



Health Certificate No. 711-19008  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

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

#### CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

*Los animales son originarios de Estados Unidos.*

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

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

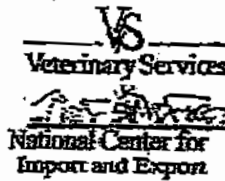
Inspection date / Fecha de inspección February 15, 2011

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

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

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

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



Health Certificate No. 711-19078  
(Valid only if the USDA Veterinary Seal  
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(Delete as appropriate / Remueva lo que no aplique)

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

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

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

GRANT WEASE DVM  
USDA, APHIS, VETERINARY SVCS.  
EL PASO, TEXAS  
Name of Endorsing Federal Veterinarian  
Nombre del Médico Veterinario  
Federal que endosa

(b)(6)

(b)(6)

Signature of Accredited Veterinarian  
Firma del Médico Veterinario Acreditado  
y Fecha

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

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

Mexico, Slaughter Horse HC

**AFFIDAVIT  
DECLARACIÓN JURADA**

I (print (b)(6) Beltex Corp declare that the horses included in this shipment and accompanied by the health certificate number 711-19008 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número 711-19008 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

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

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

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

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

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

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

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

(b)(6)

2/15/2011

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

(b)(6)

2/15/2011



Notary Public, State of Texas  
My Commission Expires

9-13-2011

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

(Please type or print in ink)

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

FORM  
APPROVED  
OMB NO.  
0579-0160

T/1-19008

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME

CONSIGNEE (RECEIVER/DESTINATION) NAME

STREET ADDRESS

STREET ADDRESS

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

AREA CODE & TELEPHONE NO.

AREA CODE & TELEPHONE NO.

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

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

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

☐ Foals are older than 6 months of age.

☐ Horses are not blind in both eyes.

☐ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGV	1419				/								/	/		Dark H.P.	258217
2		1420					/							/	/			235278
3		1421					/							/	/			310588
4		1422				/								/	/			261761
5		1423					/							/	/			055258
6		1424			/									/	/			057574
7		1425					/							/	/			101274
8		1426						ROAN						/	/			086786
9		1427		/										/	/			056633
10		1428	/											/	/			041737
11		1429					/							/	/			085556
12		1430					/							/	/			053046
13		1431						PM.						/	/			092634
14		1432		/										/	/			094040
15	USGV	1433				/								/	/		Dark H.P.	087135

HORSES MUST HAVE ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 8 CONSECUTIVE HOURS

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME



FORM  
APPROVED  
OMB NO.  
0579-0160

T11-19008

(Please type or print in ink)

[illegible]

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).

ie and correct to the best of my knowledge.)

(b)(6)



Health Certificate No. 711-19009  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

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

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

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

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

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
076016	mare	60months	077539	gelding	96months
033800	mare	120months	050237	gelding	144months
047984	gelding	108months	097681	gelding	48months
097713	mare	120months	097691	mare	96months
097687	mare	108months	097679	mare	120months
097716	mare	72months	097680	mare	48months
097690	gelding	72months	097676	mare	48months
097674	gelding	36months	097719	gelding	108months

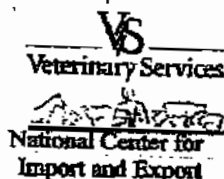
Mexico, Slaughter horse HC



Health Certificate No. T11-19009  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

Microchip number / Número de microchip	Sex / Sexo	Approximate age / Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age / Edad aproximada
097729	mare	108months	097678	gelding	72months
097686	gelding	72months	097684	mare	24months
097683	gelding	72months	097720	mare	24months
097682	mare	84months	097628	mare	48months
097715	gelding	108months	097654	mare	84months
097714	mare	60months	097688	mare	108months
097692	gelding	96months	097660	gelding	72months
097730	gelding	120months	097731	gelding	36months
097689	mare	84months	097677	gelding	72months
097717	mare	120months			
Total: 35hd					

Mexico, Slaughter house HC



Health Certificate No. 771-19009  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

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

#### CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

*Los animales son originarios de Estados Unidos.*

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

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

Inspection date / Fecha de inspección February 15, 2011

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

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

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

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



Health Certificate No. 711-19079  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

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

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

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

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

Chris Larson, D.V.M.

Name of Accredited Veterinarian  
*Nombre del Médico Veterinario  
Acreditado*

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

(b)(6)

8-15-11  
Signature of Accredited Veterinarian and Date  
*Firma del Médico Veterinario Acreditado  
y Fecha*

(b)(6)

2/16/11  
Signature of Endorsing Federal Veterinarian  
and Date  
*Firma del Médico Veterinario que endosa  
y Fecha*

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

Mexico, Slaughter horse HC

**AFFIDAVIT  
DECLARACIÓN JURADA**

I (print (b)(6) - Beltex Corp declare that the horses included in this shipment and accompanied by the health certificate number T11-19009 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número T11-19009 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

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

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

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

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

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

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

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

(b)(6)

2/15/2011

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

(b)(6)

2/15/2011

9-13-2011



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

According to the Paperwork Reduction Act of 1980, the information on this form is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM  
APPROVED  
OMB NO.  
0579-0160

711-19009

TIME HORSES LOADED ON CONVEYANCE 11:00 DATE 12/11/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Morton, Texas

NAME OF AUCTION/MARKET

(b)(6)

CONSIGNEE (RECEIVER/DESTINATION) NAME

TDA Pens

STREET ADDRESS

10800 Socorro Rd

CITY, STATE, ZIP CODE

El Paso, TX

AREA CODE & TELEPHONE NO.

(915) 859-3942

DELTA FREELIA

STREET ADDRESS

2180 CR 120

CITY, STATE, ZIP CODE

Morton, TX

AREA CODE & TELEPHONE NO.

(806) 525-4221

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

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

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

☒ Foals are older than 6 months of age.

☒ Horses are not blind in both eyes.

☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Gray	Blk.	Pinto	Chest	Other	TB	OT	Draft	Pony	Other	Mare	Stall	Geld		
1	USGV	1526					/						/	/			A64 H/P	076016
2		1527					/						/			/		077539
3		1529					/						/	/				033800
4		1530					/						/			/		050237
5		1531						ROAN					/			/		047984
6		1532						PAL					/			/		097681
7		1533					/						/	/				097713
8		1534	/										/	/				097691
9		1535				/							/	/				097687
10		1536						BRN					/	/				097679
11		1537					/						/	/				097716
12		1538				/							/	/				097680
13		1539	/										/			/		097690
14		1540				/							/	/				097676
15	USGV	1541				/							/			/	A64 H/P	097674

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 8 CONSECUTIVE HOURS IM

SIGNATURE

(b)(6)

I HEREBY  
COMPLETE

USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY BE PENALIZED BY A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER

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

(b)(6)

THE INFORMATION IN IT AS  
THIS FORM OR KNOWINGLY  
A FINE OF NOT MORE THAN

1 - INSPECTOR

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME

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

(Please type or print in ink)

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

FORM  
APPROVED  
OMB NO.  
0579-0160

711-19009

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			
USEV	1542					/						/					ART Hip	097719
	1543	/										/	/					097729
	1544	/										/						0971078
	1545						APP					/						0971086
	1546					/						/	/					0971084
	1547			/								/						0971083
	1548	/										/	/					097720
	1549			/								/	/					0971082
	1550						ROAN					/	/					0971078
	1551					/						/						097715
	1552			/								/	/					0971054
	1553	/										/	/					097714
	1555	/										/	/					0971088
	1556	/										/						0971092
	1557					/						/						0971060
	1558						APP					/						097730
	1559	/										/						097731
	1560					/						/	/					0971089
	1561			/								/						0971077
USGV	1562						PAL					/	/			ART Hip	097717	
36																		
37																		
38																		
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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

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

(b)(6)



Health Certificate No. **711-19010**  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

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

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

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

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

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
601970	gelding	24months	601969	gelding	24months
097418	mare	120months	097419	mare	120months
097417	mare	48months	097416	mare	36months
097420	mare	108months	097415	mare	120months
029866	gelding	144months	069466	gelding	96months
068192	mare	24months	030280	gelding	120months
080129	gelding	48months	048307	mare	144months
048879	gelding	36months	069168	gelding	144months



Health Certificate No. **711-19010**  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
079594	gelding	144months	080979	mare	84months
067160	mare	144months	067774	mare	84months
035812	mare	132months	031003	gelding	120months
067340	mare	144months	030604	gelding	72months
066909	gelding	120months	067167	gelding	72months
076257	mare	60months	030943	mare	120months
077831	mare	120months	066743	mare	36months
078873	mare	132months	031371	gelding	144months
069028	mare	144months	033985	mare	120months
067287	gelding	72months			
Total: 35hd					



Health Certificate No. 11-19010  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

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

#### CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

*Los animales son originarios de Estados Unidos.*

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

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

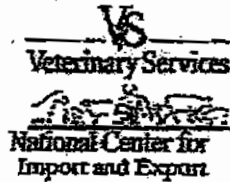
Inspection date / Fecha de inspección February 15, 2011

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

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

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

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



Page 4 of 4  
Health Certificate No. 711-19010  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

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

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

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

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

GRANT WEASE DVM  
USDA, APHIS, VETERINARY SVCS.  
EL PASO, TEXAS  
Name of Endorsing Federal Veterinarian  
*Nombre del Médico Veterinario*  
*Federal que endosa*

(b)(6)

3-15-11  
Signature of Accredited Veterinarian and Date  
*Firma del Médico Veterinario Acreditado*  
*y Fecha*

(b)(6)

2/16/11  
Signature of Endorsing Federal Veterinarian and Date  
*Firma del Médico Veterinario que endosa*  
*y Fecha*

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



**AFFIDAVIT  
DECLARACIÓN JURADA**

I (print (b)(6) Beltex Corp declare that the horses included in this shipment and accompanied by the health certificate number T11-19010 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número T11-19010 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

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

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

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

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

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

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

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

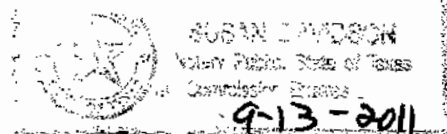
(b)(6)

2/15/2011

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

(b)(6)

2/15/2011



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

FORM  
APPROVED  
OMB NO.  
0579-0160

TII-17010

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

TIME HORSES LOADED ON CONVEYANCE

DATE

2/16/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Morton, TX

NAME OF AUCTION/MARKET

(b)(6)

CONSIGNEE (RECEIVER/DESTINATION) NAME

T.D.A. Pena

Consignor (Owner/Shipper) Name  
Beltex Corporation

STREET ADDRESS

2180 CR 120

STREET ADDRESS

10800 Socorro Rd

CITY, STATE, ZIP CODE

Morton, TX 79346

CITY, STATE, ZIP CODE

El Paso, TX

AREA CODE & TELEPHONE NO.

806 525-4221

AREA CODE & TELEPHONE NO.

(915) 859-3942

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

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

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

☒ Foals are older than 6 months of age.

☒ Horses are not blind in both eyes.

☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	USGV	1491	✓										✓			✓	Δ Rt Hip	601 970	
2		1492					✓						✓			✓		601 969	
3		1493						Alb					✓	✓				097 418	
4		1494					✓						✓	✓				097 419	
5		1495		✓									✓	✓				097 417	
6		1496					✓						✓	✓				097 416	
7		1497					✓						✓	✓				097 420	
8		1498		✓									✓	✓				097 415	
9		1499						Qun					✓			✓		029 866	
10		1500				✓							✓			✓		069 466	
11		1501					✓						✓	✓				068 192	
12		1502		✓									✓			✓		030 280	
13		1503	✓										✓			✓		080 129	
14		1504			✓								✓	✓				048 309	
15	USGV	1505					✓						✓			✓	Δ Rt Hip	048 879	

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

SIGNATURE

(b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

FORM  
APPROVED  
OMB NO.  
0579-0160

711-17010

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

(Please type or print in ink)

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition		
		Bay	Grey	Blk.	Pinto	Chestn.	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld					
15GV	1506					✓						✓						✓	R+Hip	069 168
	1507						Alb					✓						✓		079 594
	1508					✓						✓	✓							080 979
	1509	✓										✓	✓							067 160
	1510				✓							✓	✓							067 774
	1511				✓							✓	✓							035 812
	1512	✓										✓					✓			031 003
	1513					✓						✓	✓							067 340
	1514				✓							✓					✓			030 604
	1515					✓						✓					✓			066 909
	1516					✓						✓					✓			067 167
	1517	✓										✓	✓							076 257
	1518					✓						✓	✓							030 943
	1519				✓							✓	✓							077 831
	1520					✓						✓	✓							066 743
	1521			✓								✓	✓							078 873
	1522					✓						✓					✓			031 371
	1523	✓										✓	✓							069 028
	1524						App					✓	✓							033 985
15GV	1525						Alb					✓					✓	Art	067 287	
36																				
37																				
38																				
39																				
40																				
41																				
42																				
43																				
44																				
45																				

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

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

(b)(6)

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

Originating Office Phone

512-383-2411

Beltex Corporation

Po Box 427

Whiteface TX 79379

Control Number: 4801B6286

Office Id: 974801

Service Date(s)

Begin: 16-FEB-11

End: 16-FEB-11

Reference NR:

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

Total Due \$ 156.00

Remarks: Health Certificate # T1119008, 9009, 9010

Payment Information

Nfc Id  
751522503VA

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

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

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



Health Certificate No. T11-16799  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

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

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

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

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

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
263746	gelding	60months	258036	mare	108months
310564	mare	36months	240658	gelding	60months
252596	mare	72months	254007	gelding	24months
260433	mare	36months	251497	mare	24months
241698	mare	24months	237751	mare	36months
251343	gelding	48months	312212	gelding	24months
255281	gelding	24months	240679	mare	144months
241203	mare	84months	238028	mare	72months

Mexico, Slaughter horse HC

4801 B 6282

2/14/11



Health Certificate No. **TX-1-16799**  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
255832	mare	36months	250179	mare	24months
236728	mare	36months	252429	gelding	24months
258758	mare	24months	240136	mare	48months
251714	mare	36months	612575	mare	24months
259781	mare	24months	249500	mare	48months
253131	mare	120months	234859	mare	36months
246224	mare	24months	254165	gelding	36months
240452	gelding	36months	243398	mare	48months
309857	gelding	24months	261989	mare	24months
260871	mare	24months			
Total:35hd					





Health Certificate No. T11-16799  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

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

#### CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

*Los animales son originarios de Estados Unidos.*

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

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

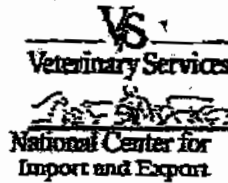
Inspection date / Fecha de inspección February 11, 2011

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

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

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

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



Page 4 of 4  
Health Certificate No. 711-16779  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

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

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

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

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

Chris Larson, D.V.M.

Name of Accredited Veterinarian  
*Nombre del Médico Veterinario  
Acreditado*

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

(b)(6)

2-11-11

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

(b)(6)

2/14/11

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

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

**AFFIDAVIT  
DECLARACIÓN JURADA**

I (print (b)(6) Beltex Corp declare that the horses included in this shipment and accompanied by the health certificate number T11-16799 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número T11-16799 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

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

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

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

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

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

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

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

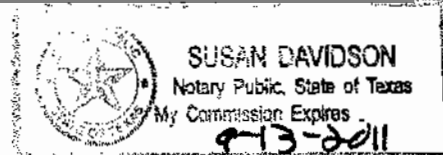
(b)(6)

2/12/2011

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

(b)(6)

2/12/2011



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

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0180. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM  
APPROVED  
OMB NO.  
0579-0180

771-16799

TIME (b)(6)

DATE 2/14/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Morton, Texas

(b)(6)

NAME OF AUCTION/MARKET

CONSIGNEE (RECEIVER/DESTINATION) NAME

T.D.A. Pano

STREET ADDRESS

2180 CR 120

STREET ADDRESS

10800 Socorro Rd

CITY, STATE, ZIP CODE

Morton, TX

CITY, STATE, ZIP CODE

El Paso, TX

AREA CODE & TELEPHONE NO.

