR-FETLOCK, BRAND RIGHT SIDE OF NECK									
	USHR9005	72	N	PAINT	BAY, WHITE, STAR, LR,RR-STOCKING, PAINTED BODY									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAY 12 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 25

23. Signature of Endorsing Federal Veterinarian: Nancy L. Hannaway, DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): NANCY L. HANNAWAY, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*
SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140

3. PAGE NO.
2 OF 2

16. CONSIGNEE'S NAME
LES VIANDES DE LA PETITE-NATION INC.

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USHR9006	144	N	MN		CHESTNUT, NO MARKINGS									
102 BUCKEYE STREET	USHR9007	156	N	TH		BAY, NO MARKINGS									
SUGARCREEK, OH 44681	USHR9008	60	F	PAINT		BAY, WHITE, STAR, RF,RR-STOCKING, PAINTED BODY									
	USHR9009	216	N	QH		FLEABITTEN GREY, NO MARKINGS									
	USHR9010	36	N	PAINT		BAY, WHITE, STAR, RF-STOCKING, RR-SOCK, PAINTED BODY									
	USHR9011	132	N	QH		SORREL, STAR, STRIPE, SNIP									
	USHR9012	144	N	QH		SORREL, STAR, LR,RR-SOCK									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 Buckeye ST P.O Bx 452

STREET ADDRESS: 517 RANG Ste julie EST

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: ST ANDRE AVELIN QC J0W0O

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 1-819-983-7944

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	7KSAR	8988						Bay wht					Paint		X			
2		8989						Bay wht					Paint		X			
3		8990						Sor			BL			X			wht spot on right side of neck	
4		8991						Sor			BL			X				
5		8992			X						DE			X			wht marking on right side of neck	
6		8993						Sor			BL					X		
7		8994			X						DE			X				
8		8995						Sor			BL			X				
9		8996						Sor			BL					X		
10		8997						Ches wht					Paint			X		
11		8998						Sor		X						X		
12		8999	X							X						X		
13		9000					X			X				X				
14		9001	X										SN			X	Brand on right side of neck	
15		9002						Bay					SN	X			Brand on right side of neck	

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

SIGNATURE: L. H. Bale

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.)

L. H. Bale

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	76SHR	9003	X										SN			X	Brand on right side of neck	
17		9004	X										SN			X	Brand on right side of neck	
18		9005						Bay wht					Paint			X		
19		9006					X						MN			X		
20		9007	X						TH							X		
21		9008						Bay wht					Paint	X				
22		9009						Flaxen grey		X						X		
23		9010						Bay wht					Paint			X		
24		9011						Sor		X						X		
25		9012						Sor		X						X		
26																		
27																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

L. H. Baler

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (*Last name, first name, middle initial or business name*): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: L090987

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5/9/14

5. U.S. PORT OF EMBARKATION (*City and State*): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (*Mailing Address*): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: OH

14. ZIP CODE: 44681

9. SEMEN (*"X" if yes*): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (*Mailing Address*): LES VIANDES DE LA PETITE-NATION INC. 517 RANG STE JULIE EST ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES (*"X" one - use VS Form 17-6 for Poultry*): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (*Specify*)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (*Instructions for columns A, B, C & D on reverse*)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION	USHR8926	144	M	QH	CHESTNUT, BLAZE									
102 BUCKEYE STREET	USHR8927	72	M	QH	SORREL, STAR, RR-FETLOCK									
SUGARCREEK, OH 44681	USHR8928	72	M	QH	CHESTNUT, BLAZE, LR-CORONET, RR-STOCKING									
	USHR8929	84	N	MN	BAY, LR,RF,RR-FETLOCK									
	USHR8930	120	F	QH CROSS	CHESTNUT ROAN, STAR									
	USHR8931	84	N	MULE	SORREL, WHITE MUZZLE									
	USHR8933	60	F	PAINT	BLACK, WHITE, STRIPE, RR-SOCK									
	USHR8934	72	F	MULE	BAY, NO MARKINGS									
	USHR8935	216	F	QH	BLACK, STAR, RR-FETLOCK									
	USHR8936	72	F	QH	PALOMINO, BLAZE, LR,RR-SOCK									
	USHR8937	180	N	SN	BAY,WHITE SPOT ON FACE, LR,RR-CORONET									
	USHR8938	180	N	QH	SORREL, STAR, LF-PASTERN, LR-SOCK									
	USHR8939	180	N	SN	BAY, LR,RR-FETLOCK									
	USHR8940	132	F	QH	BAY, STAR, STRIPE, SNIP, LF,RF-FETLOCK, LR-SOCK									
	USHR8941	48	F	TW	BLACK, STAR, LR-PASTERN									
	USHR8942	288	N	TW	CHESTNUT, BLAZE, RF-CORONET, RR-FETLOCK									
	USHR8943	108	F	PAINT	BAY, WHITE, BLAZE, LR,RF,RR-STOCKING, PAINTED BODY									
	USHR8944	48	M	PAINT	CHESTNUT, WHITE, BLAZE, PAINTED BODY									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAY 12 2014

20. NAME OF ISSUING VETERINARIAN (*Last name, first name, middle initial,- please print*): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 31

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (*Type, print, or stamp*): NANCY L. HANNAWAY, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4- FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140

3. PAGE NO. 2 OF 2

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE | DISEASE | DISEASE

TYPE TEST | TYPE TEST | TYPE TEST

DATE | DATE | DATE

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USHR8945	72	F	HAFLINGER		SORREL, BLAZE									
USHR8946	84	N	QH		CHESTNUT, STAR, LR,RR-PASTERN, BRAND LEFT QUAD									
USHR8947	84	N	PAINT		BAY, WHITE, BLAZE, PAINTED BODY									
USHR8948	144	F	QH		BLACK, STAR, SNIP									
USHR8949	72	F	QH		BAY, STAR, SNIP, LF-CORONET									
USHR8950	216	F	QH		SORREL, NO MARKINGS									
USHR8951	72	F	QH		SORREL, BLAZE, LF,RR-STOCKING									
USHR8952	48	F	QH		BLACK, STAR, STRIPE, SNIP, LR,RR-SOCK, RF-FETLOCK									
USHR8953	96	F	PONY		BAY, STAR, LF,RF-CORONET, LR,RR-FETLOCK									
USHR8954	84	F	MULE		DUN, WHITE SPOT LEFT QUAD									
USHR8955	240	F	HAFLINGER CROSS		CHESTNUT, BLAZE, LF,LR-PASTERN									
USHR8956	216	N	QH CROSS		CHESTNUT, BLAZE, LR,RR-SOCK									
USHR8932	60	N	QH		SORREL, BLAZE, LR,RR-FETLOCK									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK MKT INC
CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. Baker	CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION
STREET ADDRESS: 102 Buckeye ST PO Box 462	STREET ADDRESS: 517 Rang Ste Julie EST
CITY, STATE, ZIP CODE: SUGARCREEK OH 44681	CITY, STATE, ZIP CODE: ST ANDRE AVELLIN QC J0V 1W0
AREA CODE & TELEPHONE NO.: 330-852-2822	AREA CODE & TELEPHONE NO.: 1-819-983-7941

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	2USHR	8926					X			X					X			
2		8927						Sor		X					X			
3		8928					X			X					X			
4		8929	X										MN			X		
5		8930						Chest Roan		X Cross				X				
6		8931						Sor					Mule			X		
7	2USHR	8933						Blk Wht					Paint	X				
8		8934	X										Mule	X				
9		8935			X					X				X				
10		8936						Pal		X				X				
11		8937	X										SN			X		
12		8938						Sor		X						X		
13		8939	X										SN			X		
14		8940	X							X				X				
15		8941			X								TW	X				

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

SIGNATURE L. N. Baker

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.)

L. N. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsolete PAGE 1 OF 2

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USHR	8942					X						TW			X		
17	↑	8943						Gray wht					Paint	X				
18		8944						Chst wht					Paint		X			
19		8945						Sor					Hat	X				
20		8946					X			X						X	Brand on left quart	
21		8947						Gray wht					Paint			X		
22		8948			X					X				X				
23		8949	X							X				X				
24		8950						Sor		X				X				
25		8951						Sor		X				X				
26		8952			X					X				X				
27		8953	X									X		X				
28		8954						Dun					Mule	X			wht spot on left quad	
29		8955					X						Hat cross	X				
30	↓	8956					X			X cross						X		
31	USHR	8932						Sor		X						X		
32																		
33																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

L. H. Baker

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: OH0010965

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5/9/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC.
517 RANG STE JULIE EST
ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION	USHR8957	84	N	SN	BAY, STAR, BRAND RIGHT SIDE OF NECK									
102 BUCKEYE STREET	USHR8958	48	N	QH	BAY, STAR, RR-FETLOCK									
SUGARCREEK, OH 44681	USHR8959	48	N	TW	SORREL, STAR									
	USHR8960	216	F	QH	BAY, LR-FETLOCK									
	USHR8961	300	F	SN	BAY, STAR, SNIP, LR-FETLOCK, WHITE HAIRS ON SIDES OF FACE									
	USHR8962	48	N	QH	SORREL, BLAZE, LF,LR,RF,RR-SOCK									
	USHR8963	144	N	QH	BAY, STAR, STRIPE, SNIP, LR,RR-PASTERN									
	USHR8964	60	F	PAINT	BAY, WHITE, STAR, SNIP, PAINTED BODY									
	USHR8965	72	N	MULE	GREY, NO MARKINGS									
	USHR8966	84	N	QH	SORREL, BLAZE, LF-PASTERN, LR,RR-SOCK									
	USHR8967	84	F	QH	BAY, STAR, STRIPE, SNIP, LF-FETLOCK, LR,RF,RR-SOCK									
	USHR8968	120	F	SN	BAY, STAR, BRAND RIGHT SIDE OF NECK									
	USHR8969	180	F	AP	GREY, NO MARKINGS									
	USHR8970	240	F	QH	SORREL, STAR, SNIP, LF,LR,RF-SOCK									
	USHR8971	144	N	SN	BAY, LF-SOCK, RR-FETLOCK, BRAND RIGHT SIDE OF NECK									
	USHR8972	72	F	PAINT	BAY, WHITE, BALD FACE, PAINTED BODY									
	USHR8973	120	F	AP	STRAWBERRY ROAN, NO MARKINGS									
	USHR8974	36	N	QH	BAY, NO MARKINGS									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAY 12 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 31

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): NANCY L. HANNAY, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: [illegible]

3. PAGE NO. 2 OF 2

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USHR8975	48	N	QH	BLACK, STAR, STRIPE, SNIP									
102 BUCKEYE STREET	USHR8976	24	F	QH	BLACK, STAR, LR-PASTERN									
SUGARCREEK, OH 44681	USHR8977	18	N	QH	SORREL, BLAZE, LF,LR,RF-SOCK									
	USHR8979	300	F	PAINT	SORREL, WHITE, BLAZE, LR-PASTERN, RF,RR-STOCKING,CRANIAL LF CARPUS									PAINTED BODY WHITE
	USHR8980	96	F	HAFLINGER	SORREL, BLAZE									
	USHR8981	72	N	PAINT	BLACK, WHITE, BLAZE, LR,RF-STOCKING, PAINTED BODY									
	USHR8982	84	F	QH	SORREL, STAR, STRIPE									
	USHR8983	48	F	TW	BLACK, RR-CORONET									
	USHR8984	36	N	PAINT	BAY, WHITE, BALD FACE, PAINTED BODY									
	USHR8985	168	N	PAINT	BUCKSKIN, WHITE, LF,RF-FETLOCK, LR,RR-STOCKING, PAINTED BODY									
	USHR8986	300	N	BL	SORREL, BLAZE, LR-STOCKING, WHITE CRANIAL RIGHT HOCK									
	USHR8987	240	F	PE	GREY, NO MARKINGS									
	USHR8978	240	N	PAINT	DUN, WHITE, BALD FACE, PAINTED BODY									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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: SUGARCREEK OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC
CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER	CONSIGNEE (RECEIVER/DESTINATION) NAME: LES HANDES DE LA PETITE NATION
STREET ADDRESS: 102 BUCKEYE ST. P.O. BX 452	STREET ADDRESS: 517 RANG STE JULIE EST
CITY, STATE, ZIP CODE: SUGARCREEK OH 44681	CITY, STATE, ZIP CODE: ST ANDRE AVELIN QC J0W 1W0
AREA CODE & TELEPHONE NO.: 330-852-2832	AREA CODE & TELEPHONE NO.: 1-819-983-7941

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	21SHR	8967	X										SW			X	Brand on right side of neck	
2		8968	X							X						X		
3		8969						Sor					TW			X		
4		8960	X							X				X				
5		8961	X										SW	X			wht hairs inside of face	
6		8962						Sor		X						X		
7		8963	X							X						X		
8		8964						Bay Wht					Paint	X				
9		8965		X									Mule			X		
10		8966						Sor		X						X		
11		8967	X							X				X				
12		8968	X										SW	X			Brand on right side of neck	
13		8969		X									AP	X				
14		8970						Sor		X				X				
15		8971	X										SW			X	Brand on right side of neck	

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

SIGNATURE: L. N. Baker

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.)

L. N. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	26HR	8972						Bay wht					Paint	X				
17	↑	8973						Sorr Roan					AP	X				
18		8974	X							X						X		
19		8975			X					X						X		
20		8976			X					X				X				
21		8977						Sor		X						X		
22	26HR	8979						Sor wht					Paint	X			wht cranial on left front carpus	
23		8980						Sor					Hat	X				
24		8981						Blk wht					Paint			X		
25		8982						Sor		X				X				
26		8983			X								TW	X				
27		8984						Bay wht					Paint			X		
28		8985						Buckskin wht					Paint			X		
29		8986						Sor			BL					X	wht cranial on right hock	
30	↓	8987		X							RE			X				
31	26HR	8978						Blue wht					Paint			X		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
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45																		

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

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

L. H. Balen

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: W083550

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5/16/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: ☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC.
517 RANG STE JULIE EST
ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): ☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE ☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL ☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

A ID NO. OR DESCRIPTION	B AGE	C SEX	D BREED	E √	F DATE	G √	H DATE	I VAC	J 1/25	K 1/50	L 1/100	M DATE	N DATE	O DATE
SUGARCREEK LIVESTOCK AUCTION	USHR9013	300	F	SN	BAY, STAR, STRIPE, SNIP, BRAND ON LEFT HIP AND RIGHT SIDE OF NECK									
102 BUCKEYE STREET	USHR9014	300	N	PE	BLACK, STAR, RR-CORONET									
SUGARCREEK, OH 44681	USHR9015	300	F	SN CROSS	BAY, NO MARKINGS									
	USHR9016	300	F	TW	SORREL, STAR									
	USHR9017	84	F	QH	BAY, STAR, LF-PASTERN, LR-FETLOCK									
	USHR9018	216	N	SN CROSS	BAY, LR-PASTERN, WHITE HAIRS ON FACE									
	USHR9019	180	F	QH	BAY, LR-FETLOCK									
	USHR9020	216	N	QH	CHESTNUT, BLAZE, LR,RR-SOCK, RF-FETLOCK									
	USHR9021	108	F	QH	BUCKSKIN, SNIP, LF-FETLOCK, LR,RR-SOCK, RF-PASTERN									
	USHR9022	84	F	SN	BAY, BRAND RIGHT SIDE OF NECK									
	USHR9023	36	F	QH	SORREL, BLAZE									
	USHR9024	24	F	PAINT	SORREL, WHITE, SNIP, PAINTED BODY									
	USHR9025	72	N	AP	CHESTNUT ROAN, WHITE OVER RUMP & BACK									
	USHR9026	240	N	QH	BAY, STAR, STRIPE, SNIP, LF,RF,RR-FETLOCK, LR-PASTERN									
	USHR9027	120	N	PAINT	SORREL, WHITE, BLAZE, PAINTED BODY									
	USHR9028	84	F	DUTCH HARNESS	SORREL, BLAZE, LF-FETLOCK, LR,RF,RR-STOCKING									
	USHR9029	84	F	HAFLINGER	SORREL, BLAZE									
	USHR9030	48	F	PAINT	BAY, WHITE, SNIP, RR-STOCKING, PAINTED BODY									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAY 19 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): DAUGHERTY, RICK L. 5123

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 32

23. Signature of Endorsing Federal Veterinarian: Kellie A. Hugh, DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN:

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*
SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME
LES VIANDES DE LA PETITE-NATION INC.