(806) 525-4221

AREA CODE & TELEPHONE NO.

(915) 859-3942

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

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

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

☒ Foals are older than 6 months of age.

☒ Horses are not blind in both eyes.

☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Male	Stal	Geld		
1	USGV	1105					/					/			/	ART HIP	263746	
2		1106					/					/	/				058036	
3		1107	/									/	/				310504	
4		1108	/									/			/		2401058	
5		1109		/								/	/				252596	
6		1110	/									/			/		254007	
7		1111					/					/	/				260433	
8		1112					/					/	/				251497	
9		1113					/					/	/				2411098	
10		1114	/									/	/				037751	
11		1115	/									/			/		051343	
12		1116					/					/			/		312012	
13		1117					/					/			/		255281	
14		1118			/							/	/				2401079	
15	USGV	1119				/						/	/			ART HIP	241203	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 8 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE

(b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME

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

FORM  
APPROVED  
OMB NO.  
0579-0160

711-16799

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

(Please type or print in ink)

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Male	Stal	Geld		
16	USGV	1120	✓										✓	✓			ART HIP	238028
17		1121	✓										✓	✓				255832
18		1122					✓						✓	✓				250179
19		1123					✓						✓	✓				236728
20		1124	✓										✓	✓		✓		252429
21		1125					✓						✓	✓				258750
22		1126	✓										✓	✓				240130
23		1127					✓						✓	✓				251714
24		1128					✓						✓	✓				612*675
25		1129	✓										✓	✓				259781
26		1130					✓						✓	✓				249500
27		1131	✓										✓	✓				253131
28		1132	✓										✓	✓				234859
29		1134	✓										✓	✓				246224
30		1135					✓						✓	✓		✓		254165
31		1136	✓										✓	✓		✓		240452
32		1137					✓						✓	✓				243398
33		1138					✓						✓	✓		✓		309857
34		1139					✓						✓	✓				261989
35	USGV	1140					✓						✓	✓			ART HIP	2620871
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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

SIGN

(true and correct to the best of my knowledge.)

(b)(6)

VS F  
(SEP





Health Certificate No. **711-16800**  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

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

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

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

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

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
032782	mare	108months	602022	gelding	144months
067679	gelding	120months	940626	mare	24months
602477	mare	144months	074424	mare	48months
978824	mare	36months	603467	gelding	36months
603050	gelding	36months	971166	mare	84months
246725	mare	24months	604284	mare	60months
603646	gelding	144months	367065	gelding	72months
097271	mare	144months	349176	mare	144months





Health Certificate No. 711-16800  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
604860	mare	84months	605373	gelding	84months
301067	gelding	36months	602431	gelding	120months
256972	gelding	84months	269498	gelding	36months
603693	mare	36months	604859	mare	96months
334550	mare	24months	604575	mare	48months
602342	gelding	72months	097240	mare	84months
098310	mare	24months	273768	gelding	144months
604697	gelding	144months	603585	mare	108months
311593	gelding	96months	604033	mare	144months
948069	mare	36months			
Total: 35hd					



Health Certificate No. 711-16800  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

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

#### CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

*Los animales son originarios de Estados Unidos.*

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

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

Inspection date / Fecha de inspección February 11, 2011

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

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

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

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



(Delete as appropriate / Remueva lo que no aplique)

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

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

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

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

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

(b)(6)

2-11-11

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

(b)(6)

2/14/11

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

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

**AFFIDAVIT  
DECLARACIÓN JURADA**

I (print) (b)(6) Beltex Corp declare that the horses included in this shipment and accompanied by the health certificate number 711-16800 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número 711-16800 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

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

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

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

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

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

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

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

(b)(6)

2/12/2011

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

(b)(6)

2/12/2011

SUSAN DAVIDSON  
Notary Public, State of Texas  
Commission Expires  
9-13-2011

R5

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

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0180. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM  
APPROVED  
OMB NO.  
0579-0180

T11-4800

TIME HORSES LOADED ON CONVEYANCE

1:15 A.M.

DATE

2-14-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Morton, Texas

NAME OF AUCTION/MARKET

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME

Beltex Feederlot

CONSIGNEE (RECEIVER/DESTINATION) NAME

T.D.A. Pens

STREET ADDRESS

2180 CR 120

STREET ADDRESS

10900 Socorro Rd

CITY, STATE, ZIP CODE

Morton, TX

CITY, STATE, ZIP CODE

El Paso, TX

AREA CODE &amp; TELEPHONE NO.

(806) 525-4221

AREA CODE &amp; TELEPHONE NO.

(915) 859-3942

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

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

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

☐ Foals are older than 6 months of age.

☐ Horses are not blind in both eyes.

☒ Horses are able to stand unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION					BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include soring conditions	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal			Geld
1	USGV	1177					/					/	/				ART Hip	032782
2		1178					PAL					/			/			002082
3		1179					/					/			/			007679
4		1180	/									/	/					9401026
5		1181					PAL					/	/					002472
6		1182	/									/	/					074424
7		1183	/									/	/					928824
8		1184					PAL					/			/			0034107
9		1185					/					/			/			003050
10		1186					PAL					/	/					971106
11		1187				/						/	/					240725
12		1188			/							/	/					004284
13		1189	/									/			/			003046
14		1190					DUN PAL					/	/		/			310065
15	USGV	1191					PAL					/	/				ART Hip	097271

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

SIGNATURE

(b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME



Ken D

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0180. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM  
APPROVED  
OMB NO.  
0579-0180

711-6800

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

(Please type or print in ink)

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include prescription
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGV	1192						ROAN					/	/			ART Hip	3491712
17		1193			/								/	/				1004820
18		1194					/						/			/		1005373
19		1195					/						/			/		301007
20		1196				/							/			/		1002431
21		1197	/										/			/		250972
22		1198					/						/			/		209498
23		1199				/							/	/				1003093
24		1200			/								/	/				1004859
25		1201						APP					/	/				334550
26		1202				/							/	/				1004575
27		1203				/							/			/		1002342
28		1204					/						/	/				097240
29		1205					/						/	/				098310
30		1206			/								/			/		273708
31		1207					/						/			/		1004097
32		1208	/										/	/				1003585
33		1209						ROAN					/			/		311593
34		1210					/						/	/				1004033
35	USGV	1211	/										/	/			ART Hip	948009
36																		
37																		
38																		
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41																		
42																		
43																		
44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION CONTAINED HEREIN TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE SUBJECT TO IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001)

SIGNATURE

(b)(6)

(b)(6)

Wayne West



Health Certificate No. TH-19001  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

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

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

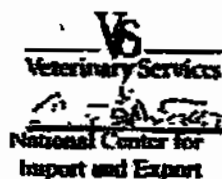
*Nota: México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurado están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará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

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

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
941093	mare	144months	939560	mare	120months
963768	mare	144months	957704	mare	120months
942141	mare	144months	954367	gelding	24months
968420	mare	96months	940008	mare	132months
963837	gelding	120months	962098	mare	84months
964246	gelding	144months	953373	mare	132months
958302	gelding	84months	951271	mare	96months
940877	mare	48months	962645	mare	96months

Mexico, Slaughter horse HC





Health Certificate No. 711-19001  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
962200	mare	96months	965014	mare	84months
974709	mare	96months	942561	mare	120months
963360	mare	120months	939257	mare	120months
970674	gelding	132months	962467	gelding	144months
960993	mare	120months	952311	mare	84months
961179	gelding	144months	944318	gelding	60months
941500	mare	60months	941249	mare	72months
943870	mare	84months	962741	mare	132months
964305	gelding	60months			
Total:33hd					

Mexico, Slaughter house HC



Health Certificate No. T-11-19001  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

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

#### CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

*Los animales son originarios de Estados Unidos.*

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

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

Inspection date / Fecha de inspección February 11, 2011

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

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

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

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



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

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

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

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

Chris Larson, D.V.M.

Name of Accredited Veterinarian  
*Nombre del Médico Veterinario  
Acreditado*

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

(b)(6)

2-11-11

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

(b)(6)

2-14-11

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

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

**AFFIDAVIT  
DECLARACIÓN JURADA**

I (print) (b)(6) BELTEX CORP declare that the horses included in this shipment and accompanied by the health certificate number 711-19001 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número 711-19001 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

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

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

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

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

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

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

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

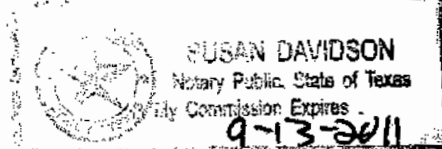
(b)(6)

2/12/2011

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

(b)(6)

2/12/2011



129-R24

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICEOWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM  
APPROVED  
OMB  
0579-0160

T11-1900

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

NAME OF AUCTION/MARKET

CONSIGNEE (RECEIVER/DESTINATION) NAME

STREET ADDRESS

CITY, STATE, ZIP CODE

AREA CODE &amp; TELEPHONE NO.

STREET ADDRESS

CITY, STATE, ZIP CODE

AREA CODE &amp; TELEPHONE NO.

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Drelt	Pony	Other	Mare	Stal	Geld		
1	US6V	1253						Brown					✓	✓			Art hip	981 093
2		1254	✓										✓	✓				939 560
3		1255				✓							✓	✓				963 768
4		1256	✓										✓	✓				959 701
5		1257	✓										✓	✓				942 141
6		1258						Roan					✓			✓		954 367
7		1259						APP					✓	✓				968 420
8		1260		✓									✓	✓				940 008
9		1261	✓										✓			✓		963 837
10		1262						Roan					✓	✓				962 098
11		1263					✓						✓			✓		964 246
12		1264	✓										✓	✓				953 373
13		1265	✓										✓			✓		958 302
14		1267					✓						✓	✓				951 271
15	US6V	1268				✓							✓	✓			Art hip	940 877

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

SIGNATURE

(b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME



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 0578-0180. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM  
APPROVED  
OMB NO.  
0579-0180

T11-18001

R23-R24

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precaution
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	us6v	1269					✓						✓	✓			Art h: p	962 645
17		1271				✓							✓	✓				962 200
18		1272					✓						✓	✓				965 014
19		1273		✓									✓	✓				979 709
20		1274	✓										✓	✓				942 561
21		1275						Pal					✓	✓				963 360
22		1276		✓									✓	✓				937 257
23		1277				✓							✓			✓		970 674
24		1278	✓										✓			✓		962 467
25		1279			✓								✓	✓				960 993
26		1280					✓						✓	✓				982 311
27		1281	✓										✓			✓		961 171
28		1282						Buck					✓			✓		944 318
29		1283					✓						✓	✓				941 506
30		1284	✓										✓	✓				941 297
31		1285					✓						✓	✓				943 820
32		1286	✓										✓	✓				962 741
33	us6v	1287				✓							✓			✓	Art h: p	964 306
34																		
35																		
36																		
37																		
38																		
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43																		
44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(b)(6)



Health Certificate No. **711-19002**  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

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

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

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

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

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
098356	mare	96months	098359	mare	144months
097502	gelding	24months	097448	gelding	144months
098193	mare	72months	098054	mare	72months
098355	mare	120months	098149	mare	36months
097873	gelding	96months	097116	gelding	84months
097826	gelding	24months	348031	gelding	96months
297380	gelding	72months	298982	mare	60months
604966	gelding	72months	097510	mare	84months





**VS**  
**Veterinary Services**  
 National Center for  
 Import and Export

Health Certificate No. **I/1-19002**  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
329468	mare	24months	246327	mare	72months
097839	mare	48months	077556	gelding	36months
338733	gelding	48months	097120	gelding	144months
030601	gelding	36months	067760	mare	36months
602126	gelding	144months	079512	gelding	120months
604691	mare	144months	601385	mare	36months
968206	mare	84months	601402	gelding	60months
068252	mare	48months	040464	gelding	36months
980251	mare	120months	601510	mare	84months
073851	gelding	144months			
Total: 35hd					



Health Certificate No. 711-19002  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

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

#### CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

*Los animales son originarios de Estados Unidos.*

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

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

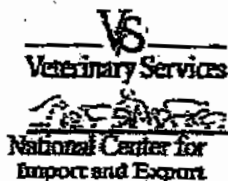
Inspection date / Fecha de inspección February 11, 2011

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

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

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

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



Page 4 of 4  
Health Certificate No. 711-19002  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

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

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

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

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

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

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

(b)(6)

2-11-11

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

(b)(6)

2/14/11

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

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

**AFFIDAVIT  
DECLARACIÓN JURADA**

I (print) (b)(6) - BelTex Corp declare that the horses included in this shipment and accompanied by the health certificate number T11-19002 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número T11-19002 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

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

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

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

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

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

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

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

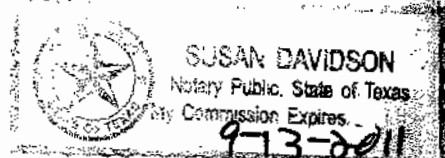
(b)(6)

2/12/2011

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

(b)(6)

2/12/2011



R4

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICEOWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

Ken 7

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

FORM  
APPROVED  
OMB-16  
0579-0160

T11-29002

TIME HORSES LOADED ON CONVEYANCE

DATE  
2/14/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Morton, Texas

NAME OF AUCTION/MARKET

(b)(6)

CONSIGNEE (RECEIVER/DESTINATION) NAME

T.D.A. Pena

STREET ADDRESS

STREET ADDRESS

10800 Socorro Rd.

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

El Paso, Tx.

AREA CODE &amp; TELEPHONE NO.

AREA CODE &amp; TELEPHONE NO.

(915) 859-3942

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS (Injuries, existing conditions)
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stall	Geld		
1	USGV	1142			✓								✓	✓			ART Hip	098350
2		1143	✓										✓	✓				098359
3		1144	✓										✓			✓		097502
4		1145											✓	✓		✓		097448
5		1146											✓	✓				098493
6		1147											✓	✓				098054
7		1148											✓	✓				098355
8		1149											✓	✓				098149
9		1150											✓			✓		097873
10		1151	✓										✓			✓		097116
11		1152											✓			✓		097826
12		1153											✓			✓		342031
13		1154	✓										✓			✓		297320
14		1155											✓	✓				298982
15	USGV	1156	✓										✓			✓	ART Hip	098960

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

SIGNATURE

(b)(6)

I HEREBY

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

SIGNATURE

the best of

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME



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

(Please type or print in ink)

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

7/14/2002

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGV	1157					/					/	/				ART Hip	090510
17		1158										/	/					329468
18		1159										/	/					046327
19		1160										/	/					091839
20		1161										/						077556
21		1162					/					/						338133
22		1163										/						097120
23		1164			/							/						030601
24		1165	/									/	/					067760
25		1166										/						1002126
26		1167										/						079515
27		1168										/	/					1004109
28		1169					/					/	/					1001385
29		1170	/									/	/					9108206
30		1171					/					/						1001402
31		1172					/					/	/					068252
32		1173			/							/						0404104
33		1174					/					/	/					980250
34		1175	/									/	/					1001510
35	USGV	1176										/					ART Hip	073851
36																		
37																		
38																		
39																		
40																		
41																		
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43																		
44																		
45																		

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

SIGNATURE

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

(b)(6)



Health Certificate No. 711-19003  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

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

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

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

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

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
097040	mare	144months	096970	mare	24months
097045	mare	24months	076186	gelding	36months
957142	mare	96months	097052	mare	36months
944888	gelding	24months	097968	gelding	24months
960483	mare	24months	940439	mare	24months
097756	gelding	96months	945699	mare	36months
960151	gelding	144months	945439	mare	48months
938407	mare	48months	076550	mare	72months

Mexico, Slaughter horse HC





Health Certificate No. 711-19003  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
096962	gelding	60months	035116	gelding	144months
959982	gelding	96months	936790	mare	120months
945597	mare	132months	935746	gelding	120months
967974	gelding	120months	603403	gelding	96months
603462	mare	60months	975687	gelding	36months
947933	gelding	144months	978512	gelding	108months
945704	mare	84months	601903	gelding	120months
948983	gelding	48months	602869	mare	96months
950500	mare	84months	601895	gelding	36months
601785	gelding	144months			
Total:35hd					



Health Certificate No. 711-19003  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

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

#### CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

*Los animales son originarios de Estados Unidos.*

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

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

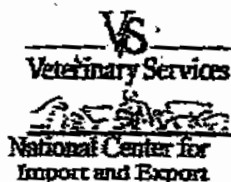
Inspection date / Fecha de inspección February 11, 2011

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

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

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

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



Health Certificate No. 711-19003  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

Page 4 of 4

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

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

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

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

Chris Larson, D.V.M.

Name of Accredited Veterinarian  
*Nombre del Médico Veterinario  
Acreditado*

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

(b)(6)

2-11-11

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

(b)(6)

2/14/11

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

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

**AFFIDAVIT  
DECLARACIÓN JURADA**

I (print (b)(6) *Delta Corporation* declare that the horses included in this shipment and accompanied by the health certificate number *711-19003* have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número 711-19003 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

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

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

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

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

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

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

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

(b)(6)

*2/13/2011*

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

(b)(6)

*2/13/2011*



SUSAN DAVIDSON  
Notary Public, State of Texas  
My Commission Expires  
*9-13-2011*

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

FORM  
APPROVED  
OMB NO.  
0579-0160

711-19-003

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

(Please type or print in ink)

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

*Morton Texas*

NAME OF AUCTION/MARKET

CONSIGNEE (RECEIVER/DESTINATION) NAME

*T.D.A. Pens*

STREET ADDRESS

*10800 Sonoma Rd.*

CITY, STATE, ZIP CODE

*El Paso, TX*

AREA CODE & TELEPHONE NO.

*(915) 859-3942*

STREET ADDRESS

*2180 CR 120*

CITY, STATE, ZIP CODE

*Morton TX 79346*

AREA CODE & TELEPHONE NO.

*800 525-4221*

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS (Include existing conditions)
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	OT	Draft	Pony	Other	Mare	Stall	Geld		
1	<i>us6v</i>	<i>1212</i>					<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<i>Art hip</i>	<i>097 040</i>
2		<i>1213</i>						<i>Roan</i>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<i>096 979</i>
3		<i>1214</i>						<i>Brown</i>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<i>092 045</i>
4		<i>1215</i>						<i>Brown</i>					<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<i>078 186</i>
5		<i>1216</i>						<i>Roan</i>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<i>957 142</i>
6		<i>1217</i>					<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<i>097 062</i>
7		<i>1218</i>					<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<i>944 888</i>
8		<i>1219</i>	<input checked="" type="checkbox"/>										<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<i>092 918</i>
9		<i>1220</i>	<input checked="" type="checkbox"/>										<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<i>960 983</i>
10		<i>1221</i>					<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<i>948 439</i>
11		<i>1222</i>	<input checked="" type="checkbox"/>										<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<i>097 786</i>
12		<i>1223</i>					<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<i>945 899</i>
13		<i>1224</i>		<input checked="" type="checkbox"/>									<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<i>960 151</i>
14		<i>1225</i>					<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<i>945 432</i>
15	<i>us6v</i>	<i>1226</i>					<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<i>Art hip</i>	<i>938 907</i>

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

SIGNATURE

(b)(6)

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

SIGNATURE

the best of

(b)(6)

that the information contained in this form is true and correct to

*1304/01*

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME



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

(Please type or print in ink)

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

FORM  
APPROVED  
OMB NO.  
0579-0160

T/11-17003

	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	usw	1227			✓								✓	✓				Art hip	076 550
17		1228	✓										✓				✓		096 962
18		1229						Brown					✓				✓		035 116
19		1230						Roan					✓				✓		959 982
20		1231					✓						✓	✓					936 990
21		1232					✓						✓	✓					945 597
22		1233				✓							✓				✓		935 746
23		1234	✓										✓				✓		967 974
24		1235						APP					✓				✓		603 403
25		1236						Roan					✓	✓					603 462
26		1237				✓							✓				✓		975 687
27		1238						Pal					✓				✓		997 933
28		1239				✓							✓				✓		928 512
29		1240						Brown					✓	✓					945 704
30		1241						APP					✓				✓		601 903
31		1242				✓							✓				✓		942 983
32		1243					✓						✓	✓					602 867
33		1244						Dun					✓	✓					980 800
34		1245						Dun					✓				✓		601 895
35	usw	1246						Pal					✓				✓	Art hip	601 785
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: [Redacted] that the information contained in this form is true and correct to the best of my knowledge.

(b)(6)

1304/10/

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

Originating Office Phone

512-383-2411

Beltex Corporation

Po Box 427

Whiteface TX 79379

Control Number: 4801B5282

Office Id: 974801

Service Date(s)

Begin: 14-FEB-11

End: 14-FEB-11

Reference NR:

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

Total Due \$ 260.00

Remarks: Health Certificate # T1116799, 6800, 9001, 9002, 9003

Payment Information

Nfc Id  
751522503VA

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

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

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





Health Certificate No. 711-16796  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

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

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

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

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

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
026675	mare	84months	097802	gelding	24months
097274	mare	96months	604202	gelding	96months
603810	mare	120months	604139	gelding	144months
604391	gelding	36months	967104	mare	132months
603674	mare	156months	945557	gelding	36months
603309	mare	120months	601977	gelding	24months
275782	mare	144months	935764	mare	120months
605854	gelding	144months	603225	mare	144months

Mexico, Slaughter horse HC

480136281

2/10/11



Health Certificate No. T11-16796  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
603308	mare	144months	097398	gelding	48months
603670	gelding	144months	603669	mare	84months
097980	gelding	24months	604163	mare	144months
603217	mare	144months	287901	mare	84months
603232	mare	108months	946753	gelding	144months
948817	gelding	24months	097249	gelding	72months
604134	gelding	144months	965134	gelding	24months
605850	mare	48months	605498	gelding	36months
972422	gelding	120months	603313	mare	144months
604513	mare	144months			
Total: 35hd					



Health Certificate No. T11-16790  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

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

#### CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

*Los animales son originarios de Estados Unidos.*

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

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

Inspection date / Fecha de inspección February 8, 2011

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

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

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

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



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

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

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

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

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

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

(b)(6)

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

(b)(6)

2/10/11  
Signature of Endorsing Federal veterinarian  
and Date  
*Firma del Médico Veterinario que endosa*  
*y Fecha*

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

**AFFIDAVIT  
DECLARACIÓN JURADA**

I (print (b)(6) Beltex Corp. declare that the horses included in this shipment and accompanied by the health certificate number 711-16796 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número 711-16796 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

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

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

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

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

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

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

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

(b)(6)

1/4/2011

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

(b)(6)

1/4/2011





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

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

FORM  
APPROVED  
OMB NO.  
0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

2:00 PM

2-10-11

Morton Texas

NAME OF AUCTION/MARKET

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME

CONSIGNEE (RECEIVER/DESTINATION) NAME

Beltexfeedlot

T.D.A Pens

STREET ADDRESS

STREET ADDRESS

2180 CR 120

10800 Socorro Rd

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

Morton TX 77346

El Paso, TX

AREA CODE & TELEPHONE NO.

AREA CODE & TELEPHONE NO.

(800) 525-4221

(915) 859-3942

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

- ☒ Pregnant mares are not likely to foal (give birth) during the trip. ☒ Horses are able to bear weight on all 4 limbs. ☒ Horses are able to walk unassisted.
- ☒ Foals are older than 8 months of age. ☒ Horses are not blind in both eyes.

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions
		Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	usbu	0733				✓						✓	✓				Art hip	026625
2		0734					alb					✓				✓		077802
3		0735				✓						✓	✓					077874
4		0736			✓					✓						✓		604202
5		0737				✓						✓	✓					603810
6		0738	✓									✓				✓		604139
7		0739				✓						✓				✓		604391
8		0740	✓									✓	✓					607104
9		0741		✓								✓	✓					602674
10		0742				✓						✓				✓		215557
11		0743				✓						✓	✓					603306
12		0744				✓						✓				✓		601977
13		0745					Pal					✓	✓					275282
14		0746	✓									✓	✓					738764
15	usbu	0747		✓								✓					✓ Art hip	605854

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

SIGNATURE

(b)(6)

I HEREBY AUTHORIZE THE CIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CIA 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.)

1301815

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME



1608  
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM  
APPROVED  
OMB NO.  
0579-0160

T11-16796

R.4  
**OWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY  
(CONTINUATION SHEET)**  
(Please type or print in ink)

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include prescription	
			Bay	Gray	Blk.	Pinlo	Chestn	Other	TB	QT	Drafl	Pony	Other	Mare	Stal	Geld			
16	usbv	0748	✓										✓	✓				Art h/p	603 225
17		0749					✓						✓	✓					603 308
18		0750	✓										✓		✓				097 398
19		0751			✓								✓		✓				603 170
20		0752		✓									✓	✓					603 661
21		0753					✓						✓		✓				097 980
22		0754					✓						✓	✓					604 163
23		0755				✓							✓	✓					603 247
24		0756					✓						✓	✓					287 901
25		0757					✓						✓	✓					603 230
26		0758						Bank					✓			✓			946 753
27		0759		✓									✓			✓			998 817
28		0760						App					✓			✓			097 249
29		0761					✓						✓			✓			604 134
30		0762	✓										✓			✓			965 134
31		0763						Alb					✓	✓					605 850
32		0764					✓						✓			✓			605 498
33		0765			✓								✓			✓			972 422
34		0766				✓							✓	✓					603 313
35	usbv	0767						Pal					✓	✓			Art h/p		604 573
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: certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)



Health Certificate No. **711-16787**  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

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

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

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

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

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
605212	mare	96months	603168	gelding	120months
603226	mare	84months	603820	gelding	120months
604228	mare	144months	963864	mare	144months
603222	mare	144months	097375	gelding	72months
605107	mare	144months	604225	mare	108months
601108	gelding	84months	602449	gelding	36months
603789	mare	72months	097976	mare	24months
097277	gelding	36months	604144	gelding	84months



Health Certificate No. 711-16297  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
984960	mare	48months	604392	gelding	120months
097280	mare	36months	028864	gelding	36months
603229	mare	144months	097281	gelding	24months
962659	mare	108months	605031	gelding	156months
282136	gelding	36months	605071	gelding	132months
605032	mare	24months	604142	gelding	144months
604062	mare	84months	602845	gelding	120months
960889	mare	72months	000153	mare	132months
604136	gelding	36months	252473	gelding	36months
603286	gelding	60months			
Total: 35hd					



Health Certificate No. 711-16797  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

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

### CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

*Los animales son originarios de Estados Unidos.*

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

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

Inspection date / Fecha de inspección February 4, 2011

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

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

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

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



Health Certificate No. 711-16787 Page 4 of 4  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

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

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

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

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

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

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

(b)(6)

7-4-11  
Signature of Accredited Veterinarian and Date  
*Firma del Médico Veterinario Acreditado*  
*y Fecha*

(b)(6)

2/10/11  
Signature of Endorsing Federal veterinarian  
and Date  
*Firma del Médico Veterinario que endosa*  
*y Fecha*

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

**AFFIDAVIT  
DECLARACIÓN JURADA**

I (print (b)(6) - Beltex Corp. declare that the horses included in this shipment and accompanied by the health certificate number T11-16797 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número T11-16797 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

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

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

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

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

3. The following thirosthaties were not used: thiouracil, methyfuracil phenylthiouracil and propylthiouracil.

*Que no fueron empleados los siguientes tirostáticos: tiouracilo, metihuracilo, femiltiuracilo y propiltiuracilo.*

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

(b)(6)

1/4/2011

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

(b)(6)

1/4/2011





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

OMB  
0579-0160

7/16/2007

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

TIM (b)(6) DATE 1/10/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE  
Morton Texas

NAME OF AUCTION/MARKET

CONSIGNEE (RECEIVER/DESTINATION) NAME

T.D.A. Pens

STREET ADDRESS

10800 Socorro Rd

CITY, STATE, ZIP CODE

El Paso, TX

AREA CODE & TELEPHONE NO.

(915) 859-3942

1361 TEX 42210T  
STREET ADDRESS  
2140 CR120  
CITY, STATE, ZIP CODE  
Morton TX 79346  
AREA CODE & TELEPHONE NO.  
(406) 525-4221

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	OT	Draft	Pony	Other	Mare	Stall	Geld		
1	usbv	0698		✓									✓	✓			Arthrip	605 21
2		0699						Bulk					✓			✓		603 16
3		0700				✓							✓	✓				603 22
4		0701		✓									✓			✓		603 22
5		0702					✓						✓	✓				604 20
6		0703				✓							✓	✓				963 86
7		0704						Roan					✓	✓				603 22
8		0705				✓							✓			✓		097 37
9		0706		✓									✓	✓				605 10
10		0707					✓						✓	✓				604 22
11		0708					✓						✓			✓		606 10
12		0709					✓						✓			✓		602 42
13		0710	✓										✓	✓				603 78
14		0711			✓								✓	✓				097 9
15	usbv	0712	✓										✓			✓	Arthrip	097 2

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

SIGNATURE

(b)(6)

I HEREBY

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

SIGNATURE  
the best

(b)(6)

VS FOR

editions are obsolete

CANADIAN FOOD INSPECTION AGENCY

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME

R3

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

(Please type or print in ink)

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

FORM  
APPROVED  
OMB NO.  
0579-0160

T11-16777

	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	Stall	Geld		
16	usbw	0713	✓										✓			✓	Art hip	604 144
17		0714				✓							✓	✓				984 960
18		0715			✓								✓			✓		604 312
19		0716	✓										✓	✓				097 280
20		0717						Dun					✓			✓		028 964
21		0718						Ald					✓	✓				603 229
22		0719						Dun					✓			✓		097 281
23		0720						Brown					✓	✓				962 659
24		0721	✓										✓			✓		605 031
25		0722						Dun					✓			✓		282 136
26		0723					✓						✓			✓		605 071
27		0724		✓									✓	✓				605 032
28		0725						Pal					✓			✓		604 142
29		0726				✓							✓	✓				604 062
30		0727				✓							✓			✓		602 845
31		0728			✓								✓	✓				960 889
32		0729					✓						✓	✓				020 153
33		0730					✓						✓			✓		604 131
34		0731	✓										✓			✓		252 473
35	usbw	0732			✓								✓			✓	Art hip	603 286
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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

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

(b)(6)

VS  
(SEE 2002)



Health Certificate No. **T11-16798**  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

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

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

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

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

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
355977	mare	144months	602894	mare	108months
098105	gelding	60months	602890	mare	72months
602264	gelding	36months	098130	mare	120months
603026	mare	132months	601221	mare	144months
098079	gelding	36months	266173	gelding	84months
601575	gelding	24months	940560	gelding	48months
602447	gelding	24months	605524	gelding	36months
605059	mare	24months	703012	gelding	96months



Health Certificate No. 111-16798  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

Microchip number / Número de microchip	Sexo/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
602180	gelding	72months	602304	gelding	72months
918583	gelding	60months	918531	gelding	24months
602713	gelding	36months	604060	mare	72months
603635	mare	132months	603231	mare	144months
855769	gelding	108months	098073	mare	144months
605565	mare	36months	962081	gelding	96months
967628	gelding	120months	603301	gelding	36months
970007	gelding	24months	308637	gelding	36months
604161	mare	144months	943745	gelding	144months
251830	gelding	144months			
Total: 35hd					



Health Certificate No. T11-16798  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

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

### CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

*Los animales son originarios de Estados Unidos.*

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

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

Inspection date / Fecha de inspección February 4, 2011

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

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

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

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



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

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

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

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

GRANT WEASE DVM  
USDA, APHIS, VETERINARY SVCS.  
EL PASO, TEXAS  
Name of Endorsing Federal Veterinarian  
*Nombre del Médico Veterinario  
Federal que endosa.*

(b)(6)

2-4-11  
Signature of Accredited Veterinarian and Date  
*Firma del Médico Veterinario Acreditado  
y Fecha*

(b)(6)

2/10/11  
Signature of Endorsing Federal Veterinarian  
and Date  
*Firma del Médico Veterinario que endosa  
y Fecha*

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



**AFFIDAVIT  
DECLARACIÓN JURADA**

I (print (b)(6) Beltex Corp. declare that the horses included in this shipment and accompanied by the health certificate number 711-16798 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número 711-16798 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

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

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

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

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

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

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

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

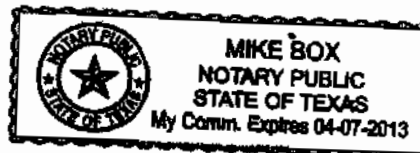
(b)(6)

1/4/2011

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

(b)(6)

1/4/2011



According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0180. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM  
APPROVED  
OMB NO.  
0579-0180

T11-16798

**OWNER/SHIPPER CERTIFICATE**

**FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**

(Please type or print in ink)

THAT HORSES LOADED ON CONVEYANCE

DATE

2-10-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Morton Texas

NAME OF AUCTION/MARKET

CONSIGNEE (RECEIVER/DESTINATION) NAME

T.D.A. PERS

STREET ADDRESS

10800 Socorro Rd.

CITY, STATE, ZIP CODE

El Paso, TX

AREA CODE & TELEPHONE NO.