CERTIFICATE NO. FROM VS FORM 17-140
L083559

3. PAGE NO.
2 OF 2

NEGATIVE TUBERCULIN READING
☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USHR9031	144	F	PAINT		BAY, WHITE, BLAZE, PAINTED BODY									
102 BUCKEYE STREET	USHR9032	108	N	QH		BLACK, LF-PASTERN									
SUGARCREEK, OH 44681	USHR9033	24	F	QH		BAY, NO MARKINGS									
	USHR9034	48	F	TW		BLACK, SNIP, LR,RR-SOCK									
	USHR9035	108	N	PAINT		BAY, WHITE, BLAZE, PAINTED BODY									
	USHR9036	156	N	QH		BUCKSKIN, LF-CORONET, LR,RR-FETLOCK									
	USHR9037	216	N	SN		BAY, STAR, LF,LR-PASTERN, RR-FETLOCK									
	USHR9038	108	N	SN		BAY, BRAND RIGHT SIDE OF NECK									
	USHR9039	216	N	SN		BAY, STAR, SNIP, LR-CORONET, BRAND RIGHT SIDE OF NECK									
	USHR9040	60	N	TH		BAY, NO MARKINGS									
	USHR9041	156	N	TW		CHESTNUT, NO MARKINGS									
	USHR9042	36	N	QH		BLACK, STAR, LF-PASTERN, LR,RR-SOCK									
	USHR9043	60	M	PAINT		BLACK, WHITE, BLAZE, RF-STOCKING, PAINTED BODY									
	USHR8926	144	M	QH		CHESTNUT, BLAZE									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

DVM

VS FORM 17-140a
(MAR 2005)
Previous edition may be used.

PART 4 - FIELD STATION

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: | DATE:

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 Buckeye ST P.O Box 452

STREET ADDRESS: 517 RANG Ste Julie EST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: ST ANDRE AVELIN QC J0W0O

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 1-819-983-7944

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USHR	9013	X										SN	X			Brand on left hip Brand on right side of neck	
2		9014			X						PE					X		
3		9015	X										SN Cross	X				
4		9016						Sor					TW	X				
5		9017	X							X				X				
6		9018	X										SN Cross			X	white pears on face	
7		9019	X							X				X				
8		9020					X			X						X		
9		9021						Buckskin		X				X				
10		9022	X										SN	X			Brand on Right side of neck	
11		9023						Sor		X				X				
12		9024						Sor wht					Paint	X				
13		9025						Wht Roan					AP			X	wht over Romp & back	
14		9026	X							X						X		
15		9027						Sor wht					Paint			X		

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	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	26SHR	9028						Sor					Dutch Harness	X				
17	↑	9029						Sor					Hat	X				
18		9030						Bay wht					Paint	X				
19		9031						Bay wht					Paint	X				
20		9032			X					X						X		
21		9033	X							X				X				
22		9034			X								TW	X				
23		9035						Bay wht					Paint			X		
24		9036						Buckskin		X						X		
25		9037	X										SV			X		
26		9038	X										SV			X	Brand on Right SIDE OF NECK	
27		9039	X										SV			X	Brand on RIGHT SIDE OF NECK	
28		9040	X						TH							X		
29		9041					X						TW			X		
30		9042			X					X						X		
31	↓	9043						Sk wht					Paint		X			
32	26SHR	8926					X			X					X			
33																		
34																		
35																		
36																		
37																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

L. H. Bales

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: L084327

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 4/19/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 36

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC. 517 RANG STE JULIE EST ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

SUGARCREEK LIVESTOCK AUCTION
102 BUCKEYE STREET
SUGARCREEK, OH 44681

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USHR8791	72	M	QH		PALOMINO, NO MARKINGS									
USHR8792	36	M	PASO FINO		BAY, STAR, LR-PASTERN									
USHR8793	168	F	SN		BAY, BRAND RIGHT SIDE OF NECK									
USHR8794	144	N	PE		BLACK, NO MARKINGS									
USHR8795	132	F	BL		SORREL, BLAZE									
USHR8796	144	N	QH		GREY, NO MARKINGS									
USHR8797	96	N	SN		BAY, STAR, BRAND RIGHT SIDE OF NECK									
USHR8798	108	F	QH		BLACK, STAR, RF-CORONET, RR-FETLOCK									
USHR8799	144	N	TW		BLACK, LR-PASTERN									
USHR8800	180	N	QH CROSS		BAY, STAR, LR-FETLOCK									
USHR8801	180	F	BL		SORREL, BLAZE, LR,RR-STOCKING									
USHR8802	72	N	SN		BAY, STAR, RR-PASTERN									
USHR8803	216	F	SN		BAY, STAR, STRIPE, SNIP									
USHR8804	240	F	QH		BAY, BLAZE, RF,RR-PASTERN									
USHR8805	48	N	SN CROSS		BAY, SNIP, LR,LF,RR-SOCK, RF-FETLOCK									
USHR8806	240	F	QH		SORREL, STAR									
USHR8807	48	N	QH		SORREL, STAR									
USHR8808	240	F	QH		BAY, FEW WHITE HAIRS ON FOREHEAD, LR,RR-FETLOCK									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: APR 21 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): THOMPSON, TRAVIS J. 8620

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 28

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION, INC.

2. SERIAL NUMBER FROM VS FORM 17-140: L084227

3. PAGE NO. 2 OF 2

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USHR8809	300	F	QH		BAY, STAR									
USHR8810	72	F	QH		BAY, STAR, RF-PASTERN									
USHR8811	144	F	QH		BAY, STAR, STRIPE, SNIP, LF,RF-CORONET, LR-FETLOCK, RR-PASTERN									
USHR8812	120	F	QH	CROSS	BLACK, NO MARKINGS									
USHR8813	48	M	SN		BAY, LR,RR-PASTERN, BRAND RIGHT SIDE OF NECK									
USHR8814	36	F	QH		SORREL, STAR									
USHR8815	84	M	QH		CHESTNUT, BLACK, LF-FETLOCK, RR-SOCK									
USHR8816	300	M	QH	CROSS	BAY, STAR									
USHR8817	240	M	QH		BAY, STAR, SNIP, LR-CORONET, RR-PASTERN									
USHR8819	60	M	PAINT		BLACK, WHITE, STAR, STRIPE, SNIP									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN [illegible] DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 Buckeye St. P.O Bx 452

STREET ADDRESS: 517 Rang Ste Julie EST

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: ST ANDRE AVELIN QC J0W 2W0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 1-819-983-7941

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USHR	8791						Pal		X					X			
2	↑	8792	X										Rugo Fino		X			
3		8793	X										SN	X			Brand on RIGHT SIDE OF NECK	
4		8794			X						Pe					X		
5		8795						Sor			BL			X				
6		8796		X						X						X		
7		8797	X										SN			X	Brand on RIGHT SIDE OF NECK	
8		8798			X					X				X				
9		8799			X								TW			X		
10		8800	X							X Cross						X		
11		8801						Sor			BL			X				
12		8802	X										SN			X		
13		8803	X										SN	X				
14		8804	X							X				X				
15	↓	8805	X										SN Cross			X		

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	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	216HR	8806						Sor		X				X				
17	↑	8807						Sor		X						X		
18		8808	X							X				X				
19		8809	X							X				X				
20		8810	X							X				X				
21		8811	X							X				X				
22		8812			X					Cross				X				
23		8813	X										SV			X	Brand on right side of neck	
24		8814						Sor		X				X				
25		8815					X			X						X		
26		8816	X							Cross						X		
27	↓	8817	X							X						X		
28	215HR	8819						Blk Wht					Paint			X		
29																		
30																		
31																		
32																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

L. H. Baler

VS FORM 10-13A
(SEP 2002)

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

PAGE 2 OF 2

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: 1084308

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 4/19/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE:

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC.
517 RANG STE JULIE EST
ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION	USHR8760	300	N	SN		BAY, GREY HAIRS ON FACE, BRAND RIGHT SIDE OF NECK									
102 BUCKEYE STREET	USHR8761	120	F	QH		CHESTNUT, STAR, SNIP, LR,RR-FETLOCK, RF-PASTERN									
SUGARCREEK, OH 44681	USHR8762	60	N	PAINT		BAY, WHITE, STAR, SNIP, LR,RR-FETLOCK, PAINTED BODY									
	USHR8763	60	F	HK CROSS		BAY, RR-CORONET									
	USHR8764	180	F	PONY		BAY, STAR, LR-FETLOCK, RF-CORONET									
	USHR8765	300	F	QH		GRULLO, STAR, SNIP, LF-PASTERN									
	USHR8766	180	F	TB		BAY, LR-FETLOCK, RR-CORONET									
	USHR8767	120	F	MULE		BAY, NO MARKINGS									
	USHR8768	300	F	TW		BAY, STAR, SNIP, LR,RF-CORONET									
	USHR8769	60	F	PAINT		BAY, WHITE, BLAZE, RR-STOCKING, PAINTED BODY									
	USHR8770	108	F	HK		BAY, LR-FETLOCK, RR-PASTERN									
	USHR8772	24	F	PAINT		BAY, WHITE, BLAZE, PAINTED BODY									
	USHR8773	36	F	QH		CHESTNUT, RR-FETLOCK, BRAND LEFT QUAD									
	USHR8774	36	N	MULE		BAY, NO MARKINGS									
	USHR8775	60	N	HK		BAY, STAR, SNIP, LF-PASTERN, LR,RF-FETLOCK									
	USHR8776	20	M	QH		BUCKSKIN, FEW WHITE HAIRS ON FOREHEAD									
	USHR8777	132	F	QH		CHESTNUT, NO MARKINGS									
	USHR8778	144	N	QH		BAY, STAR, STRIPE, SNIP, RF-CORONET									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE!

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: APR 21 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): THOMPSON, TRAVIS J. 8620

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 31

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: [illegible]308

3. PAGE NO. 2 OF 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (T8) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USHR8779	48	N	QH	CHESTNUT, STAR, STRIPE, SNIP, LR,RR-SOCK, RF-FETLOCK									
102 BUCKEYE STREET	USHR8780	156	F	QH	BAY, LR-FETLOCK									
SUGARCREEK, OH 44681	USHR8781	108	N	PAINT	BUCKSKIN, WHITE, STAR, LF,RF-STOCKING, PAINTED BODY									
	USHR8782	48	F	QH	BAY, STAR, STRIPE, SNIP, LR-FETLOCK, RF-CORONET, RR-PASTERN									
	USHR8783	36	F	PAINT	BLACK, WHITE, BALD FACE, PAINTED BODY									
	USHR8784	156	F	QH	BAY, STAR									
	USHR8785	48	F	SN	BAY, STAR									
	USHR8786	96	F	QH	BAY, STAR, STRIPE, SNIP, LF,LR,RR-SOCK									
	USHR8787	36	F	PAINT	SORREL, WHITE, BALD FACE, PAINTED BODY									
	USHR8788	180	F	TB	BAY, STAR									
	USHR8789	36	M	PASO FINO	SORREL, STAR, STRIPE, LF,RR-SOCK									
	USHR8790	72	M	QH	BUCKSKIN, NO MARKINGS									
	USHR8818	48	F	QH	GREY, BLAZE, RR-PASTERN									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY-ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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: SUGARCREEK OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC
CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER	CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION
STREET ADDRESS: 102 Buckeye ST P.O Bx 452	STREET ADDRESS: 517 RANG STE JULIE EST
CITY, STATE, ZIP CODE: SUGARCREEK OH 44681	CITY, STATE, ZIP CODE: ST ANDRE AVELLIN QC J0W0
AREA CODE & TELEPHONE NO.: 330-852-2832	AREA CODE & TELEPHONE NO.: 1-819-983-7941

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	ASHR	8760	X										SN			X	Brand on right side of neck	
2		8761					X			X				X				
3		8762						Bay wht					Paint			X		
4		8763	X										HK Appy	X				
5		8764	X									X		X				
6		8765						Corollo		X				X				
7		8766	X						TH					X				
8		8767	X										Mule	X				
9		8768	X										TW	X				
10		8769						Bay wht					Paint	X				
11		8770	X										HK	X				
12		8772						Bay wht					Paint	X				
13		8773					X			X				X			Brand on left quad	
14		8774	X										Mule			X		
15		8775	X										HK			X		

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	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	26SHR	8776						Buckskin		X					X			
17		8777					X			X				X				
18		8778	X							X						X		
19		8779					X			X						X		
20		8780	X							X				X				
21		8781						Buckskin					Paint			X		
22		8782	X							X				X				
23		8783						Black					Paint	X				
24		8784	X							X				X				
25		8785	X										SN	X				
26		8786	X							X				X				
27		8787						Sor wht					Paint	X				
28		8788	X						TH					X				
29		8789						Sor					Paso Fino		X			
30		8790						Buckskin		X					X			
31	26SHR	8818		X						X				X				
32																		
33																		
34																		
35																		
36																		
37																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

L. H. Baker

VS FORM 10-13A
(SEP 2002)

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

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: 1090962

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 4/11/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 36