(915) 859-3942

STREET ADDRESS

2180 CR 120

CITY, STATE, ZIP CODE

Morton TX 79346

AREA CODE & TELEPHONE NO.

(409) 525-4221

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

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

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

☒ Foals are older than 6 months of age.

☒ Horses are not blind in both eyes.

☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn.	Other	TB	QT	Draft	Pony	Other	Mare	Stall	Geld		
1	USBV	0663	✓										✓	✓			Art hsp	355 977
2		0664				✓							✓	✓				602 894
3		0665				✓							✓			✓		098 105
4		0666			✓								✓	✓				602 890
5		0667	✓										✓			✓		602 264
6		0668	✓										✓	✓				098 130
7		0669					✓						✓	✓				603 026
8		0670						Pa 1					✓	✓				601 221
9		0671			✓								✓			✓		098 079
10		0672				✓							✓			✓		266 173
11		0673	✓										✓			✓		601 575
12		0674	✓										✓			✓		940 560
13		0675					✓						✓			✓		602 447
14		0676	✓										✓			✓		605 524
15	USBV	0677	✓										✓	✓			Art hsp	605 059

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

SIGNATURE

(b)(6)

I HEREBY

IT AND THE INFORMATION IN IT AS

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

R2

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

(Please type or print in ink)

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

FORM  
APPROVED  
OMB NO.  
0579-0160

T11-16798

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
us6v	0678					✓						✓			✓	Art hip	703 012	
	0679						Buck					✓			✓		602 180	
	0680		✓									✓			✓		102 304	
	0681					✓						✓			✓		918 583	
	0682	✓										✓			✓		918 531	
	0683					✓						✓			✓		602 713	
	0684			✓								✓	✓				604 060	
	0685		✓									✓	✓				603 635	
	0686		✓									✓	✓				603 231	
	0687						Pal					✓			✓		855 719	
	0688	✓										✓	✓				098 073	
	0689		✓									✓	✓				605 565	
	0690					✓						✓			✓		962 081	
	0691				✓							✓			✓		967 628	
	0692						Pal					✓			✓		603 301	
	0693						Pal					✓			✓		970 007	
	0694						Dun					✓			✓		308 637	
	0695	✓										✓	✓				609 161	
	0696		✓							✓					✓		943 745	
us6v	0697						Alb					✓			✓	Art hip	251 830	
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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

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

(b)(6)



Health Certificate No. 711-16718  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

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

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

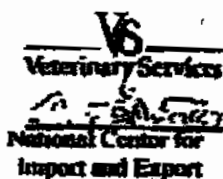
**Nota:** México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no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

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

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number/ Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
001501	gelding	96months	036018	mare	36months
004722	gelding	120months	004075	gelding	96months
996674	mare	96months	604720	gelding	60months
016632	gelding	120months	984829	gelding	120months
604722	gelding	144months	984409	mare	96months
987271	gelding	60months	002784	gelding	96months
035884	gelding	120months	988301	mare	108months
988360	gelding	120months	039079	mare	96months

Mexico, Slaughter horse HC

A801B4187



Health Certificate No. 711-16718  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

Microchip number / Número de microchip	Sex / Sexo	Approximate age / Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age / Edad aproximada
601235	mare	60months	604717	mare	96months
604715	mare	120months	604718	gelding	120months
604716	mare	96months	604719	mare	120months
601244	gelding	96months	604724	gelding	96months
601241	gelding	120months	604723	gelding	144months
604833	gelding	96months	604831	mare	144months
604830	mare	60months	601238	gelding	24months
601242	gelding	120months	604832	mare	144months
604827	mare	48months	601393	mare	60months
Total: 34hd					

Mexico, Slaughter house HC



Health Certificate No. 711-16718  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

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

#### CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

*Los animales son originarios de Estados Unidos.*

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

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

Inspection date / Fecha de inspección December 17, 2010

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

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

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

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





Health Certificate No. 711-16718  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

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

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

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

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

Chris Larson, D.V.M.

Name of Accredited Veterinarian  
*Nombre del Médico Veterinario  
Acreditado*

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

(b)(6)

12-17-10

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

(b)(6)

12/20/10

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

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

34

**AFFIDAVIT  
DECLARACIÓN JURADA**

I (print) (b)(6) Beltex Corporation declare that the horses included in this shipment and accompanied by the health certificate number 711-16718 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número 711-16718 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

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

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

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

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

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

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

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

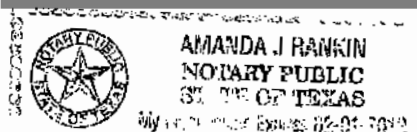
(b)(6)

12/15/10

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

(b)(6)

12/15/



OWNER/SHIPPER CERTIFICATE

TO A SLAUGHTER FACILITY

(In Ink)

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

FORM  
APPROVED  
OMB NO.  
0579-0160

T11-16718

TIM

(b) (6)

DATE

00 Am 12/10/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Morton Texas

NAME OF AUCTION/MARKET

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME

Betty feedlot

STREET ADDRESS

2180 CR 120

CITY, STATE, ZIP CODE

Morton Texas

AREA CODE & TELEPHONE NO.

(806) 525-4221

CONSIGNEE (RECEIVER/DESTINATION) NAME

TDA Pen's

STREET ADDRESS

10800 Socorro Rd

CITY, STATE, ZIP CODE

El Paso, Texas

AREA CODE & TELEPHONE NO.

(915) 859-3942

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

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

☒ Foals are older than 6 months of age.

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

☒ Horses are not blind in both eyes.

☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE						SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	OT	Draft	Pony	Other	Mare	Stal	Geld			
1	USU	5028				✓						✓			✓	Art hip	001501		
2		5029				✓						✓	✓				036018		
3		5030					✓					✓			✓		004722		
4		5031					✓					✓			✓		004075		
5		5032				✓						✓	✓				996674		
6		5033				✓						✓			✓		604720		
7		5034 ✓										✓			✓		016632		
8		5035					✓					✓			✓		984829		
9		5036			✓							✓			✓		604722		
10		5037						Pal				✓	✓				984409		
11		5038						Pal				✓			✓		987271		
12		5039					✓					✓			✓		002784		
13		5040					✓					✓			✓		035884		
14		5041					✓					✓	✓				988301		
15	USU	5042				✓						✓			✓	Art hip	988360		

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

SIGNATURE

(b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

(Please type or print in ink)

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

FORM  
APPROVED  
OMB NO.  
0579-0160

T/11-16718

	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				
18	VEU	5043				✓							✓	✓					Ant. hip	039079
17		5044					✓						✓	✓						601235
18		5045	✓										✓	✓						604717
19		5046					✓						✓	✓						604715
20		5047					✓						✓			✓				604718
21		5048					✓						✓	✓						604716
22		5049	✓										✓	✓						604719
23		5050					✓						✓			✓				601244
24		5051			✓								✓			✓				604724
25		5052					✓						✓			✓				601241
26		5053			✓								✓			✓				604723
27		5054				✓							✓			✓				604833
28		5055					✓						✓	✓						604831
29		5056					✓						✓	✓						604830
30		5057					✓						✓			✓				601238
31		5058					✓						✓			✓				601242
32		5059					✓						✓	✓						604832
33		5060					✓						✓	✓						604827
34	VEU	5061											✓	✓				Ant. hip		601393
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: \_\_\_\_\_ Date: \_\_\_\_\_ I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)



Health Certificate No. 711-16719  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

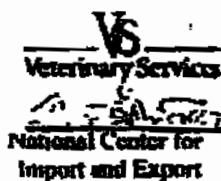
**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED  
FROM THE UNITED STATES OF AMERICA TO MEXICO  
CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA  
SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

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

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

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

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
602651	mare	168months	602648	gelding	96months
602649	mare	156months	602647	mare	120months
602645	gelding	48months	602646	gelding	168months
602653	mare	36months	602652	gelding	180months
602644	gelding	120months	602641	mare	168months
602640	mare	12months	602636	gelding	60months
602635	gelding	24months	602637	gelding	84months
602643	gelding	120months	602639	mare	168months



Health Certificate No. 711-16719  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

Microchip number / Número de microchip	Sex / Sexo	Approximate age / Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age / Edad aproximada
602642	gelding	144months	602622	gelding	72months
602620	gelding	96months	602618	mare	168months
602619	gelding	108months	602616	gelding	108months
602617	mare	180months	602621	gelding	180months
602623	mare	108months	602624	gelding	156months
602615	mare	168months	602479	mare	180months
602480	mare	84months	602475	mare	168months
602478	mare	180months	602477	mare	180months
602484	gelding	144months	602476	mare	36months
Total: 34hd					

Mexico, Slaughter horse HC





Health Certificate No. T 11-16719  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

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

#### **CERTIFICATION STATEMENTS / CERTIFICACIONES**

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

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.  
*A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.*  
Inspection date / Fecha de inspección December 14, 2010

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

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



Health Certificate No. 111-16117  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

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

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

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

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

Chris Larson, D.V.M.

Name of Accredited Veterinarian  
*Nombre del Médico Veterinario  
Acreditado*

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

(b)(6)

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

(b)(6)

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

12/20/10  
arian

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

Mexico, Slaughter horse HC

3d

**AFFIDAVIT  
DECLARACIÓN JURADA**

I (print (b)(6) Beltex Corporation) declare that the horses included in this shipment and accompanied by the health certificate number 711-16719 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número 711-16719 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

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

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

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

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

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

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

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

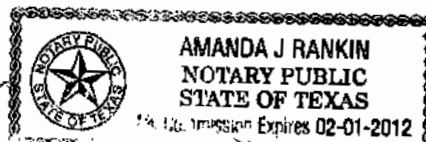
(b)(6)

12/12/10

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

(b)(6)

12/17/10



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

(Please type or print in ink)

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

FORM  
APPROVED  
OMB NO.  
0579-0160

711-16719

(b) (6)

DATE

12-19-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Morton Texas

(b)(6)

NAME OF AUCTION/MARKET

CONSIGNEE (RECEIVER/DESTINATION) NAME

TDA Rem's

STREET ADDRESS

2180 CR 120

STREET ADDRESS

10800 Sycamore Rd.

CITY, STATE, ZIP CODE

Morton Texas

CITY, STATE, ZIP CODE

El Paso, Texas

AREA CODE & TELEPHONE NO.

(806) 525-4221

AREA CODE & TELEPHONE NO.

(915) 859-3942

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

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

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

☒ Foals are older than 6 months of age.

☐ Horses are not blind in both eyes.

☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	OT	Draft	Pony	Other	Mare	Stal	Geld		
1	4645	✓				✓							✓	✓			Ant tip	602651
2	4647					✓							✓			✓		602648
3	4648	✓											✓	✓				602649
4	4649						✓						✓	✓				602647
5	4650				✓								✓			✓		602645
6	4651						✓						✓			✓		602646
7	4652						✓						✓	✓				602653
8	4653	✓											✓			✓		602652
9	4654						✓						✓			✓		602644
10	4655	✓											✓	✓				602641
11	4656						✓						✓	✓				602640
12	4657					✓							✓			✓		602636
13	4658	✓											✓			✓		602635
14	4659					✓							✓			✓		602637
15	4660	✓											✓			✓	Ant tip	602643

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

SIGNATURE

(b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME

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

(Please type or print in ink)

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

J11-16719

	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	JFH	4661					✓						✓	✓				Artie	602639
17		4662			✓								✓				✓		602642
18		4664	✓										✓				✓		602622
19		4665	✓										✓				✓		602620
20		4666											✓	✓					602618
21		4667	✓										✓				✓		602619
22		4668		✓									✓				✓		602616
23		4669						✓					✓	✓					602617
24		4670						✓					✓				✓		602621
25		4671											✓	✓					602623
26		4672											✓				✓		602624
27		4673		✓									✓	✓					602615
28		4674	✓										✓	✓					602479
29		4675				✓							✓	✓					602480
30		4676			✓								✓	✓					602475
31		4677	✓										✓	✓					602478
32		4678											✓	✓					602477
33		4679				✓							✓				✓		602484
34	JFH	4680				✓							✓	✓			Artie	602476	
35																			
36																			
37																			
38																			
39																			
40																			
41																			
42																			
43																			
44																			
45																			

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

SIGN \_\_\_\_\_ Information contained in this form is true and correct to the best of my knowledge.)

(b)(6)



Health Certificate No. 711-16720  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

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

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

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

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

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
604828	gelding	108months	602860	mare	60months
604825	mare	96months	604834	mare	120months
604800	gelding	96months	604799	mare	60months
604877	mare	96months	604796	gelding	60months
604278	gelding	48months	604804	gelding	36months
604836	mare	120months	604924	gelding	144months
604797	gelding	180months	604838	gelding	120months
604916	gelding	36months	604818	mare	96months





Health Certificate No. 711-16720  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
604884	mare	144months	604883	mare	60months
604822	mare	60months	604917	gelding	96months
604835	mare	60months	602864	mare	48months
604824	gelding	36months	604727	gelding	96months
604921	gelding	96months	604733	mare	120months
604734	mare	36months	604725	mare	120months
604915	mare	36months	604730	gelding	36months
602856	gelding	48months	604923	mare	36months
604732	mare	96months	604662	mare	36months
604664	mare	120months			
Total: 35hd					

Mexico, Slaughter horse HC



Health Certificate No. 711-16720  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

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

#### CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

*Los animales son originarios de Estados Unidos.*

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

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

Inspection date / Fecha de inspección December 17, 2010

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

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

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

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



Health Certificate No. 7117-2-20  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

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

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

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

Chris Larson, D.V.M.

Name of Accredited Veterinarian  
*Nombre del Médico Veterinario  
Acreditado*

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

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

(b)(6)

12-17-10

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

(b)(6)

12/20/10

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

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

35

Mexico, Slaughter horse HC

**AFFIDAVIT  
DECLARACIÓN JURADA**

I (print (b)(6) Beltex Corporation) declare that the horses included in this shipment and accompanied by the health certificate number 711-16720 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número 711-16720 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

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

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

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

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

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

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

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

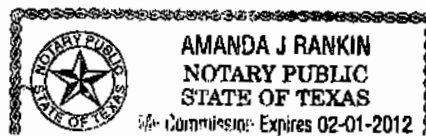
(b)(6)

12/12/10

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

(b)(6)

12/17/10



**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 **R2**  
OMB NO.  
0579-0160  
711-16720

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

34

12/20/10

Morton Texas

(b)(6)

NAME OF AUCTION/MARKET

CONSIGNEE (RECEIVER/DESTINATION) NAME

Belted Leader

TOA Pens

STREET ADDRESS

STREET ADDRESS

2180 C.R. 120

10800 Socorro Rd

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

Morton TX

EL PASO, TX

AREA CODE & TELEPHONE NO.

AREA CODE & TELEPHONE NO.

(806) 525-4221

(915) 859-3942

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

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

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

☒ Foals are older than 6 months of age.

☒ Horses are not blind in both eyes.

☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	OT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGU	5002						BRN					✓			✓	24	604828
2		5003	✓										✓	✓				602860
3		5004	✓										✓	✓				604825
4		5005					✓						✓	✓				604834
5		5006				✓							✓			✓		604800
6		5007					✓						✓	✓				604799
7		5008			✓								✓	✓				604877
8		5009					✓						✓			✓		604796
9		5010					✓						✓			✓		604278
10		5011					✓						✓			✓		604804
11		5012						BRN					✓	✓				604836
12		5013	✓										✓			✓		604924
13		5014					✓						✓			✓		604797
14		5015						BRN					✓			✓		604838
15	USGU	5016	✓										✓			✓	24	604916

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

SIGNATURE

(b)(6)

I HEREBY AUTH

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

**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 **R2**  
OMB NO. 0579-0160  
T11-16720

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	OT	Draft	Pony	Other	Mare	Stal	Geld			
16	USGU	5077			✓								✓	✓					604818
17		5078					✓						✓	✓					604884
18		5079						BRN					✓	✓					604883
19		5080	✓										✓	✓					604822
20		5081			✓								✓			✓			604917
21		5082			✓								✓	✓					604835
22		5083					✓						✓	✓					604864
23		5084			✓								✓			✓			604824
24		5085					✓						✓			✓			604727
25		5086	✓										✓			✓			604921
26		5087	✓										✓	✓					604733
27		5308					✓						✓	✓					604734
28		5089			✓								✓	✓					604725
29		5090					✓						✓	✓					604915
30		5091	✓										✓			✓			604730
31		5092	✓										✓			✓			602856
32		5093	✓										✓	✓					604923
33		5094				✓							✓	✓					604732
34		5095			✓								✓	✓					604662
35	USGU	5096			✓								✓	✓					604664
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

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

(b)(6)





Health Certificate No. 711-16721  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

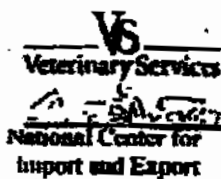
**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED  
FROM THE UNITED STATES OF AMERICA TO MEXICO  
CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA  
SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

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

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

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

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
604663	mare	96months	604655	gelding	120months
604661	gelding	96months	604660	mare	120months
604657	gelding	96months	604978	mare	60months
604901	mare	96months	604290	mare	36months
604844	mare	96months	604895	gelding	60months
604843	mare	60months	604975	mare	120months
604900	gelding	96months	604294	mare	96months
604288	mare	120months	604286	mare	120months



Health Certificate No. 711-16721  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
604903	gelding	96months	604977	mare	120months
604896	mare	144months	604902	mare	180months
604291	gelding	120months	604292	mare	120months
604979	gelding	96months	604904	mare	120months
604289	mare	120months	604287	gelding	144months
604897	mare	120months	604285	mare	60months
604980	mare	36months	604899	mare	60months
604293	mare	96months	604898	mare	48months
604976	mare	96months	604659	mare	120months
307964	gelding	96months			
Total:35hd					

Mexico, Slaughter house HC



Health Certificate No. 711-16721  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

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

#### CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

*Los animales son originarios de Estados Unidos.*

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

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

Inspection date / Fecha de inspección December 17, 2010

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

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

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

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



Health Certificate No. 111-16121  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

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

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

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

Chris Larson, D.V.M.

Name of Accredited Veterinarian  
*Nombre del Médico Veterinario  
Acreditado*

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

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

(b)(6)

12-17-10  
Signature of Accredited Veterinarian and Date  
*Firma del Médico Veterinario Acreditado  
y Fecha*

(b)(6)

12/20/10  
Signature of Endorsing Federal Veterinarian  
and Date  
*Firma del Médico Veterinario que endosa  
y Fecha*

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

**AFFIDAVIT  
DECLARACIÓN JURADA**

I (print (b)(6) Beltex Corporation) declare that the horses included in this shipment and accompanied by the health certificate number 711-16721 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número 711-16721 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

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

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

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

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

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

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

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

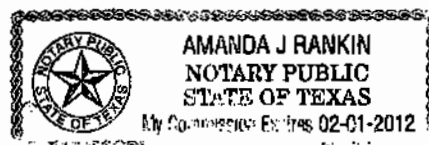
(b)(6)

12/17/10

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

(b)(6)

12/17/10



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

(Please type or print in ink)

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

FORM  
APPROVED  
OMB NO.  
0579-0160

711-16721

DATE  
12-20-16

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Morton Texas

NAME OF AUCTION/MARKET

CONSIGNEE (RECEIVER/DESTINATION) NAME

TDA Pens

STREET ADDRESS

10800 SOCORRO R d

CITY, STATE, ZIP CODE

El Paso, TX

AREA CODE & TELEPHONE NO.

(915) 859-3942

STREET ADDRESS

2180 C.R. 120

CITY, STATE, ZIP CODE

Morton TX

AREA CODE & TELEPHONE NO.

(806) 525-4221

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

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

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

☒ Foals are older than 6 months of age.

☒ Horses are not blind in both eyes.

☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Gald		
1	USGU	5097						✓					✓	✓				604663
2		5098				✓							✓			✓		604655
3		5099		✓									✓			✓		604661
4		5100			✓								✓	✓				604660
5		5101	✓										✓			✓		604657
6		5102	✓										✓	✓				604978
7		5103					✓						✓	✓				604901
8		5104					✓						✓	✓				604290
9		5105			✓								✓	✓				604844
10		5106					✓						✓			✓		604895
11		5107						BRN					✓	✓				604843
12		5108						BRN					✓	✓				604975
13		5109						PAL					✓			✓		604900
14		5110				✓							✓	✓				604294
15	USGU	5111					✓						✓	✓				604288

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

SIGNATURE

(b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME



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

FORM  
APPROVED **R-1**  
OMB NO.  
0579-0160  
**711-16721**

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

(Please type or print in ink)

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE						SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USGU	5112					✓						✓	✓				Art	604286
17		5113	✓										✓			✓			604903
18		5114			✓								✓	✓					604977
19		5115					✓						✓	✓					604896
20		5116			✓								✓	✓					604902
21		5117					✓						✓			✓			604291
22		5118					✓						✓	✓					604292
23		5119					✓						✓			✓			604979
24		5120					✓						✓	✓					604904
25		5121			✓								✓	✓					604289
26		5122	✓										✓			✓			604287
27		5123			✓								✓	✓					604897
28		5124			✓								✓	✓					604285
29		5125	✓										✓	✓					604980
30		5126					✓						✓	✓					604899
31		5127			✓								✓	✓					604293
32		5128					✓						✓	✓					604898
33		5129	✓										✓	✓					604976
34		5130					✓						✓	✓					604659
35	USGU	5131						APP					✓			✓	Art	307964	
36																			
37																			
38																			
39																			
40																			
41																			
42																			
43																			
44																			
45																			

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

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

(b)(6)

**ANIMAL AND PLANT HEALTH-INSPECTION SERVICES  
STATEMENT OF SERVICES**

Originating Office Phone

512-383-2411

Beltax Corporation

Po Box 427

Whiteface

TX 79379

Control Number: 4801B4187

Office Id: 974801

Service Date(s)

Begin: 20-DEC-10

End: 20-DEC-10

Reference NR:

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

Total Due \$ 208.00

Remarks: Health Certificata # T1116718, 6719, 6720, 6721

**Payment Information**

Nfc Id  
751522503VA

Date	Amount	Payment Type	Account/Check #
28-JAN-11	\$ 208.00	Credit Acct	

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

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



Health Certificate No. 7117496  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

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

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

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

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

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
963264	gelding	84months	067063	mare	144months
603036	gelding	84months	263965	gelding	36months
293032	mare	36months	025170	mare	96months
975054	gelding	60months	097549	mare	84months
239933	mare	36months	083706	mare	72months
334665	mare	36months	331777	mare	48months
102548	gelding	144months	356315	gelding	96months
346552	mare	72months	312417	gelding	24months

Mexico, Slaughter horse HC



Health Certificate No. 7117496  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
285811	mare	120months	097688	mare	120months
076074	mare	36months	097418	mare	144months
605191	gelding	36months	031060	gelding	120months
605194	gelding	24months	030929	mare	36months
067859	gelding	24months	080979	mare	96months
051148	mare	120months	605187	gelding	72months
097689	mare	84months	077831	mare	120months

Total: 30hd

#### CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

*Los animales son originarios de Estados Unidos.*

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

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

Inspection date / Fecha de inspección March 16, 2011

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

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

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

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



Health Certificate No. 71117496  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

(Delete as appropriate / Remueva lo que no aplique)

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

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

Chris Larson, D.V.M.

Name of Accredited Veterinarian  
*Nombre del Médico Veterinario  
Acreditado*

W. BROWN DVM

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

(b)(6)

3-16-11

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

(b)(6)

3-17-11

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

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

CUB

**AFFIDAVIT  
DECLARACIÓN JURADA**

I (print (b)(6) Beitex Corp declare that the horses included in this shipment and accompanied by the health certificate number TU17496 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número TU17496 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

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

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

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

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

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

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

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

(b)(6)

3/16/2011

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

(b)(6)

3/16/2011





R3 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

7617496

DATE 3/12/11	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE Morton Texas
(b) (6)	NAME OF AUCTION/MARKET Pen 23 Ho 20
STREET ADDRESS Beltex Feedlot 2180 CR 120	CONSIGNEE (RECEIVER/DESTINATION) NAME Bayer Cattle Co
CITY, STATE, ZIP CODE Morton Texas 79346	STREET ADDRESS Cattle Drive
AREA CODE & TELEPHONE NO. (806) 525-4221	CITY, STATE, ZIP CODE Presidio TX
	AREA CODE & TELEPHONE NO.

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	US&V	4078					✓					✓				✓	Ant Hip	963264
2		4079		✓								✓	✓					0167063
3		4080					✓					✓				✓		603036
4		4081				✓						✓				✓		263965
5		4082						Rean				✓	✓					293032
6		4083						Buck				✓	✓					025170
7		4084				✓						✓				✓		975054
8		4085					✓					✓	✓					097549
9		4086						Rean				✓	✓					239933
10		4087						Rean				✓	✓					083704
11		4088	✓									✓	✓					334665
12		4089					✓					✓	✓					331777
13		4090	✓									✓				✓		102548
14		4091					✓					✓				✓		356315
15	US&V	4092						Alb				✓	✓				Ant Hip	346552

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 8 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE

(b)(6)

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

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

(b)(6)

## CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Plnto	Chestn	Other	TB	OT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGV	4093				✓							✓			✓	Fit Hip	312417
17		4094		✓									✓	✓				285811
18		4095		✓									✓	✓				097688
19		4096					✓						✓	✓				076074
20		4097		✓									✓	✓				097418
21		4098	✓										✓			✓		605191
22		4099			✓								✓			✓		031060
23		4100						Acn					✓			✓		605194
24		4101					✓						✓	✓				030929
25		4102	✓										✓			✓		067859
26		4103					✓						✓	✓				080979
27		4104	✓										✓	✓				051148
28		4105						DNV					✓			✓		605187
29		4106					✓						✓	✓				097689
30	USGV	4107				✓							✓	✓			Fit Hip	077831
31																		
32																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(b)(6)



Health Certificate No. 7117497  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

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

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

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

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

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
061911	mare	132months	094742	mare	120months
099110	mare	60months	061102	mare	84months
083535	gelding	144months	041982	mare	144months
056953	mare	36months	097166	mare	72months
040665	mare	120months	095200	mare	120months
043760	mare	96months	093238	gelding	108months
057800	mare	120months	082652	gelding	108months
042516	mare	144months	329335	mare	72months



Health Certificate No. 71117497 *Cell B*  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
350195	mare	48months	329926	gelding	24months
361218	mare	144months	345632	gelding	24months
350061	gelding	36months	345058	mare	48months
332783	gelding	24months	353539	gelding	24months
360242	mare	84months	331624	gelding	132months
332446	gelding	24months	339284	gelding	60months
356127	gelding	24months	340833	gelding	144months

Total: 30hd

#### **CERTIFICATION STATEMENTS / CERTIFICACIONES**

1. Horses originate from the United States.

*Los animales son originarios de Estados Unidos.*

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

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

Inspection date / Fecha de inspección March 16, 2011

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

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

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

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



Health Certificate No. 71117497 *cert*  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

(Delete as appropriate / Remueva lo que no aplique)

5.

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

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

Chris Larson, D.V.M.

Name of Accredited Veterinarian  
*Nombre del Médico Veterinario  
Acreditado*

WIL BROWN DVM

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

(b)(6)

3-16-4

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

(b)(6)

3-17-4

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

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

443

AFFIDAVIT  
DECLARACIÓN JURADA

I (print (b)(6) Beltex Corp declare that the horses included in this shipment and accompanied by the health certificate number 1117497 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número 1117497 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

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

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

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

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

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

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

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

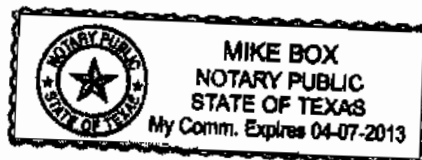
(b)(6)

3/16/2011

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

(b)(6)

3/16/2011



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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0570-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM  
APPROVED  
OMB NO.  
0570-0160

71117497

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME

CONSIGNEE (RECEIVER/DESTINATION) NAME

STREET ADDRESS

STREET ADDRESS

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

AREA CODE & TELEPHONE NO.

AREA CODE & TELEPHONE NO.

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

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

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

☒ Foals are older than 6 months of age.

☒ Horses are not blind in both eyes.

☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stall	Geld		
1	USGV	3829					/						/	/			ART Tip	061911
2		3830						PAL					/	/				094742
3		3831				/							/	/				099110
4		3832					/						/	/				0101102
5		3833	/										/	/		/		083535
6		3834						DUN ROAN					/	/				041982
7		3835											/	/				0510953
8		3836					/						/	/				097106
9		3837	/										/	/				040665
10		3838	/										/	/				095200
11		3839						DUN ROAN					/	/				0437100
12		3840											/	/		/		093238
13		3841	/										/	/				057800
14		3842					/						/	/		/		082652
15	USGV	3843						PAL					/	/			ART Tip	042516

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

SIGNATURE

(b)(6)

I HEREBY AUTHORITY

ON IN IT AS

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

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

(b)(6)

are obsolete

VS FORM 10

INSPECTOR

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME

PAGE 1 OF 2



**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

7117497

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE						SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	USAV	3844				/						/	/					A R+ Hip	329335
17		3845				/						/	/						350195
18		3846				/						/	/						329926
19		3847	/									/	/						3101218
20		3848	/									/	/						345032
21		3849			/							/	/						350061
22		3850				/						/	/						345058
23		3851				/						/	/						332783
24		3852	/									/	/						353539
25		3853	/									/	/						300242
26		3854	/									/	/						331624
27		3855										/	/						332446
28		3856										/	/						339284
29		3857										/	/						356127
30	USAV	3858	/									/	/				A R+ Hip	340833	
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.)