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC.
517 RANG STE JULIE EST
ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION	USHR8701	180	M	SN		BAY, STAR, SNIP, LR,RR-SOCK									
102 BUCKEYE STREET	USHR8702	96	F	QH		GREY, NO MARKINGS									
SUGARCREEK, OH 44681	USHR8703	216	F	TW		CHESTNUT, BLAZE, LF,LR,RF-FETLOCK, RR-SOCK									
	USHR8704	240	F	QH		BAY, FEW WHITE HAIRS ON FOREHEAD, RR-FETLOCK									
	USHR8705	120	N	SN		BAY, RR-CORONET, BRAND RIGHT SIDE OF NECK									
	USHR8706	60	F	QH		SORREL, STAR, STRIPE, SNIP									
	USHR8707	60	N	TW		SORREL, STAR, SNIP, LR,RR-SOCK									
	USHR8708	72	N	QH		CHESTNUT, BLAZE, LF-FETLOCK, LR,RR-SOCK, WHITE OVER RUMP									
	USHR8709	180	F	SN		BAY, STAR, SNIP, LF-CORONET, LR,RR-SOCK, BRAND RIGHT SIDE OF NECK									
	USHR8710	96	F	SN		BAY, BRAND RIGHT SIDE OF NECK									
	USHR8712	72	N	SN		BAY, LR,RR-PASTERN, BRAND RIGHT SIDE OF NECK									
	USHR8713	144	N	TW		SORREL, BLAZE									
	USHR8714	144	N	TW		BAY, STAR									
	USHR8715	180	N	QH		SORREL, BLAZE, LF,LR,RF,RR-SOCK									
	USHR8716	300	F	SN		BAY, BRAND RIGHT SIDE OF NECK									
	USHR8717	96	N	QH		BLACK, FEW WHITE HAIRS ON FOREHEAD, RF-PASTERN, RR-FETLOCK									
	USHR8718	72	N	SN		CHESTNUT, STAR, BRAND RIGHT SIDE OF NECK									
	USHR8719	36	F	QH		BAY, STAR, SNIP									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: APR 14 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 29

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FROM (Name, address, and telephone of last shipper or original owner, if business name): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: NL090952

3. PAGE NO. 2 OF 2

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code
SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) ✓ — CERTIFIED BRUCELLOSIS FREE AREA ✓

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	E	DATE F	G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USHR8720	144	F	QH		CHESTNUT, BLAZE, LF,LR,RF,RR-STOCKING									
USHR8721	60	N	HAFLINGER CROSS		BLAZE, RR-FETLOCK									
USHR8722	240	F	TW		CHESTNUT, FEW WHITE HAIRS ON FOREHEAD									
USHR8723	72	N	PAINT		SORREL, WHITE, RR-STOCKING, PAINTED BODY									
USHR8724	216	N	QH		GRULLO, STAR, SNIP, LR-FETLOCK									
USHR8725	144	F	TW		BLACK, STAR, SNIP									
USHR8726	216	F	AP		STRAWBERRY ROAN, BLAZE, LR,RR-STOCKING									
USHR8727	300	F	AP		CHESTNUT, WHITE OVER RUMP									
USHR8728	36	M	TW		BLACK, BLAZE									
USHR8729	144	F	QH		CHESTNUT, BLAZE, RR-FETLOCK									
USHR8730	144	F	SN		BAY, STAR									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 Buckeye ST P.O.Bx 452

STREET ADDRESS: 517 RANG Ste Julie est

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: ST ANDRÉ AVELLIN QC J0V1W0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 1-819-983-7941

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USHR	8701	X										SW		X			
2	↑	8702		X						X				X				
3		8703					X						TW	X				
4		8704	X							X				X				
5		8705	X										SW			X	Brand on Right SIDE OF NECK.	
6		8706						Sor		X				X				
7		8707						Sor					TW			X		
8		8708					X			X						X	white hairs over RUMP	
9		8709	X										SW	X			Brand on Right SIDE OF NECK	
10		8710	X										SW	X			Brand on Right SIDE OF NECK	
11		8712	X										SW			X	Brand on Right SIDE OF NECK	
12		8713						Sor					TW			X		
13		8714	X										TW			X		
14		8715						Sor		X						X		
15	↓	8716	X										SW	X			Brand on Right SIDE OF NECK	

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	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	265HR	8717			X					X						X		
17	↑	8718					X						SN			X	Brand on Right SIDE OF NECK.	
18		8719	X							X				X				
19		8720					X			X				X				
20		8721						Sor					Half Bros			X		
21		8722					X						TW	X				
22		8723						Sor Wht					Paint			X		
23		8724						Grullo		X						X		
24		8725			X								TW	X				
25		8726						Seal Brown					AP	X				
26		8727					X						AP	X			White over Rump	
27		8728			X								TW		X			
28		8729					X			X				X				
29	↓	8730	X										SN	X				
30																		
31																		
32																		
33																		
34																		
35																		
36																		
37																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

L. H. Baker

VS FORM 10-13A
(SEP 2002)

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

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: L096000

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 4/11/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC.
317 RANG STE JULIE EST
ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION	USHR8675	180	F	QH	SORREL, STAR, STRIPE, LR,RR-SOCK									
102 BUCKEYE STREET	USHR8676	240	F	TW	CHESTNUT, BLAZE, RR-SOCK									
SUGARCREEK, OH 44681	USHR8678	300	N	SN	BAY, FEW WHITE HAIRS ON FOREHEAD,WHITE HAIRS ON FACE									
	USHR8681	216	F	SN	BAY, STAR, BRAND RIGHT SIDE OF NECK, WHITE SPOT ON WITHERS									
	USHR8682	240	F	QH	BLACK, NO MARKINGS									
	USHR8683	24	N	QH	SORREL, STAR, STRIPE, LR-FETLOCK, RF-PASTERN, RR-SOCK									
	USHR8684	216	N	QH	BUCKSKIN, SNIP									
	USHR8685	60	F	QH	SORREL, BLAZE, LF-PASTERN									
	USHR8686	216	N	QH	RED DUN, STAR									
	USHR8687	156	N	QH	BAY, LF,RF-PASTERN									
	USHR8688	84	F	QH	BAY, STAR, SNIP, LR-FETLOCK, RF-CORONET									
	USHR8689	108	N	QH	BLACK, STAR, STRIPE, SNIP, LR,RR-CORONET									
	USHR8690	300	N	BL	SORREL, BLAZE									
	USHR8691	300	F	BL	SORREL, BLAZE									
	USHR8692	216	N	QH	BLACK, STAR, STRIPE, SNIP, LR,RR-SOCK									
	USHR8693	144	F	QH	CHESTNUT, STAR, STRIPE, SNIP, LR,RF,RR-FETLOCK									
	USHR8694	300	N	SN	BAY, LR,RR-PASTERN									
	USHR8695	216	N	PE	BLACK, NO MARKINGS									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: APR 14 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 23

23. Signature of Endorsing Federal Veterinarian: Kellie A. Hough, DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L016000

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——

CERTIFIED BRUCELLOSIS FREE AREA ——

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USHR8696	60	N	TH	BAY, STAR, STRIPE, SNIP, LR,RF-FETLOCK									
102 BUCKEYE STREET	USHR8697	48	F	TW	BAY, STAR, STRIPE, SNIP									
SUGARCREEK, OH 44681	USHR8698	48	N	OH	BAY, STAR									
	USHR8699	300	F	OH CROSS	BAY, FEW WHITE HAIRS ON FOREHEAD, LR-PASTERN									
	USHR8700	60	M	SM	BAY, BRAND RIGHT SIDE OF NECK									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.
6) ~~THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE ACCENTUATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)~~

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 Buckeye ST P.O Bx 452

STREET ADDRESS: 517 Rang. Ste Julie EST

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: ST ANDRE AVELIN QC J0W0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 1-819-983-2944

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USHR	8675						Sor		X				X				
2	↑	8676					X						TW	X				
3		8678	X										SN			X	White hairs on face	
4		8681	X										SN	X			Brand on right side of neck	
5		8682			X					X				X			white spot on withers	
6		8683						Sor		X						X		
7		8684						Palomino		X						X		
8		8685						Sor		X				X				
9		8686						Red Roan		X						X		
10		8687	X							X						X		
11		8688	X							X				X				
12		8689			X					X						X		
13		8690						Sor			BL					X		
14		8691						Sor			BL			X				
15	↓	8692			X					X						X		

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

SIGNATURE: L. N. Baker

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.)

L. N. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	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	YSHR	8693					X			X				X				
17	↑	8694	X										SV			X		
18		8695			X						PE					X		
19		8696	X						TH							X		
20		8697	X										TW	X				
21		8698	X							X						X		
22		8699	X							X CROSS				X				
23	↓	8700	X										SV		X		Brand on RIGHT SIDE OF NECK	
24																		
25																		
26																		
27																		
28																		
29																		
30																		
31																		
32																		
33																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

L. H. Bales

VS FORM 10-13A
(SEP 2002)

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

PAGE ___ OF ___

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: USA 0995997

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 4/11/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC.
517 RANG STE JULIE EST
ST. ANDRE AVELLIN, QC J0V 1W0

17. DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

SUGARCREEK LIVESTOCK AUCTION
102 BUCKEYE STREET
SUGARCREEK, OH 44681

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USHR8731	12	F	QH		BAY, BLAZE, LR-CORONET, RR-FETLOCK									
USHR8732	216	N	QH CROSS		BAY, LF-PASTERN, LR-CORONET									
USHR8733	12	F	QH		SORREL, BLAZE									
USHR8734	12	F	QH		SORREL, BLAZE									
USHR8735	72	F	QH		SORREL, BLAZE									
USHR8736	60	N	HK		BAY, FEW WHITE HAIRS ON FOREHEAD, RR-FETLOCK									
USHR8737	144	N	HAFLINGER		SORREL, STAR, STRIPE, SNIP									
USHR8738	12	F	PAINT		SORREL, WHITE, BLAZE, LF,RF,RR-STOCKING, LR-SOCK, PAINTED BODY									
USHR8739	156	N	TW		BAY, STAR, SNIP, LR,RF-SOCK									
USHR8740	156	N	AP		BAY ROAN, STAR									
USHR8741	216	N	SN		BAY, STAR, LF-PASTERN, LR,RR-FETLOCK									
USHR8742	48	F	QH		BAY, NO MARKINGS									
USHR8743	96	F	PAINT		BLACK, WHITE, STAR, SNIP, LF,LR-SOCK, RF-STOCKING, PAINTED BODY									
USHR8744	300	N	PAINT		BAY, WHITE, STAR, STRIPE, SNIP, LF,RF-STOCKING									
USHR8745	72	N	QH		BAY, STAR, LR-CORONET									
USHR8746	120	N	TW		SORREL, NO MARKINGS									
USHR8747	300	N	QH		BAY, STAR									
USHR8748	144	F	QH		RED DUN, NO MARKINGS									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: APR 14 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 29

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. PREMISE NAME (Last name, two initials, & business name): SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

CERTIFICATE NO. FROM VS FORM 17-140: L095997

3. PAGE NO. 2 OF 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USHR8749	144	N	QH		SORREL, STAR, STRIPE, SNIP, RR-SOCK									
USHR8750	144	F	PAINT		BAY, WHITE, FEW WHITE HAIRS ON FOREHEAD, RF-STOCKING, RF-SOCK LF-STOCKING, PAINTED BODY									
USHR8751	48	F	QH		SORREL ROAN, BLAZE, LR-SOCK, RR-PASTERN									
USHR8752	240	F	QH		BAY, NO MARKINGS									
USHR8753	24	F	TW		BLACK, LR-PASTERN, RR-CORONET									
USHR8754	96	F	QH		SORREL, BLAZE, LF-PASTERN, LR-SOCK, RF-FETLOCK									
USHR8755	300	N	TW		BAY, NO MARKINGS									
USHR8756	144	N	QH		BAY, FEW WHITE HAIRS ON FOREHEAD, LR, RR-PASTERN, BRAND LEFT QUAD									
USHR8757	120	N	QH		BAY, BLAZE, BRAND LEFT QUAD									
USHR8758	144	N	PAINT		SORREL, WHITE, BLAZE, LF-CORONET, LR, RF-STOCKING, PAINTED BODY									
USHR8759	96	N	QH		GREY, NO MARKINGS									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY-ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 Buckeye ST P.O Bx 452

STREET ADDRESS: 517 Rang ste julie EST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: ST ANDRE AVELLIN QC J0V1C0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 1-819-983-7944

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	216HR	8731	X							X				X				
2	↑	8732	X							X Cross						X		
3		8733						Sor		X				X				
4		8734						Sor		X				X				
5		8735						Sr		X				X				
6		8736	X										HK			X		
7		8737						Sor					Hf			X		
8		8738						Sor wht					Paint	X				
9		8739	X										JW			X		
10		8740						Bay Roan					AP			X		
11		8741	X										SV			X		
12		8742	X							X				X				
13		8743						Blk wht					Paint	X				
14		8744						Bay wht					Paint			X		
15	↓	8745	X							X						X		

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	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	26SHR	8746						Sor					TW			X		
17	↑	8747	X							X						X		
18		8748						Red Dun		X				X				
19		8749						Sor		X						X		
20		8750						Gray Wht					Paint	X				
21		8751						Sor Roan		X				X				
22		8752	X							X				X				
23		8753			X								TW	X				
24		8754						Sor		X				X				
25		8755	X										TW			X		
26		8756	X							X						X	Brand on left QUAD	
27		8757	X							X						X	Brand on left QUAD	
28		8758						Sor Wht					Paint			X		
29	↓	8759		X						X						X		
30																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

L. H. Bela

VS FORM 10-13A
(SEP 2002)

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

PAGE 2 OF 2

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: LU92233

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 4/4/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC. 517 RANG STE JULIE EST ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

SUGARCREEK LIVESTOCK AUCTION
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USHR8647	108	F	SN		DARK BAY, FEW WHITE HAIRS ON FOREHEAD, LF,LR,RR-CORONET, RF-FETLOCK, BRAND RIGHT SIDE OF NECK									
USHR8648	144	N	QH		SORREL, STAR									
USHR8649	60	N	QH		BUCKSKIN, SNIP									
USHR8650	72	F	QH		BAY, STAR, STRIPE, SNIP, LR-FETLOCK									
USHR8651	132	F	SN CROSS		DARK BAY, FEW WHITE HAIRS ON FOREHEAD									
USHR8652	48	N	QH		CHESTNUT, BLAZE, LR-FETLOCK									
USHR8653	180	F	QH		GREY, NO MARKINGS									
USHR8654	108	F	TW		SORREL, BLAZE, LR,RR-SOCK									
USHR8655	144	N	SN		BAY, STAR, LR,RR-PASTERN, BRAND RIGHT SIDE OF NECK									
USHR8656	48	F	AB		BAY, STAR, STRIPE, SNIP									
USHR8657	108	N	QH		BAY, STAR, SNIP									
USHR8658	84	F	MULE		CHESTNUT, NO MARKINGS									
USHR8659	48	F	QH		SORREL, STAR									
USHR8660	132	F	TW		BAY, NO MARKINGS									
USHR8661	84	N	AB		SORREL, STAR									
USHR8663	84	N	QH		SORREL, BLAZE, LR,RF,RR-STOCKING									
USHR8664	96	N	PAINT		SORREL, WHITE, BALD FACE, LF,RF-STOCKING, LR-FETLOCK									
USHR8665	216	F	PAINT		SORREL, BLAZE, LF,RF,RR-SOCK, LR-STOCKING, WHITE SPOT RIGHT SIDE OF BELLY									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: APRIL 7, 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): DAUGHERTY, RICK L. 5123

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 29

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*
SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140
12331

PAGE NO.
2 OF 2

16. CONSIGNEE'S NAME
LES VIANDES DE LA PETITE-NATION INC.

NEGATIVE TUBERCULIN READING
☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) ✓ — CERTIFIED BRUCELLOSIS FREE AREA ✓

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USHR8666	72	F	TW		CHESTNUT, BLAZE, LF-FETLOCK, LR,RR-STOCKING									
USHR8667	240	N	TH		BAY, STAR, LR,RR-CORONET									
USHR8668	60	N	TW		SOREEL, BLAZE, LF,LR,RF,RR-STOCKING									
USHR8669	60	N	AB		BAY, LF-PASTERN, LR,RR-FETLOCK									
USHR8670	48	F	OH		BAY, NO MARKINGS									
USHR8671	24	F	TW		BAY ROAN, BLAZE, LR,RR-STOCKING, WHITE LF &RF CRANIAL CARPUS & CANON									
USHR8672	156	N	AP		CHESTNUT LEOPARD, SNIP, SPOTS OVER BODY									
USHR8673	72	N	OH		CHESTNUT, BLAZE, LR,RR-SOCK									
USHR8674	180	N	SN		BAY, BRAND RIGHT SIDE OF NECK									
USHR8610	156	N	TH		SOREEL, STAR, RR-PASTERN									
USHR8607	48	F	TH		BAY, NO MARKINGS									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

Page 171 of 231

VS FORM 17-140a
(MAR 2005)
Previous edition may be used.