(b)(6)



Health Certificate No. **711-16737**  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number) *20*

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

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

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

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

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
097966	mare	120months	097965	gelding	120months
097967	mare	144months	097964	mare	120months
097963	gelding	120months	098310	mare	24months
097968	gelding	24months	098415	mare	36months
098305	gelding	120months	098396	gelding	96months
098397	gelding	48months	098030	gelding	96months
098417	mare	60months	098303	mare	24months
098416	mare	96months	098306	mare	120months

Mexico, Slaughter horse HC

48013 4569



Health Certificate No. 711-16737  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number) *g.w.*

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
098399	gelding	120months	098028	mare	36months
098421	gelding	60months	098312	gelding	60months
098394	mare	36months	098419	gelding	24months
098402	gelding	120months	098400	gelding	60months
098418	mare	120months	098309	gelding	24months
098304	mare	24months	098307	mare	120months
098395	mare	96months	098414	gelding	96months
098393	gelding	24months	098420	gelding	60months
098398	gelding	144months	098308	mare	24months
098311	gelding	180months			
Total: 35hd					

Mexico, Slaughter house HC



Health Certificate No. T11-16237  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number) *سو*

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

#### CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

*Los animales son originarios de Estados Unidos.*

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

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

Inspection date / Fecha de inspección December 29, 2010

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

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

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

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



Health Certificate No. <sup>page 4 of 4</sup> 771-46737  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

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

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

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

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

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

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

35

(b)(6)  
12-29-10

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

(b)(6)  
1/3/11

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

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

**AFFIDAVIT  
DECLARACIÓN JURADA**

I (print) (b)(6) Beltex Corporation declare that the horses included in this shipment and accompanied by the health certificate number 711-16737 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número 711-16737 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

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

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

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

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

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

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

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

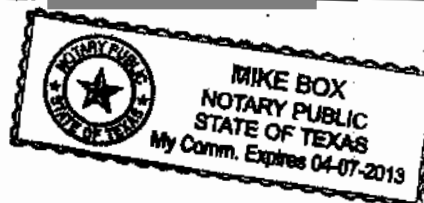
(b)(6)

12/31/10

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

(b)(6)

12/31/10



**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

11-16737

TIME HORSES LOADED ON CONVEYANCE

DATE 1-3-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Morton Texas

NAME OF AUCTION/MARKET

CONSIGNEE (RECEIVER/DESTINATION) NAME

TDA Rm's

STREET ADDRESS

10800 So. Cooper Rd.

CITY, STATE, ZIP CODE

El Paso, Texas

AREA CODE & TELEPHONE NO.

(915) 859-3942

CONSIGNOR (OWNER/SHIPPER) NAME

Rebel Freight

STREET ADDRESS

2180 CR 12D

CITY, STATE, ZIP CODE

Morton IL

AREA CODE & TELEPHONE NO.

(800) 525-4221

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE						SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	OT	Draft	Pony	Other	Mare	Stal	Geld			
1	5936						✓						✓	✓				097966	
2	5937							Rean					✓			✓		097965	
3	5938							APP					✓	✓				097967	
4	5939			✓									✓	✓				097964	
5	5940			✓									✓			✓		097963	
6	5941						✓						✓	✓				098310	
7	5942	✓											✓			✓		097968	
8	5943					✓							✓	✓				098415	
9	5944						✓						✓			✓		098305	
10	5945						✓						✓			✓		098396	
11	5946	✓											✓			✓		098397	
12	5947						✓						✓			✓		098030	
13	5948					✓							✓	✓				098417	
14	5949						✓						✓	✓				098303	
15	5950			✓									✓	✓				098416	

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

SIGNATURE

(b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME



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

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

FORM  
APPROVED  
OMB NO.  
0579-0160

T11-16737

	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	USGU	5951		✓									✓	✓					Dr	098306
17		5952	✓										✓				✓		Dr	098399
18		5953					✓						✓	✓						098028
19		5954											✓			✓				098421
20		5955						Buck					✓			✓				098312
21		5956						Pal					✓	✓						098394
22		5957						Buck					✓			✓				098419
23		5958					✓						✓			✓				098402
24		5959						Roan					✓			✓				098400
25		5960						Roan					✓	✓						098418
26		5961	✓										✓			✓				098309
27		5962	✓										✓	✓						098304
28		5963		✓									✓	✓						098307
29		5964	✓										✓	✓						098395
30		5964					✓						✓			✓				098414
31		6848					✓						✓			✓				098393
32		5967			✓								✓			✓				098420
33		5968		✓									✓			✓				098398
34		5969					✓						✓	✓						098308
35	USGU	5970						Dun					✓			✓		Dr	098311	
36																				
37																				
38																				
39																				
40																				
41																				
42																				
43																				
44																				
45																				

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

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

(b)(6)



Health Certificate No. 711-16738  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number) *fw*

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

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

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

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

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
098032	gelding	144months	098413	mare	120months
302424	mare	24months	298229	mare	24months
304772	mare	24months	301012	gelding	120months
291355	gelding	144months	237890	mare	180months
238156	mare	96months	367065	gelding	120months
308761	mare	96months	363267	gelding	120months
276586	mare	60months	308250	gelding	180months
303857	gelding	120months	311002	mare	144months



Health Certificate No. T11-16738  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

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

#### CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

*Los animales son originarios de Estados Unidos.*

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

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

Inspection date / Fecha de inspección December 29, 2010

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

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

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

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



page 4 of 4  
Health Certificate No. 711-16738  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number) g-w

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

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

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

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

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

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

(b)(6)

12-29-10

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

(b)(6)

34  
1/3/11

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

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

AFFIDAVIT  
DECLARACIÓN JURADA

I (print) (b)(6) Beltex Corporation declare that the horses included in this shipment and accompanied by the health certificate number T11-16738 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número T11-16738, no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

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

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

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

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

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

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

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

(b)(6)

12/31/10

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

(b)(6)

12/31/10



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

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

FORM  
APPROVED  
OMB NO.  
0579-0160

711/16738

TIME HORSES LOADED ON CONVEYANCE 1:30 AM DATE 1-3-11

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

(b)(6)

Belton Texas  
STREET ADDRESS 2180-C.R. 170  
CITY, STATE, ZIP CODE Morton, TX  
AREA CODE & TELEPHONE NO. (806) 525-4221

CONSIGNEE (RECEIVER/DESTINATION) NAME TDA Rem's  
STREET ADDRESS 10800 Socorro Rd.  
CITY, STATE, ZIP CODE El Paso, Texas  
AREA CODE & TELEPHONE NO. (915) 859-3942

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	OT	Draft	Pony	Other	Mare	Stall	Geld		
1	USCU	5971			✓								✓			✓	PT 24	098032
2		5972	✓										✓	✓				098413
3		5973			✓								✓	✓				302424
4		5974			✓								✓	✓				298229
5		5975				✓							✓	✓				304772
6		5976					✓						✓			✓		301012
7		5977					✓						✓			✓		291355
8		5978	✓										✓	✓				237890
9		5979						PAL					✓	✓				238156
10		5980						DAN					✓			✓		367065
11		5981						DUN					✓	✓				308761
12		5982					✓						✓			✓		363267
13		5983			✓								✓	✓				276586
14		5984	✓										✓			✓		308250
15	USCU	5985					✓						✓			✓	PT 24	303857

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

SIGNATURE

(b)(6)

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

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

(b)(6)

2056023

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

(Please type or print in ink)

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

FORM  
APPROVED  
OMB NO.  
0579-0160

711-16738

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition		
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Oralt	Pony	Other	Mare	Stal	Geld					
16	564	586			✓								✓	✓						APR 24	311002
17		587							PAL				✓	✓							286532
18		588				✓							✓	✓							313330
19		589					✓						✓	✓							307892
20		590		✓									✓			✓					388819
21		591				✓							✓			✓					275974
22		592	✓										✓			✓					307877
23		593				✓							✓	✓							379754
24		594							Black				✓	✓							265820
25		595	✓										✓	✓							304943
26		596					✓						✓	✓							302990
27		597				✓							✓	✓							276823
28		598			✓								✓	✓							311830
29		599	✓										✓	✓							364604
30		6000		✓									✓			✓					289332
31		6001			✓								✓	✓							297801
32		6002	✓										✓			✓					384238
33		6003	✓										✓	✓							247412
34	564	6004					✓						✓			✓		APR 24		267301	
35																					
36																					
37																					
38																					
39																					
40																					
41																					
42																					
43																					
44																					
45																					

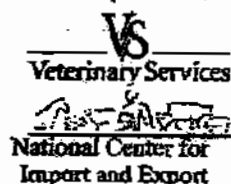
I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH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

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

(b)(6)

2056023





Health Certificate No. 711-16739  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

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

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

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

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

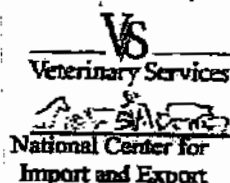
Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
604688	gelding	96months	604693	gelding	120months
604691	mare	96months	604690	mare	144months
604689	gelding	24months	604692	mare	120months
604694	gelding	144months	604686	mare	144months
097272	gelding	96months	097271	mare	120months
097270	mare	144months	097225	gelding	120months
097269	mare	120months	097268	gelding	96months
097267	mare	120months	097266	gelding	144months



**VS**  
**Veterinary Services**  
**National Center for**  
**Import and Export**

Health Certificate No. **T 11-16739**  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number) *g-w*

Microchip number / Número de microchip	Sex / Sexo	Approximate age / Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age / Edad aproximada
097265	mare	180months	097264	gelding	180months
097224	mare	120months	097263	gelding	120months
097223	gelding	144months	604695	gelding	168months
604701	mare	96months	604700	mare	72months
604699	mare	60months	604703	gelding	120months
604704	mare	144months	604702	gelding	180months
604696	gelding	120months	604697	gelding	180months
604698	gelding	144months	097969	mare	180months
097972	gelding	144months	097971	gelding	180months
097970	mare	144months			
Total: 35hd					



Health Certificate No. 711-16739  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number) *gws*

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

**CERTIFICATION STATEMENTS / CERTIFICACIONES**

1. Horses originate from the United States.

*Los animales son originarios de Estados Unidos.*

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

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

Inspection date / Fecha de inspección December 28, 2010

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

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

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

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



Health Certificate No. 711-16739  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number) *gw*

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

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

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

Chris Larson D.V.M.

Name of Accredited Veterinarian  
*Nombre del Médico Veterinario  
 Acreditado*

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

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

(b)(6)

1A-31-10

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

(b)(6)

1/3/11

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

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

**AFFIDAVIT  
DECLARACIÓN JURADA**

I (print) (b)(6) Beltex Corporation declare that the horses included in this shipment and accompanied by the health certificate number T11-16739 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número T11-16739 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

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

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

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

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

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

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

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

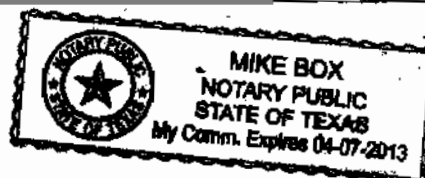
(b)(6)

12/31/10

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

(b)(6)

12/31/10



OWNER/SHIPPER CERTIFICATE

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0180. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM  
APPROVED  
OMB NO.  
0579-0180

711-16739

DATE

1-3-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Morton Texas

NAME OF AUCTION/MARKET

(b)(6)

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME

Belted Feedlot

STREET ADDRESS

2190 C.R. 120

CITY, STATE, ZIP CODE

Morton TX

AREA CODE & TELEPHONE NO.

(806) 525-4221

CONSIGNEE (RECEIVER/DESTINATION) NAME

TOA Ranch

STREET ADDRESS

10800 Scurro Rd.

CITY, STATE, ZIP CODE

El Paso, Texas

AREA CODE & TELEPHONE NO.

(915) 859-3942

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

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

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

☒ Foals are older than 6 months of age.

☒ Horses are not blind in both eyes.

☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	OT	Draft	Pony	Other	Mare	Stal	Geld			
1	UGU	5901	✓									✓			✓		604688		
2		5902	✓									✓			✓		604693		
3		5903					PAL					✓	✓				604691		
4		5904				✓						✓	✓				604690		
5		5905					PAL					✓			✓		604689		
6		5906				✓						✓	✓				604692		
7		5907				✓						✓			✓		604694		
8		5908					APP					✓	✓				604686		
9		5909				✓						✓			✓		097272		
10		5910					PAL					✓	✓				097271		
11		5911				✓						✓	✓				097270		
12		5912				✓						✓			✓		097225		
13		5913	✓									✓	✓				097269		
14		5914			✓							✓			✓		097268		
15	UGU	5915			✓							✓	✓				097267		

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

SIGNATURE

(b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

FORM  
APPROVED  
OMB NO.  
0579-0160

711-16739  
gwl

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

(Please type or print in Ink)

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld				
16	5916					✓						✓			✓			✓	097266
17	5917						DUN				✓	✓						097265	
18	5918		✓								✓				✓			097264	
19	5919						PAL				✓	✓						097224	
20	5920						BRN				✓				✓			097263	
21	5921				✓						✓				✓			097223	
22	5922						BUCK				✓				✓			604695	
23	5923	✓									✓	✓						604701	
24	5924						ROAN				✓	✓						604700	
25	5925					✓					✓	✓						604699	
26	5926				✓						✓				✓			604703	
27	5927					✓					✓	✓						604704	
28	5928					✓					✓				✓			604702	
29	5929			✓							✓				✓			604696	
30	5930					✓					✓				✓			604697	
31	5931		✓								✓				✓			604698	
32	5932					✓					✓	✓						097969	
33	5933				✓						✓				✓			097972	
34	5934					✓					✓				✓			097971	
35	5935					✓					✓	✓					2 PR	097970	
36																			
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45																			

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

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

(b)(6)



## STATEMENT OF SERVICES

Originating Office Phone

512-383-2411

Beltex Corporation

Po Box 427

Whiteface

TX 79379

Control Number: 4801B4569

Office Id: 974801

Service Date(s)

Begin: 03-JAN-11

End: 03-JAN-11

Reference NR:

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

Total Due \$ 156.00

Remarks: Health Certificate # T1116737, 6738, 6739  
EL PASO PORT ( 3 CERTIFICATE DUPLICATED #)

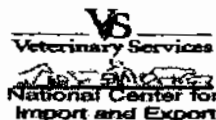
## Payment Information

Nfc Id  
751522503VA

Date	Amount	Payment Type	Account/Check #
01-FEB-11	\$ 156.00	Credit Acct	

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

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



Health Certificate No. **71E-16766**  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

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

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

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

1. Name and Address of Exporter:

*Nombre y Dirección del Exportador:*

Tim Webb

10720 West Burt

El Paso, Texas 79927

2. Name and Address of Importer:

*Nombre y Dirección del Importador:*

Eduardo Crosby Stege

C. Emilio Zola #698 Col. El Colegio

Cd. Juarez, Chihuahua, Mexico 32340

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

Microchip number/ <i>Nombre de microchip</i>	Sex / <i>Sexo</i>	Appropriate age/ <i>Edad</i> <i>aproximada</i>	Microchip number/ <i>Nombre de microchip</i>	Sex / <i>Sexo</i>	Appropriate age/ <i>Edad</i> <i>aproximada</i>
981020005339564	Gelding	84 months	981020005336805	Female	204 months
981020005330688	Gelding	108 months	981020005329363	Female	120 months
981020005348546	Female	120 months	981020005336837	Gelding	168 months
981020005345617	Female	132 months	981020005339453	Female	96 months
981020005338454	Female	60 months	981020005343396	Female	48 months
981020005332592	Female	48 months	981020005349293	Gelding	84 months
981020005331798	Female	120 months	981020005346664	Female	36 months
981020005350513	Gelding	144 months	981020005331477	Female	120 months

Mexico Slaughter horses HC

4801 B 4582



Health Certificate No. **T11-16764**  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

Microchip number/ Nombre de microchip	Sex / Sexo	Appropriate age/ Edad aproximada	Microchip number/ Nombre de microchip	Sex / Sexo	Appropriate age/ Edad aproximada
981020005342562	Female	48 months	981020005356041	Female	84 months
981020005332591	Gelding	168 months	981020005354400	Female	120 months
981020005329851	Female	96 months	981020005329336	Gelding	144 months
981020005355251	Gelding	144 months	981020005339588	Gelding	120 months
981020005334763	Gelding	180 months	981020005345752	Female	240 months
981020005335022	Gelding	216 months	981020005340964	Gelding	60 months
981020005357267	Female	120 months			



Health Certificate No. 711-16766  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

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

#### CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

*Los animales son originarios de Estados Unidos.*

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

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

Inspection date / Fecha de inspección 1/18/2011

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

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

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

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



Health Certificate No. 711-16764  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

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

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

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

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

CRYSTAL VAN LOM

Name of Accredited Veterinarian  
*Nombre del Médico Veterinario  
Acreditado*

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

(b)(6)

1/18/11

Date

*Firma del Médico Veterinario Acreditado  
y Fecha*

(b)(6)

Signature of Endorsing Federal Veterinarian  
and Date

*Firma del Médico Veterinario que endosa  
y Fecha*

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



**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 0578-0160. 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.  
0578-0160  
7/11/2009

TIME HORSES LOADED ON CONVEYANCE  
700 am

DATE  
1/18/2011

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE  
El Paso, Texas

NAME OF AUCTION/MARKET  
N/A

(b) (6)

(b) (6)

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS (Include existing conditions)
			Bay	Grey	Blk.	Pinto	Chestn	Other	TE	QT	Draft	Pony	Other	Mare	Stall	Geld		
1	USFO	0701						BROWN		X						X		5339584
2	USFO	0702						BROWN		X						X		5330888
3	USFO	0703					X			X				X				5348846
4	USFO	0704		X						X				X				5345617
5	USFO	0705	X							X				X				5338454
6	USFO	0706	X							X				X				5332592
7	USFO	0707					X			X				X				5331798
8	USFO	0708					X			X						X		5350513
9	USFO	0718					X			X				X				5336805
10	USFO	0719	X							X				X				5329363
11	USFO	0720					X			X						X		5338837
12	USFO	0721			X					X				X				5339463
13	USFO	0722			X					X				X				5343390
14	USFO	0723					X			X						X		5349293
15	USFO	0724					X			X				X				5346564

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

SIGNATURE

(b) (6)

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

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

(b) (6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

FORM  
APPROVED  
OMB NO.  
0579-0160

711-16766

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE						SEX			BRANDS, Tattoos, etc.	REMARKS and prescription
			Bay	Grey	Blk	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Gold			
16	USFO	0725	X							X					X				5331477
17	USFO	0709		X						X					X			5342512	
18	USFO	0710					X						MULE				X	5332591	
19	USFO	0711						BUCK		X				X				5327551	
20	USFO	0712		X						X							X	5355251	
21	USFO	0726				X							PAINT	X				5356041	
22	USFO	0727	X							X				X				5354400	
23	USFO	0728					X			X							X	5329336	
24	USFO	0729	X							X							X	5339688	
25	USFO	0713	X							X							X	5334783	
26	USFO	0714	X							X				X				5345752	
27	USFO	0715					X			X							X	5335022	
28	USFO	0716					X			X							X	5340964	
28	USFO	0717	X							X				X				5357267	
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: [REDACTED] Information contained in this form is true and correct to the best of my knowledge.)