PART 4 – FIELD STATION

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: SugarCreek OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: SugarCreek Livestock Auct Inc

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 Buckeye ST. P.O Box 452

STREET ADDRESS: 517 Rang Ste julie EST

CITY, STATE, ZIP CODE: SugarCreek OH 44681

CITY, STATE, ZIP CODE: ST ANDRE AVELIN QC J0W0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 1-819-983-7941

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USHR	8647						DK Bay					SN	X			Brand on Right side of neck	
2		8648						Sor		X						X		
3		8649						Dunskin		X						X		
4		8650	X							X				X				
5		8651						DK Bay					SN Appy	X				
6		8652					X			X						X		
7		8653		X						X				X				
8		8654						Sor					TW	X				
9		8655	X										SN			X	Brand on Right side of neck	
10		8656	X										AB	X				
11		8657	X							X						X		
12		8658					X						Mule	X				
13		8659						Sor		X				X				
14		8660	X										TW	X				
15		8661						Sor					AB			X		

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	21SHR	8603						Sor		X						X		
17	↑	8604						Sor wht					Paint			X		
18		8605						Sor					Paint	X				
19		8606					X						TW	X				
20		8607	X						TH							X		
21		8608						Sor					TW			X		
22		8609	X										AB			X		
23		8610	X							X				X				
24		8611						Red Roan					TW	X			White LF-RF CRANIAL CARPUS CANNON	
25		8612						Spot Leopard					AP			X	Spot over body	
26		8613					X			X						X		
27	↓	8614	X										SN			X	Brand on Right side of neck	
28	21SHR	8610						Sor	TH							X		
29	✓	8607	X						TH					X				
30																		
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

L. H. Baler

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: L090953

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3/28/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: OH

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC.
517 RANG STE JULIE EST
ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code
SUGARCREEK LIVESTOCK AUCTION
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USHR8621	84	F	TW		BAY ROAN, BLAZE, LF,LR,RF,RR-STOCKING									
USHR8622	300	F	PAINT		BAY, WHITE, STAR, LF,RF-STOCKING, PAINTED BODY									
USHR8623	48	N	QH		PALOMINO, NO MARKINGS									
USHR8624	240	F	SN		BAY, STAR, SNIP, BRAND RIGHT SIDE OF NECK									
USHR8625	60	N	AP		CHESTNUT ROAN, BLAZE, LR-SOCK									
USHR8626	240	F	QH CROSS		SORREL, BLAZE, LR-FETLOCK									
USHR8627	60	N	QH		CHESTNUT, STAR, LF-SOCK, RF,RR-STOCKING									
USHR8628	216	F	SN		BAY, STAR									
USHR8629	168	F	BL		SORREL, BLAZE									
USHR8630	300	N	SN		BAY, STAR, LR-PASTERN, RR-CORONET									
USHR8631	216	F	BL		SORREL, BLAZE, LR,RR-STOCKING									
USHR8632	36	N	QH		DUN, FEW WHITE HAIRS ON FOREHEAD									
USHR8633	8	M	QH		BUCKSKIN, NO MARKINGS									
USHR8634	24	F	PAINT		BLACK, WHITE, BALD FACE, PAINTED BODY									
USHR8635	72	F	TW		SORREL, BLAZE, LR-SOCK									
USHR8636	48	F	AS		SORREL, STAR, SNIP, LF-CORONET, LR,RR-SOCK									
USHR8637	300	F	QH		BLACK, STAR,									
USHR8638	108	N	AB		CHESTNUT, STAR, STRIPE, SNIP, LF,LR,RR-FETLOCK									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

APPROVED

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAR 31 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): RYAN, SHAWN T. 9874

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 25

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: 109095

3. PAGE NO. 2 OF 2

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USHR8639	84	F	AB		BAY, BLAZE, LF,LR,RR-STOCKING, RF-FETLOCK									
USHR8640	24	N	OH		PALOMINO, STAR									
USHR8641	108	F	TW		BAY, FEW WHITE HAIRS ON FOREHEAD AND ACROSS NOSE									
USHR8642	60	F	AS		BAY, LR-PASTERN									
USHR8643	48	N	AS		SORREL, STAR, STRIPE, SNIP, LF-CORONET, LR,RR-FETLOCK									
USHR8645	60	F	OH		GREY, NO MARKINGS									
USHR8646	60	F	OH		SORREL, STAR									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 BUCKEYE ST P.O BX 452

STREET ADDRESS: 577 RANG STE JULIE EST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: ST ANDRE AVELLIN Q C J0V1W0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 1-819-983-7941

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	ZUSHR	8621						Bay Roan					TW	X				
2	↑	8622						Bay w/ Wt					Paint	X				
3		8623						Pal		X						X		
4		8624	X										SN	X			Brand on right side of neck	
5		8625						Chest Roan					AP			X		
6		8626						Sor		X CROSS				X				
7		8627					X			X						X		
8		8628	X										SN	X				
9		8629						Sor			BL			X				
10		8630	X										SN			X		
11		8631						Sor			BL			X				
12		8632						Dun		X						X		
13		8633						Buckskin		X					X			
14		8634						Blk Wht					Paint	X				
15	↓	8635						Sor					TW	X				

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

SIGNATURE: L. N. Baker

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.)

L. N. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	26HR	8636						Sor					AS	X				
17		8637			X					X				X				
18		8638					X						AB			X		
19		8639	X										AB	X				
20		8640						Pal		X						X		
21		8641	X										TW	X				
22		8642	X										AS	X				
23		8643						Sor					AS			X		
24		8644		X						X				X				
25		8645						Br		X				X				
26																		
27																		
28																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

L. H. Baker

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: L090954

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3/28/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC. 517 RANG STE JULIE EST ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

SUGARCREEK LIVESTOCK AUCTION
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USHR8594	132	N	PAINT		CHESTNUT, WHITE, BLAZE, LR-STOCKING, PAINTED BODY									
USHR8595	216	F	SN		BAY, LR-PASTERN, RR-CORONET									
USHR8596	180	F	PAINT		SORREL, WHITE, BLAZE, LF-SOCK, RR-FETLOCK, PAINTED BODY									
USHR8597	156	N	QH		PALOMINO, STAR, SNIP, LR-FETLOCK									
USHR8598	84	N	QH CROSS		BAY, NO MARKINGS									
USHR8599	48	F	QH		SORREL, BLAZE									
USHR8600	96	N	AP		GREY, BLACK SPOT UPPER RF LEG									
USHR8601	216	N	QH		BAY, STAR, STRIPE, SNIP, LF,RF-FETLOCK, LR,RR-SOCK									
USHR8602	36	F	QH		SORREL, STAR, STRIPE, SNIP, RR-FETLOCK									
USHR8603	180	N	QH		BAY, STAR, LR-PASTERN									
USHR8604	300	F	SN		BAY, STAR, LR-PASTERN									
USHR8605	180	N	SN		BAY, FEW WHITE HAIRS ON FOREHEAD, LR-PASTERN, BRAND RIGHT SIDE OF NECK									
USHR8606	240	F	TW		BAY, BLAZE, LR,RF,RR-STOCKING, WHITE SPOT RIGHT SIDE OF BELLY									
USHR8608	216	N	SN		BAY ROAN, STAR, RR-PASTERN									
USHR8609	168	N	PAINT		BAY, WHITE, STAR, STRIPE, SNIP, PAINTED BODY, BRAND LEFT QUAD									
USHR8611	96	F	TW		CHESTNUT, BLAZE, RF,RR-STOCKING, WHITE CRANIAL LR HOCK									
USHR8612	108	N	AP		BAY, FEW WHITE HAIRS ON FOREHEAD, WHITE OVER RUMP									
USHR8613	300	F	QH		BAY, STAR, WHITE SPOT RIGHT HIP									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAR 31 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): RYAN, SHAWN T. 9874

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 26

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: 1006714

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USHR8614	96	F	QH		PALOMINO, STAR, SNIP									
USHR8615	72	F	QH		BAY, FEW WHITE HAIRS ON FOREHEAD, SNIP, RR-CORONET									
USHR8616	48	F	QH		GREY, RR-CORONET									
USHR8617	300	N	AP		GREY, NO MARKINGS									
USHR8618	108	F	QH		SORREL, STAR, LR-PASTERN, RR-FETLOCK									
USHR8619	48	F	TW		BAY ROAN, BLAZE, LR-SOCK, LF,RF,RR-STOCKING									
USHR8620	216	F	PAINT		BAY, WHITE, SNIP, RR-STOCKING, PAINTED BODY									
USHR8644	96	F	QH		BUCKSKIN, LR-FETLOCK, RR-PASTERN									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 Buckeye ST P.O Bx 452

STREET ADDRESS: 517 Rang Ste julie est

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: ST ANDRE AVELIN QC J0V1X0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 1-819-983-2944

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	2USHR	8594						Chst wht					Paint			X		
2		8595	X										SW	X				
3		8596						Sor wht					Paint	X				
4		8597						Pal		X						X		
5		8598	X							X GAITED						X		
6		8599						Sor		X				X				
7		8600		X									AP			X	BLACK SPOT 2 upper RF Leg	
8		8601	X							X						X		
9		8602						Sor		X				X				
10		8603	X							X						X		
11		8604	X										SW	X				
12		8605	X										SW			X	Brand ON Right SIDE OF NECK	
13		8606	X										TW	X			wht SPOT RIGHT SIDE OF BELLY	
14		8608						Bay Roan					SW			X		
15		8609						Bay wht					Paint			X	Brand ON left QUAD	

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	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	2USHR	8611					X						TW	X			White Cranial Left Rear Hock	
17	↑	8612	X										AP			X	White over Rump	
18		8613	X							X				X			White spot on Right Hip	
19		8614						Pal		X				X				
20		8615	X							X				X				
21		8616		X						X				X				
22		8617		X									AP			X		
23		8618						Sor		X				X				
24		8619						Bay Blanket					TW	X				
25	↓	8620						Bay with					Paint	X				
26	USHR	8644						Buckskin		X				X				
27																		
28																		
29																		
30																		
31																		
32																		
33																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

L. H. Baler

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (*Last name, first name, middle initial or business name*): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: L095995

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3/21/14

5. U.S. PORT OF EMBARKATION (*City and State*): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (*Mailing Address*): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (*or Town*): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN (*"X" if yes*): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: ☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (*Mailing Address*): LES VIANDES DE LA PETITE-NATION INC.
517 RANG STE JULIE EST
ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES (*"X" one - use VS Form 17-6 for Poultry*)
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
☐ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (*Specify*)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (*Instructions for columns A, B, C & D on reverse*)

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION	USHR8537	108	N	SN		BAY, STAR, STRIPE, SNIP, LF,LR,RR-FETLOCK									
102 BUCKEYE STREET	USHR8538	300	F	SN		BAY, STAR, LR-PASTERN, RR-CORONET, BRAND RIGHT SIDE OF NECK									
SUGARCREEK, OH 44681	USHR8539	300	F	QH		SORREL, STAR, STRIPE, LF-FETLOCK, RR-SOCK									
	USHR8540	240	N	BL		SORREL, BLAZE									
	USHR8541	216	F	AS CROSS		BAY, STAR, SNIP, LF-CORONET, LR-FETLOCK, RR-PASTERN									
	USHR8542	156	F	PAINT		BLACK, WHITE, SNIP, LF,LR,RF,RR-STOCKING, PAINTED BODY									
	USHR8543	240	F	PE		GREY, NO MARKINGS									
	USHR8544	252	N	MULE		SORREL, WHITE MUZZLE									
	USHR8545	300	F	SN		BAY, STAR, SNIP, BRAND RIGHT SIDE OF NECK									
	USHR8546	168	N	MN		BAY, LR,RR-FETLOCK									
	USHR8547	72	N	QH		BAY, STAR, STRIPE, SNIP									
	USHR8548	300	N	SN		BAY, STAR									
	USHR8549	216	F	TW		SORREL, NO MARKINGS									
	USHR8550	144	F	PAINT		BAY, WHITE, SNIP, PAINTED BODY									
	USHR8551	156	N	QH		BAY, STAR									
	USHR8552	216	N	SN		BAY, BRAND RIGHT SIDE OF NECK									
	USHR8553	144	N	QH		SORREL, STAR, LR,RR-FETLOCK									
	USHR8554	240	F	MN		SORREL, WHITE HAIRS ACROSS NOSE									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MARCH 24, 2014

20. NAME OF ISSUING VETERINARIAN (*Last name, first name, middle initial, - please print*): RYAN, SHAWN T. 9874

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 26

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (*Type, print, or stamp*): KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L095995

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USHR8555	156	N	SM		BAY, STAR, BRAND RIGHT SIDE OF NECK									
USHR8556	300	F	BL		SORREL, STAR, STRIPE, SNIP, RR-STOCKING									
USHR8557	300	N	BL		SORREL, BLAZE									
USHR8558	300	F	BL		SORREL, BLAZE									
USHR8559	300	F	BL		SORREL, BLAZE									
USHR8560	300	F	BL		SORREL, BLAZE									
USHR8562	180	F	PAINT		BAY, WHITE, STAR, SNIP, LF,LR-STOCKING, RF-FETLOCK, RR-STOCKING									
USHR8563	180	F	SM		BAY, STAR, LR-CORONET									

.) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

:) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.

) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 Buckeye ST P.O Bx 452

STREET ADDRESS: 512 RANG STE JULIE EST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: ST ANDRE' AVELIN QC J0W00

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 1-819-983-7941

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USHR	8537	X										SN			X		
2	↑	8538	X										SN	X			Brand on right side of neck	
3		8539						Sor		X				X				
4		8540						Sor			BL					X		
5		8541	X										As Boxes	X				
6		8542						Blk wht					Paint	X				
7		8543		X							PE			X				
8		8544						Sor					Mule			X		
9		8545	X										SN	X			Brand on right side of neck	
10		8546	X										MN			X		
11		8547	X							X						X		
12		8548	X										SN			X		
13		8549						Sor					TW	X				
14		8550						Bay wht					Paint	X				
15	↓	8551	X							X						X		

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

SIGNATURE: L. N. Bale

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.)

L. N. Bale

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

PAGE 1 OF 2

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USHR	8552	X										SN			X	Brand (R) side of neck	
17		8553						SR		X						X		
18		8554						SR					MN	X				
19		8555	X										SN			X	Brand (R) side of neck	
20		8556						SR			BL			X				
21		8557						SR			BL					X		
22		8558						SR			BL			X				
23		8559						SR			BL			X				
24		8560						SR			BL			X				
25		8562						Bay Wht					Paint	X				
26		8563	X										SN	X				
27																		
28																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

L. H. Balon

VS FORM 10-13A
(SEP 2002)

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

PAGE ____ OF ____

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: L095992

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3/21/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC.
517 RANG STE JULIE EST
ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION														
102 BUCKEYE STREET														
SUGARCREEK, OH 44681														
	USHR8564	48	N	QH	PALOMINO, STAR, SNIP									
	USHR8565	24	M	DONKEY, BROWN, WHITE, BLAZE, LF-PASTERN, LR-SOCK, RR-FETLOCK, PAINTED BODY										
	USHR8566	24	F	AP	GREY, NO MARKINGS									
	USHR8567	240	N	QH CROSS	SORREL, BLAZE									
	USHR8568	60	F	QH	BAY, NO MARKINGS									
	USHR8569	240	F	QH	CHESTNUT, STAR, STRIPE, SNIP									
	USHR8570	216	N	PONY	BAY, NO MARKINGS									
	USHR8571	24	F	PAINT	BAY, WHITE, STAR, SNIP, LR,RR-STOCKING, PAINTED BODY									
	USHR8572	300	F	QH	PALOMINO, STRIPE									
	USHR8573	60	F	QH	SORREL, STAR, STRIPE									
	USHR8574	72	N	SN	BAY, STAR, BRAND RIGHT SIDE OF NECK									
	USHR8575	240	F	QH	CHESTNUT, BLAZE, RR-SOCK									
	USHR8576	36	F	PONY	PALOMINO, BLAZE, LR,RR-SOCK									
	USHR8577	12	M	PONY	SORREL,STAR, LR-PASTERN, RR-SOCK									
	USHR8578	120	F	PONY	DAPPLE GREY, FEW WHITE HAIRS ON FOREHEAD									
	USHR8579	240	F	AB	SORREL, STAR									
	USHR8580	48	F	SN	BAY, RR-PASTERN, BRAND RIGHT SIDE OF NECK									
	USHR8581	300	N	TW	SORREL, STAR, WHITE HAIRS ACROSS NOSE									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MARCH 24, 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): RYAN, SHAWN T. 9874

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 31

23. Signature of Endorsing Federal Veterinarian: Kellie A. Hugh, DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L095992

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.														
102 BUCKEYE STREET														
SUGARCREEK, OH 44681														
	USHR8582	24	N	HAFLINGER		SORREL, STAR								
	USHR8583	156	F	QH		PALOMINO, STAR, STRIPE								
	USHR8584	48	F	QH		PALOMINO, STAR, STRIPE								
	USHR8585	240	F	QH		STRAWBERRY ROAN, BLAZE								
	USHR8586	240	N	QH		PALOMINO, BLAZE								
	USHR8587	192	F	BL		SORREL, BLAZE, LR,RR-STOCKING, WHITE SPOT LEFT SHOULDER								
	USHR8588	240	F	PE		GREY, NO MARKINGS								
	USHR8589	108	N	PAINT		BAY, WHITE, SNIP, PAINTED BODY								
	USHR8590	12	F	QH		SORREL, BLAZE								
	USHR8591	156	F	PAINT		BLACK, WHITE, STAR, STRIPE, SNIP, LF,LR,RF-STOCKING, PAINTED BODY								
	USHR8592	36	F	PAINT		BAY, WHITE, BLAZE, LR,RR-STOCKING, PAINTED BODY								
	USHR8593	36	F	HK		BAY, STAR, SNIP, LF-FETLOCK, RF-PASTERN								
	USHR8561	240	N	DRAFT		BAY, STAR, SNIP								

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(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.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE | DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 Buckeye ST P.O Bx 452

STREET ADDRESS: 512 Rang Ste julie EST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: ST ANDRE' AVELIN QC J0W 1W0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 1-819-983-2944

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USHR	8564						Pal		X						X		
2		8565						Br wht					Donkey		X			
3		8566		X									AP	X				
4		8567						Sor		X CROSS						X		
5		8568	X							X				X				
6		8569					X			X				X				
7		8570	X									X				X		
8		8571						Bay wht					Paint	X				
9		8572						Pal		X				X				
10		8573						Sor		X				X				
11		8574	X										SV			X	Brand on RIGHT SIDE OF NECK	
12		8575					X			X				X				
13		8576						Pal				X		X				
14		8577						Sor				X			X			
15		8578						Dapple Grey				X		X				

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

SIGNATURE: L. N. Baker

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.)

L. N. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

PAGE 1 OF 2

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	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	USHR	8579						Sor					AB	X				
17		8580	X										SN	X			Brand on right side of neck	
18		8581						Sor					TW			X		
19		8582						Sor					Haf			X		
20		8583						Pal		X				X				
21		8584						Pal		X				X				
22		8585						Seal Roan		X				X				
23		8586						Pal		X						X		
24		8587						Sor			BL			X				
25		8588		X							PE			X				
26		8589						Bay white					Paint			X		
27		8590						Sor		X				X				
28		8591						Blk mut					Paint	X				
29		8592						Bay mut					Paint	X				
30		8593	X										HK	X				
31		8594	X								X					X		
32																		
33																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

L. H. Balon

VS FORM 10-13A
(SEP 2002)

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

PAGE 2 OF 2

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: L095985

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3/7/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC.
517 RANG STE JULIE EST
ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION	USHR8516	84	N	PAINT		BLACK, WHITE, LF,RF-STOCKING, LR,RR-SOCK,PAINTED BODY									
102 BUCKEYE STREET	USHR8517	72	F	PAINT		CHESTNUT, WHITE, LF,LR-STOCKING, RF-PASTERN,RR-SOCK, PAINTED BODY									
SUGARCREEK, OH 44681	USHR8518	84	N	SN		BAY, STAR, BLAZE, LR,RR-FETLOCK, RF-PASTERN,STAR, SNIP									
	USHR8519	216	F	SN		BAY, STAR, SNIP									
	USHR8520	180	F	QH		BAY, STAR, LR-FETLOCK									
	USHR8521	36	N	PAINT		BAY, WHITE, LF,RF,RR-SOCK, LR-STOCKING, PAINTED BODY									
	USHR8522	300	F	DRAFT CROSS		BAY, STAR,LR-FETLOCK, RR-PASTERN									
	USHR8523	120	N	PAINT		BLACK, WHITE, STAR, STRIPE, LR-STOCKING, PAINTED BODY									
	USHR8524	60	N	QH		PALOMINO, STAR									
	USHR8525	36	F	PAINT		CHESTNUT, WHITE, FEW WHITE HAIRS ON FOREHEAD, LR,RR-STOCKING, PAINTED BODY,SNIP									
	USHR8526	240	F	PAINT		BLACK, WHITE, BLAZE, LF,RF,RR-STOCKING, PAINTED BODY									
	USHR8527	300	F	BL		SORREL, STAR, BLAZE									
	USHR8528	60	F	SN		BAY, BRAND RIGHT SIDE OF NECK									
	USHR8529	72	M	DONKEY		DUN, GREY FACE									
	USHR8530	60	M	SN		BAY, NO MARKINGS									
	USHR8531	36	M	QH		CHESTNUT, BLAZE									
	USHR8532	96	N	QH		BAY, NO MARKINGS									
	USHR8533	72	N	QH		SORREL, BLAZE									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAR 10 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 21

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. (FROM VS FORM 17-140): 109595

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USHR8534	72	M	PONY		BAY, LR-CORONET									
USHR8535	120	N	OH		BUCKSKIN, STAR, STRIPE, SHIP, LR,RR-FETLOCK									
USHR8536	144	N	OH		STRAWBERRY ROAN, STAR, LR,RR-SOCK									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT SEEN IN THE STATE OF NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 BUCKEYE ST P.O BX 452

STREET ADDRESS: 517 RANG STE JULIE EST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: ST ANDRE' AVELIN QC J0W0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 1-819-983-7947

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USAR	8516						Blk wht					Paint			X		
2	↑	8517						Chst wht					Paint	X				
3		8518	X										SN			X		
4		8519	X										SN	X				
5		8520	X							X				X				
6		8521						Bay wht					Paint			X		
7		8522	X								Cross			X				
8		8523						Blk wht					Paint			X		
9		8524						Pal		X						X		
10		8525						Chst wht					Paint	X				
11		8526						Blk wht					Paint	X				
12		8527						Sor			BL			X				
13		8528	X										SN	X			Brand on right side of neck	
14		8529						Dun					Donkey		X			
15	↓	8530	X										SN		X			

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	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	26SHR	8531					X			X					X			
17	↑	8532	X							X						X		
18		8533						Sor		X						X		
19		8534	X									X			X			
20		8535						Buckskin		X						X		
21	↓	8536						Strawberry Roan		X						X		
22																		
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26																		
27																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

L. H. Bela

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED / OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION
2. CERTIFICATE NO.: 1095977
3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 2/28/14
5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY
6. STATE CODE: 36
7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET
8. CONSIGNOR'S CITY (or Town): SUGARCREEK
12. CONSIGNOR'S STATE: OHIO
13. STATE CODE: 39
14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]
10. NO. DOSES OF SEMEN:
11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC. 517 RANG STE JULIE EST ST. ANDRE AVELLIN, QC J0V 1W0
DESTINATION COUNTRY: CANADA
ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [ ] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [X] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS
BRUCELLOSIS BLOOD SAMPLE COLLECTED
NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN: Owner's name (Last name, two initials, or business name); Owner's street address; Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION	USHR8486	96	N	QH		BAY, STAR, LR-FETLOCK									
102 BUCKEYE STREET	USHR8487	96	N	SN		CHESTNUT, STAR, LR-SOCK, BRAND RIGHT SIDE OF NECK									
SUGARCREEK, OH 44681	USHR8488	156	F	QH		SORREL, BLAZE, LF,LR,RR-SOCK									
	USHR8489	72	F	TW		CHESTNUT, BLAZE, LF-CORONET, LR,RR-SOCK									
	USHR8490	144	F	HK		BAY, LF,RF-FETLOCK, LR,RR-SOCK									
	USHR8491	24	F	PONY		STRAWBERRY ROAN, BALD FACE, LR,RF,RR-STOCKING, WHITE SPOT LF CRANIAL CARPUS									
	USHR8492	48	N	MULE		SORREL, WHITE MUZZLE									
	USHR8495	72	F	MULE		DUN, NO MARKINGS									
	USHR8496	24	N	QH		CHESTNUT, STAR									
	USHR8497	108	N	HAFLINGER		SORREL, STAR, STRIPE									
	USHR8498	36	M	QH		SORREL, STAR, LR-SOCK, RR-PASTERN, WHITE SPOT MEDIAL LEFT HOCK									
	USHR8499	84	F	PAINT		STRAWBERRY ROAN, WHITE, BLAZE, LF,LR,RF,RR-STOCKING, PAINTED BODY									
	USHR8500	36	N	MULE		PALOMINO ROAN, WHITE MUZZLE									
	USHR8501	48	M	PAINT		BAY, BALD FACE, LF-PASTERN									
	USHR8502	72	F	QH		SORREL, STAR									
	USHR8503	22	M	QH		BAY, STAR									
	USHR8504	36	F	QH		BAY, STAR, STRIPE, SNIP									
	USHR8505	36	M	PAINT		DUN, BLAZE, LR-PASTERN, WHITE SPOT RIGHT RIBS									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAR 3 2014
20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): HIRSCHBACH, BRYAN E. 9689
21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited
22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 32
23. Signature of Endorsing Federal Veterinarian
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HOUGH, DVM VETERINARY MEDICAL OFFICER
25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4- FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L095977

3. PAGE NO.: 2 OF 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE | DISEASE | DISEASE

TYPE TEST | TYPE TEST | TYPE TEST

DATE | DATE | DATE

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M
USHR8506	240	F	TW		BLACK, LR,RF-PASTERN, RR-FETLOCK, WHITE [illegible]							
USHR8507	240	F	OH		CHESTNUT, STAR, LR-FETLOCK							
USHR8508	108	F	MULE		SORREL, WHITE MUZZLE, LF,RF-SOCK, LR,RR-STOCKING							
USHR8509	48	N	TW		CHESTNUT, BLAZE, LR,RF,RR-SOCK							
USHR8510	36	F	TW		BLACK, STAR, SNIP, LR-PASTERN							
USHR8511	240	F	SN		BAY, STAR, BRAND RIGHT SIDE OF NECK, WHITE SPOT LEFT WITHERS							
USHR8512	108	N	AS		CHESTNUT, BLAZE, LF-PASTERN, LR-FETLOCK, RR-SOCK							
USHR8513	192	F	SN		BAY, STAR, LR-CORONET, RR-FETLOCK, BRAND RIGHT SIDE OF NECK							
USHR8514	204	F	OH		CHESTNUT, STAR, STRIPE							
USHR8515	204	N	SN		BAY ROAN, STAR, LR,RR-FETLOCK, BRAND RIGHT SIDE OF NECK							
USHR8472	84	F	HAFLINGER		SORREL, BLAZE							
USHR8473	84	F	MULE		DUN, WHITE MUZZLE							
USHR8476	72	F	MULE		SORREL, WHITE MUZZLE							
USHR8477	120	F	HAFLINGER		SORREL, BLAZE							

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL WAS BREDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 BUCKEYE ST P.O BX 452

STREET ADDRESS: 517 RANG STE JULIE EST

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: ST ANDRE AVELLIN QC J0V1W0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 1-819-983-7949

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	21SHR	8486	X							X						X		
2	↑	8487					X						SN			X	Brand on right side of neck.	
3		8488						Sor		X				X				
4		8489					X						TW	X				
5		8490	X										HK	X				
6		8491						Sorrel Roan				X		X				
7	↓	8492						Sor					Mule			X		
8	21SHR	8495						Dun					Mule	X				
9	↑	8496					X			X						X		
10		8497						Sor					Hef			X		
11		8498						Sor		X					X			
12		8499						Sorrel Roan Paint					Paint	X				
13		8500											Mule			X		
14		8501	X										Paint		X			
15	↓	8502						Sor		X				X				

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

SIGNATURE: L. N. Baker

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.)