(b)(6)



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

Originating Office Phone . . .

Control Number: 4801B4582

512-383-2411

Office Id: 974801

Tim Webb

Service Date(s)

10720 West Burt

Begin: 18-JAN-11

El Paso

TX 79927

End: 18-JAN-11

Reference NR:

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

Total Due \$ 52.00

Remarks: Health Certificate # T1116766

Payment Information

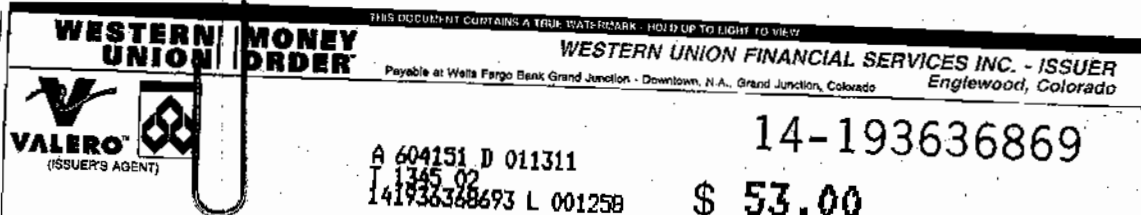
Nfc Id  
9999999999V

Date	Amount	Payment Type	Account/Check #
01-FEB-11	\$ 53.00	Money Order	14193636869

This invoice reflects an overpayment of \$1.00. Submit your refund request along with a copy of this invoice, your tax id number (SEN/EIN) and your bank electronic funds transfer information to: USDA, APHIS, FMD, P.O. Box 3334, Minneapolis, MN 55403-0334. If you have any questions, please call the APHIS helpline toll free at (877)777-2126 or email the [abshelpline@aphis.usda.gov](mailto:abshelpline@aphis.usda.gov)

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

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PAY EXACTLY FIFTY-THREE DOLLARS AND NO CENTS

P.O. Box 101275  
PURCHASER'S ADDRESS  
5100 N. 74th St.

Certificate No. 111-1676  
only if the USDA Veterinary Seal  
appears over the Certificate Number)

or residue are completed and

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

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

(9)(q).

- 2.

(9) (q)

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

Microchip number/ Nombre de microchip	Sex / Sexo	Appropriate age/ Edad aproximada	Microchip number/ Nombre de microchip	Sex / Sexo	Appropriate age/ Edad aproximada
981020005339564	Gelding	84 months	981020005336805	Female	204 months
981020005330688	Gelding	108 months	981020005329363	Female	120 months
981020005348546	Female	120 months	981020005336837	Gelding	168 months



Health Certificate No. **711-16641**  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

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

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

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

1. Name and Address of Exporter:

*Nombre y Dirección del Exportador:*

(b) (6)

2. Name and Address of Importer:

*Nombre y Dirección del Importador:*

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

Microchip number/ <i>Nombre de microchip</i>	Sex / <i>Sexo</i>	Appropriate age/ <i>Edad</i> <i>aproximada</i>	Microchip number/ <i>Nombre de microchip</i>	Sex / <i>Sexo</i>	Appropriate age/ <i>Edad</i> <i>aproximada</i>
981020005252163	Female	72 months	981020005244625	Female	12 months
981020005239895	Gelding	60 months	981020005238400	Female	60 months
981020005260831	Female	60 months	981020005255086	Female	24 months
981020005236658	Gelding	48 months	981020005239674	Female	72 months
981020005261885	Female	60 months	981020005253019	Female	36 months
981020005255651	Female	36 months	981020005238813	Gelding	60 months
981020005237696	Female	36 months	981020005250383	Gelding	144 months
981020005311193	Female	120 months	981020005256830	Gelding	36 months

Mexico Slaughter horses HC

4801B 4670



Health Certificate No. 711-16641  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

Microchip number/ <i>Nombre de microchip</i>	Sex / Sexo	Appropriate age/ <i>Edad</i> <i>aproximada</i>	Microchip number/ <i>Nombre de</i> <i>microchip</i>	Sex / Sexo	Appropriate age/ <i>Edad</i> <i>aproximada</i>
981020005237593	Female	60 months	981020005236999	Female	120 months
981020005254312	Female	144months	981020005249417	Gelding	36 months
981020005238946	Female	240months	981020005236300	Female	72 months
981020005242156	Female	60 months	981020005240869	Female	84 months
981020005238166	Female	48months	981020005258061	Female	24 months
981020005257008	Gelding	24 months	981020005263040	Female	24 months
981020005238193	Female	60 months	981020005255598	Female	48 months
981020005256320	Female	48 months	981020005236828	Female	60 months
981020005253081	Gelding	60 months	981020005252835	Female	120 months
981020005263749	Female	72 months	981020005248119	Gelding	60 months
981020005263070	Female	120 months	981020005243415	Gelding	72 months
981020005247067	Gelding	72 months	981020005310280	Female	72 months
0A01343855	Gelding	96 months	981020005263750	Female	120 months
981020005245930	Female	60 months	981020005262473	Female	60 months
981020005257728	Female	36 months	981020005257022	Female	48 months
981020005242661	Female	72 months	981020005235240	Female	24 months
981020005239321	Female	72 months	981020005263372	Female	24 months
981020005243031	Female	60 months	981020005260736	Female	72 months



Health Certificate No. T11-16641  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

Microchip number/ <i>Nombre de microchip</i>	Sex / Sexo	Appropriate age/ <i>Edad</i> <i>aproximada</i>	Microchip number/ <i>Nombre de</i> <i>microchip</i>	Sex / Sexo	Appropriate age/ <i>Edad</i> <i>aproximado</i>
981020005262678	Female	60 months	981020005259387	Gelding	120 months
981020005243686	Female	60months	981020005249426	Gelding	240 months
981020005234792	Female	72 months	981020005312105	Gelding	60 months
981020005309928	Female	72months	981020005247019	Gelding	132 months
981020005248248	Gelding	48 months	981020005246387	Female	72 months
981020005258521	Female	72 months	981020005310849	Female	48 months
981020005240612	Gelding	84 months	981020005243366	Gelding	72 months
981020005258639	Female	36 months	981020005264274	Female	60 months
981020005257591	Female	60 months	981020005242151	Gelding	120 months
981020005241911	Female	48 months	981020005256679	Gelding	48 months
981020005246279	Female	36 months	981020005248262	Female	48 months
981020005242855	Female	24 months	981020005249645	Female	24 months
981020005243828	Female	120 months	981020005243004	Female	84 months
981020005242477	Female	48 months	981020005246446	Female	24 months
981020005245268	Female	60 months	981020005264168	Female	48 months



Health Certificate No. T11-16691  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

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

#### **CERTIFICATION STATEMENTS / CERTIFICACIONES**

1. Horses originate from the United States.

*Los animales son originarios de Estados Unidos.*

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

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

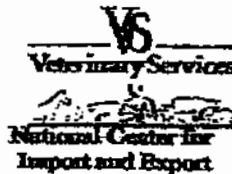
Inspection date / Fecha de inspección 11/11/2010

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

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

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

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



Health Certificate No. 711-16641  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

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

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

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

CRYSTAL VAN LOM  
Name of Accredited Veterinarian  
*Nombre del Médico Veterinario  
Acreditado*

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

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

(b)(6)

1/11/201

Date

*Firma del Médico Veterinario Acreditado  
y Fecha*

(b)(6)

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

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



**AFFIDAVIT  
DECLARACIÓN JURADA**

1. (b)(6) declare that, to my best knowledge horses included in this shipment and accompanied by the health certificate # T11-16641 have not been fed or treated within the last one hundred and eighty days (180) prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que a mi saber y entender los caballos en este embarque, acompañados por el certificado sanitario número T11-16641 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta (180) días antes del embarque.*

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

*Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicina, dapsona, demetridazole, metronidazol, nitrofurans (including furazolidona) y rodinazole.*

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

*Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol y raptopamina.*

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

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

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

(b)(6)

11-11-10

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

(b)(6)

11-11-10

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

(Please type or print in ink)

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

FORM  
APPROVED  
OMB NO.  
0579-0160

711-16641

TIME HORSES LOADED ON CONVEYANCE

6:30 AM

DATE

11/11/2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

NAME OF AUCTION/MARKET

(b)(6)

(b)(6)

(b)(6)

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

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

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

☒ Foals are older than 6 months of age.

☒ Horses are not blind in both eyes.

☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	OT	Craft	Pony	Other	Mare	Stall	Gold		
1	US6E	0151					X			X				X				98102000 525 2163
2		0152					X			X				X				524 4625
3		0153	X							X						X		523 9895
4		0154					X			X				X				523 8400
5		0155						Pal		X				X				526 0831
6		0156					X			X				X				525 5096
7		0157				X				X						X		523 6658
8		0158	X							X				X				523 9674
9		0159	X						X					X				526 1885
10		0160					X			X				X				525 3019
11		0161					X			X				X				525 5651
12		0162		X						X						X		523 8813
13		0163					X			X				X				523 7690
14		0164						APP		X						X		525 0390
15	US6E	01												X				531 1193

HORSES HAVE HAD  
HOURS IMMEDIATELY

SIGNATURE

(b)(6)

I HEREBY AUTHORIZE  
COMPLETED BY THE OWNER OR SHIPPER TO THE EFFECT THAT THE HORSES  
USING A FINE OF NOT MORE THAN  
\$10,000 OR

SIGNATURE  
the best of

(b)(6)

EXECUTIVE

INFORMATION IN IT AS  
OR KNOWINGLY  
1001).

correct to

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME

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

(Please type or print in ink)

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

FORM  
APPROVED  
OMB NO.  
0579-0160

T11-16641

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGE	0166					X			X						X		525 6830
17		0167					X			X				X				523 7593
18		0168							DW	X				X				523 6979
19		0169					X			X				X				525 4312
20		0170	X							X						X		524 9417
21		0171					X			X				X				523 8946
22		0172					X			X				X				523 6300
23		0173	X							X				X				524 2136
24		0174				X				X				X				524 0869
25		0175							Red Dew	X				X				523 8166
26		0176					X			X				X				525 8061
27		0177				X				X						X		525 7008
28		0178				X				X				X				526 3040
29		0179				X				X				X				523 8193
30		0180			X					X				X				525 5598
31		0181							Crown	X				X				523 6320
32		0182				X				X				X				523 6828
33		0183				X				X						X		525 3081
34		0184				X				X				X				525 2835
35		0185							Grulla	X				X				526 3749
36		0186				X				X						X		524 8119
37		0187	X							X				X				526 3070
38		0188	X							X						X		524 3415
39		0189							Red Dew	X						X		524 7067
40		0190							Red Dew	X				X				531 0280
41		0450							Brown	X						X		0A0134385
42		0401	X						Red Dew	X				X				524 5930
43		0402	X							X				X				526 2473
44		0403							Black	X				X				525 7728
45	USGE	0184		✓						X				X				525 7022

I HEREBY  
OF THIS  
IMPRISONED  
SIGNATURE

AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION  
MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR

to the best of my knowledge.)

(b)(6)

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0180. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM  
APPROVED  
OMB NO.  
0579-0180

711-16641

	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	USGE	0405		✓										✓				98102002 524 2661
17		0406		✓										✓				523 5240
18		0407					✓							✓				523 9321
19		0408					✓							✓				5265372
20		0409		✓										✓				524 3031
21		0410						Buck						✓				5260736
22		0411					✓							✓				5262618
23		0412					✓									✓		5259387
24		0413	✓											✓				5243686
25		0414			✓											✓		5249426
26		0415				✓								✓				5234792
27	USGD	7591				✓										✓		5312105
28		7592												✓				5309928
29		7593														✓		5247019
30		7594				✓										✓		5248248
31		7595					✓							✓				5242855
32		7596						Buck						✓				5249645
33		7597					✓							✓				5246387
34		7598	✓											✓				5258521
35		7599				✓								✓				5310849
36		7600														✓		5240612
37		7486					✓									✓		5243366
38		7487			✓									✓				5258639
39		7488					✓							✓				5264274
40		7489					✓							✓				5257591
41		7490					✓									✓		5242151
42		7491	✓											✓				5241911
43		7492					✓									✓		5256679
44		7493	✓											✓				5246279
45		7494					✓							✓				5249262

I HEREBY AUTH  
OF THIS FORM  
IMPRISONMENT

SIGNATURE OF

PLETED BY THE CFIA TO THE USDA. FALSIFICATION  
RESULT IN A FINE OF NOT MORE THAN \$10,000 OR

ast of my knowledge.)

(b)(6)

**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

7/14/64

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition	
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geid			
16	U560	7497					✓			✓				✓					98102000 5243828
17		94			✓					✓				✓				5243004	
18		99		✓						✓				✓				5242477	
19		7600			✓					✓				✓				5246446	
20		0450					✓			✓				✓				5245268	
21																			
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I HEREBY AUTHC  
OF THIS FORM  
(IMPRISONMENT F

SIGNATURE OF C

COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION  
RESULT IN A FINE OF NOT MORE THAN \$10,000 OR

best of my knowledge.)

(b)(6)

DOCUMENT CONTAINS VOID PANTOGRAPH, MICROPRINTING IN BORDER AND HEAT SENSITIVE INK. RISK TO VERIFY

**Stripes LLC**  
4525 Ayers St. - 78415  
P.O. BOX 9036  
Corpus Christi, Texas 78469

**INTERNATIONAL MONEY ORDER**  
LIMITED RECOURSE: This Money Order will not be paid if it has been forged, altered, is a copy or otherwise in that event, recourse shall be had only against the Endorser. The endorser that endorses this Money Order should accept it only from those known to them and against whom they have effective recourse. The money order cannot be converted electronically.  
If the holder wishes to trade this Money Order, contact Stripes LLC at (361) 693-3653. There is an administrative service charge to trade Money Order. Charges may vary.