L. N. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2USHR	8503	X							X					X			
17	↑	8504	X							X				X				
18		8505						Dun					Paint		X		wht spot on rib	
19		8506			X								TW	X				
20		8507					X			X				X				
21		8508						Sor					Mule	X				
22		8509					X						TW			X		
23		8510			X								TW	X				
24		8511	X										SN	X			Brand on right side of neck	wht spot on left others
25		8512					X						AS			X		
26		8513	X										SN	X			Brand on right side of neck	
27		8514					X			X				X				
28	↓	8515						Gray Roan					SN			X		
29	2USHR	8472						Sor					Hef	X				
30	↕	8473						Dun					Mule	X				
31	2USHR	8476						Sor					Mule	X				
32	↕	8477						Sor					Hef	X				
33																		
34																		
35																		
36																		
37																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

L. H. Bale

VS FORM 10-13A
(SEP 2002)

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

PAGE 2 OF 2

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: L095984

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 2/28/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC. 517 RANG STE JULIE EST ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN: Owner's name (Last name, two initials, or business name); Owner's street address; Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION	USHR8458	60	M	AP PONY		STRAWBERRY ROAN, NO MARKINGS									
102 BUCKEYE STREET	USHR8459	60	F	BL		SORREL, BLAZE, LR,RR-SOCK									
SUGARCREEK, OH 44681	USHR8460	300	N	BL		SORREL, BLAZE									
	USHR8461	10	F	BL		SORREL, BLAZE									
	USHR8462	72	N	SN		BAY, BLAZE, LF,RR-FETLOCK									
	USHR8463	300	N	SN		BAY, STAR, LR-CORONET, RR-FETLOCK									
	USHR8464	120	F	QH		STRAWBERRY ROAN, STAR, RR-CORONET									
	USHR8465	120	N	QH		BAY, BLAZE, LF,RR-SOCK, WHITE AROUND LF CARPUS									
	USHR8466	240	F	BL		SORREL, BLAZE									
	USHR8467	180	F	SN		BAY, BRAND RIGHT SIDE OF NECK									
	USHR8468	300	N	SN		BLACK, STAR, SNIP, BRAND RIGHT SIDE OF NECK									
	USHR8469	300	N	AS		CHESTNUT, LR,RR-FETLOCK									
	USHR8470	60	F	HAFLINGER		SORREL, BLAZE									
	USHR8471	96	F	HAFLINGER		SORREL, BLAZE									
	USHR8474	156	F	SN		BAY, BRAND RIGHT SIDE OF NECK									
	USHR8475	84	F	HAFLINGER		SORREL, BLAZE									
	USHR8478	216	N	SN		CHESTNUT, STAR, STRIPE, BRAND RIGHT SIDE OF NECK									
	USHR8479	120	N	QH		BAY, WHITE SPOT ON WITHERS									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: MAR 3 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 28

23. Signature of Endorsing Federal Veterinarian: Kellie A. Hough, DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. (FROM VS FORM 17-140): L0959R4

3. PAGE NO. 2 OF 2

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USHR8480	132	F	QH		BAY, FEW WHITE HAIRS ON FOREHEAD									
USHR8481	120	F	HAFLINGER CROSS		SORREL, LR-FETLOCK									
USHR8482	144	N	QH		BAY, STAR, SNIP, LF-PASTERN, LR-SOCK, RR-FETLOCK									
USHR8483	216	N	QH		SORREL, BLAZE, LR-CORONET									
USHR8484	180	N	QH		BAY, STAR									
USHR8485	180	N	PAINT		BLACK, WHITE, STAR, STRIPE, SNIP, LR-STOCKING, PAINTED BODY									
USHR8447	168	F	QH CROSS		BLACK, LR,RR-CORONET									
USHR8450	168	F	PAINT		BLACK, WHITE, SNIP, LF,LR-STOCKING, RF-SOCK, PAINTED BODY									
USHR8493	300	N	BL		SORREL, BLAZE									
USHR8494	180	F	PE		BLACK, STAR									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL WAS BEGIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PRECEDING TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DATE OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 - FIELD STATION

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: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 BUCKEYE ST P.O BX 452

STREET ADDRESS: 512 KING STE JULIE EST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: ST ANDRE AVELLIN QC J0W0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 1-819-983-7941

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USHR	8458						Sraw Roan				AAY			X			
2	↑	8459						Sor			BL			X				
3		8460						Sor			BL					X		
4		8461						Sor			BL			X				
5		8462	X										SV			X		
6		8463	X										SV			X		
7		8464						Sraw Roan		X				X				
8		8465	X							X						X		
9		8466						Sor			BL			X				
10		8467	X										SV	X			Brand on Right Side of Neck	
11		8468			X								SV			X	Brand on Right Side of Neck	
12		8469					X						AS			X		
13		8470						Sor					Hf	X				
14		8471						Sor					Hf	X				
15	↓	8474	X										SV	X			Brand on Right Side of Neck	

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	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	21SHR	8475						Sor					Hat	X				
17	↑	8478					X						Sor			X	Brand on Right side of neck	
18		8479	X							X						X	wht spot on withers	
19		8480	X							X				X				
20		8481						Sor					Hat Cross	X				
21		8482	X							X						X		
22		8483						Sor		X						X		
23		8484	X							X						X		
24	↓	8485						Blk wht					Paint			X		
25	21SHR	8447			X					X Cross				X				
26	21SHR	8450						Blk wht					Paint	X				
27	21SHR	8493						Sor			BL					X		
28	1	8494			X						PE			X				
29																		
30																		
31																		
32																		
33																		
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45																		

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

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

I. H. Bale

VS FORM 10-13A
(SEP 2002)

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

PAGE 2 OF 2

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: LD85976

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 2/21/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC. 517 RANG STE JULIE EST ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

17. FARM ORIGIN	A ID NO. OR DESCRIPTION	B AGE	C SEX	D BREED	E √	F DATE	G √	H DATE	I VAC	J 1/25	K 1/50	L 1/100	M DISEASE / TYPE TEST / DATE	N DISEASE / TYPE TEST / DATE	O DISEASE / TYPE TEST / DATE
SUGARCREEK LIVESTOCK AUCTION	USHR8424	300	N	BL		SORREL, BLAZE									
102 BUCKEYE STREET	USHR8425	300	N	BL		SORREL, BLAZE									
SUGARCREEK, OH 44681	USHR8426	60	F	QH		SORREL, STAR, LR-SOCK									
	USHR8427	240	N	BL		SORREL, BLAZE, LR,RR-STOCKING									
	USHR8428	96	F	QH		BAY, STAR, SNIP, LR-PASTERN									
	USHR8429	300	F	TW		SORREL, STAR, STRIPE									
	USHR8430	12	F	QH		CHESTNUT, STAR, SNIP, LR,RR-FETLOCK									
	USHR8431	156	F	AS		BAY, SNIP, LR-SOCK									
	USHR8432	108	F	AS		SORREL, STAR, WHITE HAIRS ACROSS NOSE, LR-SOCK, RR-PASTERN									
	USHR8433	60	F	AS		CHESTNUT, STAR, SNIP									
	USHR8434	216	F	TW		BLACK, NO MARKINGS									
	USHR8435	180	F	PAINT		SORREL, WHITE, BLAZE, PAINTED BODY									
	USHR8436	12	M	PAINT		SORREL, WHITE, BLAZE, PAINTED BODY									
	USHR8437	300	N	PAINT		BAY, WHITE, SNIP, LF,RF,RR-STOCKING, PAINTED BODY									
	USHR8438	72	F	QH		BAY, NO MARKINGS									
	USHR8439	12	M	QH CROSS		SORREL, BLAZE, RR-PASTERN									
	USHR8440	96	F	AS		BAY, STAR, SNIP, LF,RF-PASTERN, LR-FETLOCK, RR-CORONET									
	USHR8441	108	F	TW		SORREL, NO MARKINGS									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: FEB 24 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 34

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*
SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140
1095076

3. PAGE NO.
2 OF 2

16. CONSIGNEE'S NAME
LES VIANDES DE LA PETITE-NATION INC.

NEGATIVE TUBERCULIN READING
☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✔ E	DATE F	✔ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USHR8442	156	N	SN		BAY, RR-FETLOCK, BRAND RIGHT SIDE OF NECK									
USHR8443	216	N	BL		SORREL, BLAZE									
USHR8444	108	F	MULE		DUN, NO MARKINGS									
USHR8445	96	N	SN		BAY, STAR, LR-PASTERN, BRAND RIGHT SIDE OF NECK									
USHR8446	12	F	PAINT		SORREL, WHITE, STAR, SNIP, PAINTED BODY									
USHR8447	168	F	QH		CROSS BLACK, LR,RR-CORONET									
USHR8448	24	F	QH		SORREL, STAR, LR-CORONET, RR-PASTERN									
USHR8449	12	F	QH		SORREL, BLAZE, LR-PASTERN									
USHR8450	168	F	PAINT		BLACK, WHITE, SNIP, LF,LR-STOCKING, RF-SOCK, PAINTED BODY									
USHR8451	72	M	PONY		SORREL, BLAZE, RR-SOCK									
USHR8452	60	N	PONY		BLACK, NO MARKINGS									
USHR8453	60	F	PONY		CHESTNUT, STAR, RR-FETLOCK									
USHR8454	72	M	PONY		BAY, LR-CORONET									
USHR8455	216	F	PONY		DUN, NO MARKINGS									
USHR8456	36	F	PONY		BLACK, NO MARKINGS									
USHR8457	36	F	PONY		CHESTNUT, NO MARKINGS									

1) ~~THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.~~
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT ANY TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

Donald Stout, DVM

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 - FIELD STATION

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: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 BIXKOYE ST. P.O BX 452

STREET ADDRESS: 517 RANG STE JULIE EST

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: ST ANDRE AVELLIN QC J0V1W0

AREA CODE & TELEPHONE NO.: 330-852-2822

AREA CODE & TELEPHONE NO.: 1-819-983-7941

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	315HR	8424						Sor			BL					X		
2	↑	8425						Sor			BL					X		
3		8426						Sor		X				X				
4		8427						Sor			BL					X		
5		8428	X							X				X				
6		8429						Sor					TW	X				
7		8430					X			X				X				
8		8431	X										AS	X				
9		8432						Sor					AS	X				
10		8433					X						AS	X				
11		8434			X								TW	X				
12		8435						Sor wht					Paint	X				
13		8436						Sor wht					Paint		X			
14		8437						Bay wht					Paint			X		
15	↓	8438	X							X				X				

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	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	265HR	8439						Sor		X CROSS					X			
17	↑	8440	X										AS	X				
18		8441						Sor					TW	X				
19		8442	X										SN			X	Brand on right side of neck.	
20		8443						Sor			BL					X		
21		8444						Dun					Mule	X				
22		8445	X										SN			X	Brand on right side of neck	
23		8446						Sor wht					Paint	X				
24		8447			X					X CROSS				X				
25		8448						Sor		X				X				
26		8449						Sor		X				X				
27		8450						Blk wht					Paint	X				
28		8451						Sor				X			X			
29		8452			X							X				X		
30		8453					X					X		X				
31		8454	X									X			X			
32		8455						Dun				X		X				
33		8456			X							X		X				
34	↓	8457					X					X		X				
35																		
36																		
37																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

L. H. Baker

VS FORM 10-13A
(SEP 2002)

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

PAGE ____ OF ____

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: L0950451

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 2/17/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC. 517 RANG STE JULIE EST ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name): SUGARCREEK LIVESTOCK AUCTION
Owner's street address: 102 BUCKEYE STREET
Owner's city/town, State code (FIPS code on reverse) & zip code: SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USHR8396	168	F	BL		SORREL, STAR, STRIPE									
USHR8397	300	F	BL		SORREL, BLAZE, WHITE SPOT RIGTH SIDE OF NECK									
USHR8398	156	N	PE		BLACK, STARS, SNIP									
USHR8399	156	N	PE		BLACK, NO MARKINGS									
USHR8400	228	N	PE		BLACK, STAR, WHITE SPOTS LEFT SHOULDER									
USHR8401	240	N	PE		BLACK, FEW WHITE HAIRS ON FOREHEAD									
USHR8402	48	N	PAINT		BLACK, WHITE, STAR, STRIPE, SNIP, PAINTED BODY									
USHR8403	36	N	TW		CHESTNUT, BLAZE									
USHR8404	300	F	TW		SORREL, SNIP									
USHR8405	144	F	TW		CHESTNUT, STAR, SNIP, LR-FETLOCK, RR-PASTERN									
USHR8406	108	N	QH		CHESTNUT, NO MARKINGS									
USHR8407	48	F	SN		BAY, BRAND RIGHT SIDE OF NECK									
USHR8408	216	N	PAINT		SORREL, WHITE, BLAZE, LR,RR-CORONET, PAINTED BODY									
USHR8409	35	N	QH		BAY, STAR, SNIP, LR-PASTERN									
USHR8410	240	N	SN		BAY, WHITE HAIRS ON FACE, LR-PASTERN, BRAND RIGHT SIDE OF NECK									
USHR8411	96	F	QH CROSS		GREY, NO MARKINGS									
USHR8412	240	F	AS		CHESTNUT, BLAZE, LR,RF-SOCK									
USHR8413	48	F	PAINT		BLACK, WHITE, STAR, SNIP, LR,RF,RR-STOCKING, PAINTED BODY									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: FEB 18 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112); while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form approved OMB No. 0579-0007.

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

CERTIFICATE NO. | PAGE NO. 2 OF 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USHR8414	48	F	PONY		BAY, NO MARKINGS									
USHR8415	180	N	QH		BAY, LR-PASTERN									
USHR8416	96	F	HAFLINGER		SORREL, BLAZE, SNIP									
USHR8417	144	N	PONY		BAY, WHITE, LR,RR-STOCKING, PAINTED BODY									
USHR8419	36	N	BL		SORREL, BLAZE, LR,RR-STOCKING									
USHR8420	36	F	BL		SORREL, BLAZE									
USHR8421	96	F	BL		SORREL, STAR, STRIPE, SNIP									
USHR8422	300	F	BL		SORREL, BLAZE, LR,RR-FETLOCK									
USHR8423	72	M	AP		CHESTNUT ROAN, BLAZE, LR-SOCK, RR-PASTERN									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 - FIELD STATION

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: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 Buckeye ST P.O Bx 452

STREET ADDRESS: 517 Rang Ste Julie EST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: ST ANDRE AVELLIN QC J0W0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 1-819-983-7941

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	21SHR	8396						Sor			BL			X				
2	↑	8397						Sor			BL			X			white spot on right side of neck	
3		8398			X						PE					X		
4		8399			X						PE					X		
5		8400			X						PE					X	white spot on left shoulder	
6		8401			X						PE					X		
7		8402						Blk wht					Paint			X		
8		8403					X						TW			X		
9		8404						Sor					TW	X				
10		8405					X						TW	X				
11		8406					X			X						X		
12		8407	X										SW	X			Brand on right side of neck	
13		8408						Sor wht					Paint			X		
14		8409	X							X						X		
15	↓	8410	X										SW			X	Brand on right side of neck.	

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	26SHR	8411		X						X CROSS				X				
17	↑	8412					X						AS	X				
18		8413						Blk wht					Paint	X				
19		8414	X									X		X				
20		8415	X							X						X		
21		8416						Sor					Hat	X				
22		8417						Bay wht				X				X		
23		8419						Sor			BL					X		
24		8420						Sor			BL			X				
25		8421						Sor			BL			X				
26		8422						Sor			BL			X				
27	↓	8423						Bar Roan					AP		X			
28																		
29																		
30																		
31																		
32																		
33																		
34																		
35																		
36																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

L. H. Bake

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: L095980

3. PAGE NO.: 1 OF 2

APPROVED

4. DATE ISSUED: 2/7/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC.
517 RANG STE JULIE EST
ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION	USHR8368	240	F	BL		SORREL, BLAZE									
102 BUCKEYE STREET	USHR8369	300	F	BL		SORREL, STAR, WHITE HAIRE ACROSS NOSE,									
SUGARCREEK, OH 44681	USHR8370	300	F	BL		SORREL, BLAZE, LR,RR-SOCK									
	USHR8371	300	F	BL		SORREL, BLAZE									
	USHR8372	36	F	AP		CHESTNUT ROAN, STAR, STRIPE, SNIP									
	USHR8373	72	F	PAINT		BLACK, WHITE, STAR, STRIPE, SNIP, PAINTED BODY									
	USHR8374	72	N	SN		BAY, NO MARKINGS									
	USHR8375	84	F	QH		SORREL, BLAZE									
	USHR8376	24	F	QH		SORREL, STAR, RR-PASTERN									
	USHR8377	84	F	MUSTANG		BAY, BRAND LEFT SIDE OF NECK									
	USHR8378	12	F	QH		STRAWBERRY ROAN, BLAZE, LF,RF-STOCKING									
	USHR8379	36	F	QH		BAY, STAR, SNIP, LR-PASTERN									
	USHR8380	84	N	SN CROSS		BAY, NO MARKINGS									
	USHR8381	36	N	QH CROSS		SORREL, STAR, LF,LR,RR-STOCKING									
	USHR8382	144	N	DRAFT CROSS		CHESTNUT, BLAZE, LF,RF-CORONET,LR,RR-STOCKING, WHITE MARKINGS UNDER BELLY									
	USHR8383	24	F	HAFLINGER CROSS		STAR, SORREL									
	USHR8384	24	N	QH		STRAWBERRY ROAN, BALD FACE									
	USHR8385	12	M	QH		SORREL, STAR, LR-FETLOCK									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

APPROVED

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: FEB 10 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 28

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional instructions. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*
SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME
LES VIANDES DE LA PETITE-NATION INC.

CERTIFICATE NO. L095880 PAGE NO. 2 OF 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF DISEASE TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	M	N	O
SUGARCREEK LIVESTOCK AUCTION, INC.	USHR8386	36	M	DRAFT CROSS	BLACK, STAR									
102 BUCKEYE STREET	USHR8387	300	F	SN	BAY, STAR, LR-PASTERN, BRAND RIGHT SIDE OF NECK, WHITE HAIRS ON FACE									
SUGARCREEK, OH 44681	USHR8388	300	N	BL	SORREL, BLAZE, LR,RR-SOCK									
	USHR8389	300	F	BL	SORREL, BLAZE									
	USHR8390	60	F	PAINT	BAY, WHITE, STAR, STRIPE, LF,RF,RR-STOCKING, PAINTED BODY									
	USHR8391	84	N	QH	SORREL, STAR, LR-PASTERN									
	USHR8392	108	N	SN	BAY, BRAND RIGHT SIDE OF NECK, WHITE SPOT LF CRANIAL CANNON BONE									
	USHR8393	12	M	QH	BAY, NO MARKINGS									
	USHR8394	240	F	BL	SORREL ROAN, BLAZE									
	USHR8395	144	F	PE	BLACK, STAR, BRAND RIGHT SHOULDER									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 Buckeye ST P.O Bx 452

STREET ADDRESS: 517 Rang ste julie EST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: ST ANDRE AVELLIN QC J0V 1W0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 1-819-983-7941

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USHR	8368						Sor			BL			X				
2	↑	8369						Sor			BL			X				
3		8370						Sor			BL			X				
4		8371						Sor			BL			X				
5		8372						Chst Barn					AP	X				
6		8373						Blk wht					Paint	X				
7		8374	X										SN			X		
8		8375						Sor		X				X				
9		8376						Sor		X				X				
10		8377	X										Mustang	X			Brand on left SIDE OF NECK	
11		8378						Straw Barn		X				X				
12		8379	X							X				X				
13		8380	X										SN X			X		
14		8381						Sor		X CROSS						X		
15	↓	8382					X				X CROSS					X	white markings UNDER BELLY	

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	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	USHR	8383						Sor					Hat X	X				
17	↑	8384						Straw Roan		X						X		
18		8385						Sor		X					X			
19		8386			X						X Cross				X			
20		8387	X										SV	X			Brand on Right side of neck	
21		8388						Sor			BL					X		
22		8389						Sor			BL			X				
23		8390						Bay with					Paint	X				
24		8391						Sor		X						X		
25		8392	X										SV			X	Brand on Right side of neck - wht spot LF Gonial Canal Gone	
26	↓	8393	X							X					X			
27	USHR	8394						SOR			BL			X				
28	USHR	8395			X						PE			X			Brand Right Shoulder	
29																		
30																		
31																		
32																		
33																		
34																		
35																		
36																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the Information contained in this form is true and correct to the best of my knowledge.)

L. H. Baker

VS FORM 10-13A
(SEP 2002)

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

PAGE ____ OF ____

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: A095974

3. PAGE NO. 2 OF 2

4. DATE ISSUED: 1/24/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address):
LES VIANDES DE LA PETITE-NATION INC.
517 RANG STE JULIE EST
ST. ANDRE AVELLIN, QC JOV 1WO

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

SUGARCREEK LIVESTOCK AUCTION
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)												DISEASE / TYPE TEST / DATE	DISEASE / TYPE TEST / DATE	DISEASE / TYPE TEST / DATE
ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	M	N	O
USHR8345	36	N	PAINT	BLACK, WHITE, STAR, SNIP, RR-STOCKING, PAINTED BODY										
USHR8347	72	N	QH	BLACK, STAR, RR-FETLOCK										
USHR8348	120	F	TW	CHESTNUT, STAR, LR-PASTERN, RR-FETLOCK										
USHR8349	228	F	BL	SORREL, BLAZE										
USHR8351	168	F	SN	BAY, BRAND RIGHT SIDE OF NECK, WHITE HAIRS ON WITHERS										
USHR8352	168	N	SN	CHESTNUT, STAR, RR-PASTERN, BRAND RIGHT SIDE OF NECK										
USHR8353	300	N	BL	SORREL, BLAZE										
USHR8354	240	N	BL	SORREL, BLAZE										
USHR8355	216	N	SN	BAY, LR,RR-PASTERN, BRAND RIGHT SIDE OF NECK										
USHR8356	108	F	QH	CHESTNUT, STAR, LR,RR-FETLOCK										
USHR8357	300	N	SN	BLACK, STAR, BRAND RIGHT SIDE OF NECK										
USHR8358	96	N	SN	BAY, STAR, BRAND RIGHT SIDE OF NECK										
USHR8359	72	N	BL	SORREL, BLAZE, RR-PASTERN										
USHR8360	60	N	QH	SORREL, STAR										
USHR8361	24	M	QH	BLACK, FEW WHITE HAIRS ON FOREHEAD, LR-PASTERN										
USHR8362	180	F	SN	BAY, NO MARKINGS										
USHR8363	216	N	SN	BAY, STAR, STRIPE, SNIP, LR,RR-FETLOCK, WHITE SPOT ON WITHERS										
USHR8364	60	N	SN	BAY, LR,RR-PASTERN, BRAND RIGHT SIDE OF NECK										

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: JAN 27 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 21

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (*last name, first name, middle initial or business name*): SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L095974

3. PAGE NO.: 2 OF 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name (*Last name, two initials, & business name*)
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USHR8365	72	N	QH		BAY, STAR, LF-PASTERN, LR,RR-CORONET									
102 BUCKEYE STREET	USHR8366	144	N	SN		BAY, STAR, BRAND RIGHT SIDE OF NECK									
SUGARCREEK, OH 44681	USHR8367	132	F	BL		SORREL, BLAZE, RR-SOCK, WHITE SPOT ON RUMP									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

RM 17-140a (5) *Previous edition may be used.*

PART 4 - FIELD STATION

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: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 Buckeye ST P.O Bx 452

STREET ADDRESS: 517 Rang Ste Julie EST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: ST ANDRÉ AVELLIN QC J0V 1W0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 1-819-983-7944

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USHR	8345						Blk Pint					Paint			X		
2		8347			X					X						X		
3		8348					X						TW	X				
4		8349						Sor			BL			X				
5		8351	X										SN	X			Brand on Right SIDE OF NECK - Wht hair on withers	
6		8352					X						SN			X	Brand on Right SIDE OF NECK	
7		8353						Sor			BL					X		
8		8354						Sor			BL					X		
9		8355	X										SN			X	Brand on Right SIDE OF NECK	
10		8356					X			X				X				
11		8357			X								SN			X	Brand on right SIDE OF NECK	
12		8358	X										SN			X	Brand on Right SIDE OF NECK	
13		8359						Sor			BL					X		
14		8360						Sor		X						X		
15		8361			X					X					X			

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

SIGNATURE: L. N. Baker

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.)

L. N. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	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	USHR	8362	X										SN	X				
17	↑	8363	X										SN			X	White spots on withers	
18		8364	X										SN			X	Brand on right side of neck	
19		8365	X							X						X		
20		8366	X										SN			X	Brand on right side of neck	
21	↓	8367						Sor			Bl			X				
22																		
23																		
24																		
25																		
26																		
27																		
28																		
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45																		

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

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

L. H. Bale

VS FORM 10-13A
(SEP 2002)

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

PAGE ____ OF ____

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: L094966

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/17/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC. 517 RANG STE JULIE EST ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

CENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code
SUGARCREEK LIVESTOCK AUCTION
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USHR8314	60	N	PE CROSS		GREY, BRAND RIGHT QUAD									
USHR8315	240	N	BL		SORREL, STAR									
USHR8316	300	N	BL		SORREL, BLAZE									
USHR8317	240	F	BL		SORREL, BLAZE									
USHR8318	240	N	BL		SORREL, BLAZE, LR-SOCK, RR-STOCKING									
USHR8319	300	N	BL		SORREL, STAR, SNIP,									
USHR8320	216	F	QH		BAY, STAR, SNIP, LR,RR-PASTERN									
USHR8321	144	F	HAFLINGER		SORREL, BLAZE									
USHR8322	300	F	QH		SORREL, BLAZE, LF,LR,RR-STOCKING									
USHR8323	240	M	QH		PALOMINO, BLAZE, LF-PASTERN, RF-SOCK, RR-STOCKING									
USHR8325	48	F	SN		BAY, STAR, BRAND RIGHT SIDE OF NECK									
USHR8326	216	N	QH		BAY, STAR, SNIP, LR-PASTERN, RR-FETLOCK									
USHR8327	72	F	QH		BAY, STAR, LR,RR-FETLOCK									
USHR8328	132	F	QH		CHESTNUT, STAR, WHITE SPOT RIGHT RIBS									
USHR8329	36	F	SN		BAY, NO MARKINGS									
USHR8330	144	N	QH		SORREL, BLAZE, LR-PASTERN									
USHR8331	60	N	TW		BLACK, BLAZE, MISSING RIGHT EAR									
USHR8332	216	F	QH		SORREL, STAR, STRIPE, SMALL WHITE SPOTS OVER BODY									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: JAN 21 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 1 State [ ] 2 Federal [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian: Kellie A. Hough, DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*
SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME
LES VIANDES DE LA PETITE-NATION INC.

CERTIFICATE NO. FROM VS FORM 17-140
100[illegible]

3. PAGE NO.
2 OF 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC J	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USHR8333	36	F	QH		SORREL, BLAZE, LR,RF-SOCK, RR-CORONET									
102 BUCKEYE STREET	USHR8334	72	N	QH		BAY, NO MARKINGS									
SUGARCREEK, OH 44681	USHR8335	300	F	PAINT		RED DUN, WHITE, BLAZE, LF,RF-CORONET, LR-FETLOCK									
	USHR8336	216	F	QH		CHESTNUT, STAR, STRIPE, SNIP, LR-FETLOCK, RR-SOCK									
	USHR8337	192	F	MN		BLACK, WHITE SPOT RIGHT RIBS									
	USHR8338	204	F	SN		BAY, BRAND RIGHT SIDE OF NECK									
	USHR8339	60	N	HAFLINGER CROSS		SORREL, BLAZE									
	USHR8340	216	N	QH		PALOMINO, STAR									
	USHR8341	240	F	PAINT		SORREL, WHITE, STAR, SNIP, PAINTED BODY									
	USHR8342	156	F	SN		BAY, STAR, BRAND RIGHT SIDE OF NECK									
	USHR8343	72	F	PAINT		BAY, WHITE, BLAZE, LF-STOCKING, PAINTED BODY									
	USHR8344	180	N	SN		BAY, WHITE HAIRS ON FACE									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: L055972

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/10/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE:

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address):
LES VIANDES DE LA PETITE-NATION INC.
517 RANG STE JULIE EST
ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

17. FARM ORIGIN	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION	USHR8281	84	F	MULE		BAY, LF,RF-CORONET, LR-SOCK, RR-FETLOCK									
102 BUCKEYE STREET	USHR8282	84	F	MULE		BAY, LF-FETLOCK, LR,RR-SOCK, RF-FETLOCK									
SUGARCREEK, OH 44681	USHR8283	108	N	SN		BLACK, STAR, BRAND RIGHT SIDE OF NECK									
	USHR8284	36	N	QH		PALOMINO, BLAZE									
	USHR8285	20	M	QH CROSS		SORREL, BLAZE, LF-FETLOCK, LR-SOCK									
	USHR8286	180	F	PAINT		SORREL, WHITE, BLAZE, LF,RF-STOCKING, PAINTED BODY									
	USHR8287	240	F	SN		BAY, STAR, LF,LR,RR-FETLOCK, RF-PASTERN									
	USHR8289	48	N	QH		SORREL, BLAZE, LF-PASTERN, LR,RR-STOCKING, RF-SOCK									
	USHR8290	48	F	TW		BLACK, STAR, SNIP, LR-CORONET									
	USHR8291	216	N	QH		DARK BAY, NO MARKINGS									
	USHR8292	48	N	SN		BAY, NO MARKINGS									
	USHR8293	240	N	QH		BAY, NO MARKINGS									
	USHR8294	72	F	SN		BLACK, BRAND RIGHT SIDE OF NECK									
	USHR8295	240	N	PONY		BAY, STAR									
	USHR8296	36	F	QH		DUN STAR, LR-PASTERN									
	USHR8297	60	F	QH		CHESTNUT, BLAZE, LF-PASTERN, LR,RF,RR-STOCKING									
	USHR8298	120	N	QH		SORREL, STAR, SNIP, LR,RR-SOCK									
	USHR8299	84	N	SN		BAY, BRAND RIGHT SIDE OF NECK									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: JAN 13 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 29

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): NANCY L. HANNAWAY, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: 1093172

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: LES VIANDES DE LA PETITE-NATION INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name (Last name, two initials, & business name)
Owner's street address
Owner's city/town, state code & zip code

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USHR8300	84	N	QH		CHESTNUT, STAR, SNIPS, LR-FETLOCK									
USHR8301	180	N	SN		BAY, STAR, LF-SOCK, LR,RR-FETLOCK, BRAND RIGHT SIDE OF NECK									
USHR8302	240	N	SN		BAY, BRAND RIGHT SIDE OF NECK									
USHR8303	60	F	QH		BAY, BLAZE, LR,RR-SOCK									
USHR8304	216	N	SN		BAY, WHITE SPOT RIGHT SHOULDER									
USHR8305	12	N	PE		BLACK, STAR									
USHR8306	216	F	QH		BAY, NO MARKINGS									
USHR8307	168	N	SN		BAY, STAR, LF,RR-PASTERN, LR-CORONET									
USHR8309	144	F	QH		BUCKSKIN, STAR, SNIP									
USHR8310	240	F	BL		SORREL, BLAZE									
USHR8311	84	F	BL		SORREL, BLAZE									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. "FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 Buckeye ST P.O.Bx 462

STREET ADDRESS: 517 Rang Ste julie EST

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: ST ANDRE AVELLIN QC J0W00

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 1-819-983-7941

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USHR	8281	X										Mule	X				
2		8282	X										Mule	X				
3		8283			X								SN			X	Brand on Right SIDE OF NECK	
4		8284						Pal		X						X		
5		8285						Sor		X cross					X			
6		8286						Sor wht					Paint	X				
7		8287	X										SN	X				
8		8289						Sor		X						X		
9		8290			X								TW	X				
10		8291						DK Bay		X						X		
11		8292	X										SN			X		
12		8293	X							X						X		
13		8294			X								SN	X			Brand on Right SIDE OF NECK	
14		8295	X									X				X		
15		8296						Dun		X				X				

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	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	26SHR	8297					X			X				X				
17	↑	8298						Sor		X						X		
18		8299	X										SW			X	Brand on Right SIDE OF NECK	
19		8300					X			X						X		
20		8301	X										SW			X	Brand on Right SIDE OF NECK	
21		8302	X										SW			X	Brand on Right SIDE OF NECK	
22		8303	X							X				X				
23		8304	X										SW			X	White spot on Right shoulder	
24		8305			X						PE					X		
25		8306	X							X				X				
26		8307	X										SW			X		
27		8309						Buckskin		X				X				
28		8310						Sor					BL	X				
29	↓	8311						SW					BL	X				
30																		
31																		
32																		
33																		
34																		
35																		
36																		
37																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

L. H. Baker

VS FORM 10-13A
(SEP 2002)

*U.S. Government Printing Office: 2004—616-824/99766

PAGE ____ OF ____

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: L095968

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/10/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC.
317 RANG STE JULIE EST
ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

SUGARCREEK LIVESTOCK AUCTION
102 BUCKEYE STREET
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	√ E	DATE F	√ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USHR8260	192	N	BL		SORREL, STAR, STRIPE									
USHR8261	240	N	BL		SORREL, STAR,STRIPE									
USHR8262	240	F	BL		SORREL, BLAZE									
USHR8263	240	F	MULE		SORREL, NO MARKINGS									
USHR8264	180	N	SN		BAY, STAR, BRAND RIGHT SIDE OF NECK									
USHR8265	144	N	SN		BAY, BRAND RIGHT SIDE OF NECK									
USHR8266	108	F	SN		BAY, STAR, SNIP, LR,RR-FETLOCK, BRAND RIGHT SIDE OF NECK									
USHR8267	36	F	PE		BLACK, STAR, LR-FETLOCK									
USHR8268	180	N	SN		BAY, STAR, LF,LR-PASTERN, BRAND RIGHT SIDE OF NECK									
USHR8269	96	N	BL		SORREL, BLAZE, LR,RR-SOCK									
USHR8270	132	N	BL		SORREL, BLAZE									
USHR8271	300	N	BL		SORREL, BLAZE, LR,RR-FETLOCK									
USHR8272	240	N	BL		SORREL, STAR									
USHR8273	48	N	BL		SORREL, BLAZE									
USHR8274	252	N	BL		SORREL, BLAZE, LF,RF,RR-STOCKING									
USHR8275	120	N	SN		BLACK, STAR, LR-FETLOCK, RF-CORONET, BRAND RIGHT SIDE OF NECK, SCAR LEFT CRANIAL HOCK									
USHR8276	156	N	MULE		SORREL, NO MARKINGS									
USHR8277	156	N	MULE		SORREL, WHITE SPOT RIGHT SHOULDER									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: JAN 13 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 23

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): NANCY L. HANNAWAY DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. (FROM VS FORM 17-140): L093968

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: LES VIANDES DE LAPETITE-NATION INC.

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE STREET~~
~~SUGARCREEK, OH 44681~~

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USHR8278	216	M	MULE		GREY, NO MARKINGS									
USHR8279	108	N	PAINT		BAY, WHITE, BLAZE, PAINTED BODY									
USHR8280	216	N	SN		BAY, LF,RF-PASTERN, LR,RR-FETLOCK, BRAND RIGHT SIDE OF NECK									
USHR8312	216	N	SN		BAY, STAR, BRAND RIGHT SIDE OF NECK									
USHR8313	216	F	SN		BAY, STAR, LF,LR-PASTERN, RR-FETLOCK, BRAND RIGHT SIDE OF NECK									

1) ~~THE ANIMALS WERE INSPECTED WITHIN 10 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.~~
2) ~~THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.~~
3) ~~THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.~~
4) ~~THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.~~
5) ~~DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.~~
6) ~~THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)~~

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 4 - FIELD STATION

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: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 Buckeye St P.O Bx 452

STREET ADDRESS: 517 Rang Ste julie EST

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: ST ANDRE AVELIN QC J0W0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 1-819-983-7944

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USHR	8260						Sor			BL					X		
2	↑	8261						Sor			BL					X		
3		8262						Sor			BL			X				
4		8263						Sor				Mule		X				
5		8264	X										SN			X	Brand on Right SIDE OF NECK	
6		8265	X										SN			X	Brand on Right SIDE OF NECK	
7		8266	X										SN	X			Brand on Right SIDE OF NECK	
8		8267			X						PE			X				
9		8268	X										SN			X	Brand on Right SIDE OF NECK	
10		8269						Sor			BL					X		
11		8270						Sor			BL					X		
12		8271						Sor			BL					X		
13		8272						Sor			BL					X		
14		8273						Sor			BL					X		
15	↓	8274						Sor			BL					X		

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

SIGNATURE: L. H. Baker

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.)

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

...PLANT HEALTH INSPECTION SERVICE

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USHR	8275			X								Sv			X	Brand on right side of neck. Star & Crani	
17		8276						Sor					Mule			X		
18		8277											Mule			X	white spot on right shoulder	
19		8278		X									Mule		X			
20		8279						Bay Pint					Paint			X		
21		8280	X										SN			X	Brand on Right side of neck	
22		832	X										SN			X	Brand (R) side of neck	
23		8313	X										SN	X			Brand (R) side of neck	
24																		
25																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

Leroy S. Bale

VS FORM 10-13A

PAGE 2 OF 2

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name): SUGARCREEK LIVESTOCK AUCTION

2. CERTIFICATE NO.: E095970

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/3/14

5. U.S. PORT OF EMBARKATION (City and State): CHAMPLAIN, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE STREET

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): LES VIANDES DE LA PETITE-NATION INC.
517 RANG STE JULIE EST
ST. ANDRE AVELLIN, QC J0V 1W0

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)

A ID NO. OR DESCRIPTION	B AGE	C SEX	D BREED	E ✓	F DATE	G ✓	H DATE	I VAC	J 1/25	K 1/50	L 1/100	M DATE	N DATE	O DATE
SUGARCREEK LIVESTOCK AUCTION	USHR8230	144	M	SN	BAY, STAR									
102 BUCKEYE STREET	USHR8231	300	F	BL	SORREL, BLAZE									
SUGARCREEK, OH 44681	USHR8232	300	N	BL	SORREL, BLAZE									
	USHR8233	240	N	BL	SORREL, STAR, STRIPE, SNIP, LR-FETLOCK,								WHITE SPOT LEFT SHOULDER	
	USHR8234	72	F	BL	SORREL, BLAZE, LR,RR-SOCK									
	USHR8235	300	F	BL	SORREL, BLAZE, LR,RR-STOCKING, RF-SOCK									
	USHR8236	240	F	PE	BLACK, STAR, STRIPE, SNIP									
	USHR8237	216	N	SN	BAY, LF,LR,RF-PASTERN, RR-FETLOCK,							BRAND	RIGHT SIDE OF NECK	
	USHR8238	96	N	QH	PALOMINO, BLAZE, LR-SOCK									
	USHR8239	72	N	TW	SORREL, LR-CORONET, RF-FETLOCK									
	USHR8240	216	F	SN CROSS	BAY, STAR, RR-CORONET									
	USHR8241	216	F	SN	BAY, BRAND RIGHT SIDE OFNECK									
	USHR8242	300	N	QH	BAY, STAR, STRIPE, SNIP, LR,RR-FETLOCK,							RF-PASTERN,	RIGHT RIBS	WHITE SPOT
	USHR8243	180	N	SN	BAY, BRAND RIGHT SIDE OF NECK									
	USHR8244	156	N	TW	BLACK, STAR									
	USHR8245	144	N	SN	BLACK, LR-CORONET									
	USHR8246	240	N	SN	BAY, FEW WHITE HAERS ON FOREHEAD, LR-CORONET									
	USHR8247	180	N	SN	DARK BAY, BRAND RIGHT SIDE OF NECK									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: JAN 6 2014

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACK, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*
SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME
LES VIANDES DE LAPETITE-NATION INC.

CERTIFICATE NO. 109 2070

PAGE NO. 2 OF 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
Owner's name *(Last name, two initials, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USHR8248	96	F	MN		BAY, STAR, SNIP									
102 BUCKEYE STREET	USHR8249	300	F	OH		SORREL, LR-FETLOCK, RR-PASTERN									
SUGARCREEK, OH 44681	USHR8250	168	F	SN		BAY, BRAND RIGHT SIDE OF NECK									
	USHR8251	240	N	SN		BAY, BRAND RIGHT SIDE OF NECK									
	USHR8252	180	N	MULE		BAY, NO MARKINGS									
	USHR8253	96	F	TW		SORREL, STAR									
	USHR8254	216	F	SN		BAY, FEW WHITE HAIRS ON FOREHEAD, LF,RF,RR-PASTERN, LR-CORONET, BRAND RIGHT SIDE OF NECK									
	USHR8255	24	F	OH		BAY, STAR, LF-CORONET, LR-FETLOCK									
	USHR8256	96	F	SN CROSS		BAY, STAR, SNIP, LR-PASTERN									
	USHR8257	108	N	MUSTANG		SORREL, STAR, STRIPE, SNIP, BRAND LEFT SIDE OF NECK									
	USHR8258	84	F	OH		BAY, NO MARKINGS									
	USHR8259	120	F	OH		BAY, NO MARKINGS									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 4 – FIELD STATION

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: LES VIANDES DE LA PETITE NATION

STREET ADDRESS: 102 Buckeye ST P.O Bx 453

STREET ADDRESS: 517 Rang Ste julie EST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: ST ANDRE' AVELIN QC J0W0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 1-819-983-7941

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	ZISHR	8230	X										SW		X			
2	↑	8231						Sor			BL			X				
3		8232						Sor			BL					X		
4		8233						Sor			BL					X	white spot on LEFT SHOULDER	
5		8234						Sor			BL			X				
6		8235						Sor			BL			X				
7		8236			X						PE			X				
8		8237	X										SW			X	Brand on RIGHT SIDE OF NECK	
9		8238						PM		X						X		
10		8239						Sor					TW			X		
11		8240	X										SW Cross	X				
12		8241	X										SW	X			Brand on right SIDE OF NECK	
13		8242	X							X						X	white spot RIGHT RIBS	
14		8243	X										SW			X	Brand on RIGHT SIDE OF NECK	
15	↓	8244			X								TW			X		

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

SIGNATURE: L. H. Baker

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

L. H. Baker

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

PART I - INSPECTOR

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	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	21SHB	8245			X								SN			X		
17	↑	8246	X										SN			X		
18		8247	DK X										SN			X	Brand on right side of neck	
19		8248	X										MN	X				
20		8249						Sor		X				X				
21		8250	X										SN	X			Brand on right side of neck	
22		8251	X										SN			X	Brand on right side of neck	
23		8252	X										Mule			X		
24		8253						Sor					TW	X				
25		8254	X										SN	X			Brand on right side of neck	
26		8255	X							X				X				
27		8256	X										SN Cross	X				
28		8257						Sor					Mustang			X	Brand on left side of neck	
29		8258	X							X				X				
30	↓	8259	X							X				X				
31																		
32																		
33																		
34																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

Leroy S. Bale

VS FORM 10-13A

PAGE 2 OF 2