S/N: 9656029291 - Op: 3948 - Loc: 9656

Pay to the Order of: USDA

2/2/2011 One Dollars And Zero Cents  
NOT VALID FOR OVER \$1.00

\$\*\*\*\*\*1.00

SERVICE CHARGE: If the Money Order is not used or cashed (presented for payment) within six months of purchase date there will be a non-refundable administrative service charge, where permitted by law. The administrative service charge will be deducted from the face value shown on the Money Order. The administrative service charge shall be a monthly charge equal to 1/12% of the face value shown on the Money Order for each month following the beginning of such six months period, or if lower, the maximum amount permitted by law. The administrative charge assessed at the end of the six (6) month period shall be applied retroactive to the date of purchase.

Payable Through:  
BankFirst  
Oklahoma City, OK

PURCHASER SIGNATURE

PURCHASER ADDRESS

MEMO

⑆103104900⑆ 3769 9656029291⑈

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

**WESTERN UNION MONEY ORDER**

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

**VALERO** (ISSUER'S AGENT)

A 604235 D 110910  
T 0801 17  
141730571930 L 001363

14-173057193  
\$ 51.00

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

P.O. Box 10127 Ft. Worth, TX 79995  
PURCHASER'S ADDRESS

PAYMENT FOR/ACCT. # (b)(6)

⑆102100400⑆ 40141730571930⑈

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

**WESTERN UNION MONEY ORDER**

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

**VALERO** (ISSUER'S AGENT)

A 604170 D 111110  
T 1018 04  
141737743544 L 001272

14-173774354  
\$ 52.00

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

P.O. Box 10127 Ft. Worth, TX 79995  
PURCHASER'S ADDRESS

PAYMENT FOR/ACCT. # (b)(6)

⑆102100400⑆ 40141737743544⑈

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

Originating Office Phone

512-383-2411

Eduardo Crosby Stege

10720 West Burt

El Paso

TX 79927

Control Number: 4801B4670

Office Id: 974801

Service Date(s)

Begin: 11-NOV-10

End: 11-NOV-10

Reference NR:

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

Total Due \$ 104.00

Remarks: Health Certificate # T1116641 (82 head)

Payment Information

Nfc Id  
9999999999V

Date	Amount	Payment Type	Account/Check #
02-FEB-11	\$ 1.00	Money Order	C9656029291
02-FEB-11	\$ 51.00	Money Order	14173057193
02-FEB-11	\$ 52.00	Money Order	14173774354

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

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





Health Certificate No. 711-16729  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

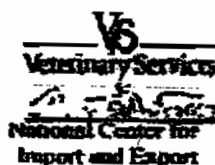
**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED  
FROM THE UNITED STATES OF AMERICA TO MEXICO  
CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA  
SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

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

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

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

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
296160	mare	96months	920036	mare	96months
973868	mare	96months	960828	mare	96months
939119	mare	120months	550411	mare	180months
970816	mare	96months	958026	gelding	96months
941461	gelding	120months	980725	gelding	24months
959494	gelding	96months	097309	mare	96months
980989	gelding	120months	956899	gelding	144months
630054	gelding	144months	963619	gelding	120months



Health Certificate No. T11-16729  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

Microchip number / Número de microchip	Sex / Sexo	Approximate age / Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age / Edad aproximada
977596	mare	120months	970741	gelding	36months
950396	mare	144months	968779	mare	120months
960538	mare	60months	969519	gelding	120months
938085	gelding	120months	980920	mare	96months
940383	gelding	120months	952038	gelding	96months
963846	mare	120months	951775	gelding	144months
266529	mare	120months	978313	mare	144months
952722	gelding	36months	962869	gelding	180months
970815	gelding	96months	964528	mare	120months
266654	gelding	120months			
Total: 35hd					

Mexico, Slaughter house HC



Health Certificate No. 711-16729  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

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

#### CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

*Los animales son originarios de Estados Unidos.*

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

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

Inspection date / Fecha de inspección December 23, 2010

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

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

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

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



Health Certificate No. 711-16729  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

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

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

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

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

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

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

(b)(6)

7-73-10

**Firma del Médico Veterinario Acreditado  
y Fecha**

(b)(6)

12/27/10

**Signature of Issuing Federal Veterinarian  
and Date**  
**Firma del Médico Veterinario que emite  
y Fecha**

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

**Mexico, Slaughter house EC**

**AFFIDAVIT  
DECLARACIÓN JURADA**

I (print)

(b)(6)

*Beller Corporation*

declare that the horses included in this shipment and accompanied by the health certificate number T11-16729 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número T11-16729 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

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

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

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

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

3. The following thirosthaties were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.

*Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.*

Date and signature of the exporter

(b)(6)

*Fecha y firma del exportador*

*12/26/10*

Date and signature of the Notary Public

(b)(6)

*Fecha y firma del Notario Público*

*12/26/10*



AMANDA J. RANKIN  
NOTARY PUBLIC  
STATE OF TEXAS  
My Commission Expires 02-01-2012



**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.

OMB NO.  
0579-0160

711-16729

TIME HORSES LOADED ON CONVEYANCE

DATE

12-27-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Morton, Texas

NAME OF AUCTION/MARKET

(b) (6)

CONSIGNEE (RECEIVER/DESTINATION) NAME

TDA Pens

STREET ADDRESS

10800 Socorro Rd.

CITY, STATE, ZIP CODE

El Paso, Texas

AREA CODE & TELEPHONE NO.

(915) 859-3942

STREET ADDRESS

2180 C.R. 120

CITY, STATE, ZIP CODE

Morton, TX

AREA CODE & TELEPHONE NO.

(940) 525-4221

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

☒ Pregnant mares are not likely to foal (give birth) during the trip.

☒ Horses are able to bear weight on all 4 limbs.

☒ Foals are older than 6 months of age.

☒ Horses are not blind in both eyes.

☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS (if any)
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stall	Geld.		
1	US64	5470						Dun						✓	✓		✓	296160
2		5472						Peew						✓	✓			920036
3		5473	✓											✓	✓			973868
4		5474					✓							✓	✓			960828
5		5475				✓								✓	✓			939119
6		5476	✓											✓	✓			550411
7		5477					✓							✓	✓			970816
8		6142				✓								✓		✓		958026
9		5480	✓											✓		✓		941461
10		5481						DUN						✓		✓		980725
11		5482			✓									✓		✓		959494
12		5484	✓											✓	✓			097309
13		5485			✓		✓							✓		✓		980989
14		5486												✓		✓		956899
15	US64	5487	✓											✓		✓	✓	630050

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE

(b) (6)

I HEREBY AUTHORIZE THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge)

(b) (6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME

**OWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY  
(CONTINUATION SHEET)**

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0180. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM  
APPROVED  
OMB NO  
0579-0180

711-162

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Injuries prevalent
			Bay	Grey	Blk	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Gald			
16	USG	5488	✓										✓			✓		Δ	9636
17		5489		✓									✓	✓					9775
18		5490	✓										✓			✓			9702
19		5492				✓							✓	✓					9503
20		5493					✓						✓	✓					9687
21		5494				✓							✓	✓					9603
22		5495	✓										✓			✓			9695
23		5496	✓										✓			✓			9380
24		5497		✓									✓	✓					9800
25		5498						✓					✓			✓			9405
26		5499	✓										✓			✓			9520
27		5500							Buck				✓	✓					9638
28		5501							PAL				✓			✓			9517
29		5502						✓					✓	✓					2665
30		5503		✓									✓	✓					9783
31		5505				✓							✓			✓			9527
32		5507	✓										✓			✓			9618
33		5509	✓										✓			✓			9708
34		5510		✓									✓	✓					9645
35	USG	5511							APP				✓			✓	Δ		2666
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.

Serial # 2056041

(b) (6)



UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICES  
STATEMENT OF SERVICES

Originating Office Phone

Control Number: 4801B4565

512-383-2411

Office Id: 974801

Beltex Corporation

Po Box 427

Service Date(s)

Whiteface TX 79379

Begin: 27-DEC-10

End: 27-DEC-10

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	1759748177 0250	52.00	1.00	52.00

Total Due \$ 52.00

Remarks: Health Certificate# T1116729

Payment Information

Nfc Id  
751522503VA

Date	Amount	Payment Type	Account/Check #
01-FEB-11	\$ 52.00	Credit Acct	

Attention: Customers with government credit accounts - A consolidated monthly bill will be issued by the USDA, APHIS (signature accepting payment terms is on file). Upon receipt of the monthly bill, mail your payment to: USDA/APHIS, P.O. Box 979039 St. Louis, MO 63197-9000.

Notice to Payer: If payment of this Statement of Service is something other than cash or a US postal Money Order, the Statement of Service will not be considered paid in full until such tender has been cleared. If you have any questions, please contact the originating office listed above.



Health Certificate No. 711-16723  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED  
FROM THE UNITED STATES OF AMERICA TO MEXICO  
CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA  
SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

**Note:** Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

*Nota:* México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.

1. Name and Address of Exporter: Beltex Corporation  
3801 N Grove  
Nombre y Dirección del Exportador: Fort Worth, Texas 76106
2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV  
Avenida Plateros #480, Zona Centro  
Nombre y Dirección del Importador: Fresnillo, Zacatecas  
Mexico, C.P. 99000
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
097292	mare	24months	097301	gelding	96months
601946	mare	36months	097331	gelding	120months
602077	mare	120months	097338	mare	72months
602076	mare	48months	962947	gelding	144months
603877	mare	36months	097287	mare	180months
601949	mare	120months	601948	mare	96months
097344	mare	96months	602084	mare	120months
097348	mare	96months	097334	mare	72months

Mexico, Slaughter horse HC

480 134564



Health Certificate No. 711-16723  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

Microchip number / <i>Número de microchip</i>	Sex/ <i>Sexo</i>	Approximate age/ <i>Edad aproximada</i>	Microchip Number / <i>Número de microchip</i>	Sex / <i>Sexo</i>	Approximate age/ <i>Edad aproximada</i>
601954	mare	96months	097347	mare	36months
097345	gelding	36months	097329	gelding	120months
097324	mare	120months	097293	gelding	24months
602081	gelding	36months	097323	gelding	120months
097325	mare	96months	097332	mare	36months
601208	mare	120months	601182	mare	120months
602078	mare	36months	601343	mare	120months
097298	gelding	120months	601947	mare	24months
097335	mare	24months	097337	mare	120months
602082	mare	36months			
Total: 35hd					



Health Certificate No. 771-16723  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada

#### **CERTIFICATION STATEMENTS / CERTIFICACIONES**

1. Horses originate from the United States.

*Los animales son originarios de Estados Unidos.*

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.

*A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.*

Inspection date / Fecha de inspección December 23, 2010

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.

*Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.*

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.

*Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.*



Health Certificate No. T11-16723  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

(Delete as appropriate / *Remueva lo que no aplique*)

5. [The animals are free of ectoparasite and originated from areas not under quarantine for *Boophilus* spp ticks.]

[*Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.*]

GRANT WEASE DVM  
USDA, APHIS, VETERINARY SVCS.  
EL PASO, TEXAS

Chris Larson, D.V.M.  
Name of Accredited Veterinarian  
*Nombre del Médico Veterinario*  
*Acreditado*

\_\_\_\_\_  
Name of Endorsing Federal Veterinarian  
*Nombre del Médico Veterinario*  
*Federal que endosa.*

35

(b) (6)

12-23-10

\_\_\_\_\_  
Signature of Accredited Veterinarian and Date  
*Firma del Médico Veterinario Acreditado*  
*y Fecha*

(b) (6)

12/23/10

\_\_\_\_\_  
Signature of Endorsing Federal Veterinarian  
and Date  
*Firma del Médico Veterinario que endosa*  
*y Fecha*

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) (*Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal*).

**AFFIDAVIT  
DECLARACIÓN JURADA**

I (print) (b) (6) Bitter Corporation declare that the horses included in this shipment and accompanied by the health certificate number 711-16723 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número 711-16723 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

1. *Aristolochia spp* and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.

*Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.*

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.

*Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.*

3. The following thirosthatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.

*Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.*

Date and signature of the exporter  
*Fecha y firma del exportador*

(b) (6)

12/22/10

Date and signature of the Notary Public  
*Fecha y firma del Notario Público*

(b) (6)

12/22/10



AMANDA J RANKIN  
NOTARY PUBLIC  
STATE OF TEXAS

My Comm. Expires: 02-01-2012

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE**OWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**  
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM  
APPROVED  
OMB NO.  
0579-0160

711-16723

TIME HORSES LOADED ON CONVEYANCE

DATE  
12-28-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

NAME OF AUCTION/MARKET

CONSIGNEE (RECEIVER/DESTINATION) NAME

STREET ADDRESS

CITY, STATE, ZIP CODE

AREA CODE &amp; TELEPHONE NO.

STREET ADDRESS

CITY, STATE, ZIP CODE

AREA CODE &amp; TELEPHONE NO.

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

☒ Pregnant mares are not likely to foal (give birth) during the trip.☒ Horses are able to bear weight on all 4 limbs.☒ Foals are older than 6 months of age.☒ Horses are not blind in both eyes.☒ Horses are able to walk unassisted.

TAG PREFIX	Tag NO.	COLOR DESCRIPTION							BREED/TYPE				SEX		BRANDS Tattoos, etc.	REMARKS include existing conditions
		Bay	Grey	Blk.	Pinto	Cheata	Other	TB	Q/T	Draft	Pony	Other	Mare	Stall		
1	1564	5413	✓									✓	✓			097292
2		5414				✓						✓				097301
3		5416				✓						✓	✓			601946
4		5418				✓						✓				097331
5		5419			✓							✓	✓			602077
6		5420					DUN					✓	✓			097338
7		5421	✓									✓	✓			602076
8		5422					DUN					✓				962947
9		5423				✓						✓	✓			603877
10		5425				✓						✓	✓			097287
11		5426				✓						✓	✓			601949
12		5427				✓						✓	✓			601948
13		5429		✓								✓	✓			097344
14		5431				✓						✓	✓			602084
15	1564	5431			✓							✓	✓			097348

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE

(b) (6)

I HEREBY

COMPLETED BY THE OWNER/SHIPPER OF THE HORSES ON THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b) (6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obsolete

PAGE 1 OF 2

PART 2 - OWNER/SHIPPER



**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.	Phnto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	1856	5432				✓						✓	✓					097334
17		5433		✓								✓	✓					601954
18		5434			✓							✓	✓					097347
19		5435				✓						✓			✓			097348
20		5436	✓									✓			✓			097329
21		5437					Roan					✓	✓					097324
22		5438				✓						✓			✓			097293
23		5439				✓						✓			✓			602081
24		5440				✓						✓			✓			097323
25		5442			✓							✓	✓					097325
26		5443	✓									✓	✓					097332
27		5444					Dun					✓	✓					601208
28		5446				✓						✓	✓					601182
29		5447			✓							✓	✓					602078
30		5449				✓						✓	✓					601343
31		5450				✓						✓			✓			097298
32		5451				✓						✓	✓					601947
33		5452	✓									✓	✓					097335
34		5453				✓						✓	✓					097337
35	1856	5454					Roan					✓	✓					602082
36																		
37																		
38																		
39																		
40																		
41																		
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43																		
44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b) (6)



Health Certificate No. 711-16724  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED  
FROM THE UNITED STATES OF AMERICA TO MEXICO  
CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA  
SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

**Note:** Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

**Nota:** México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.

1. Name and Address of Exporter: Beltex Corporation  
Nombre y Dirección del Exportador: 3801 N Grove  
Fort Worth, Texas 76106
2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV  
Nombre y Dirección del Importador: Avenida Plateros #480, Zona Centro  
Fresnillo, Zacatecas  
Mexico, C.P. 99000
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
340789	mare	120months	330341	mare	144months
349632	gelding	36months	343303	gelding	120months
359340	mare	96months	355977	mare	144months
342198	mare	96months	348681	mare	36months
346946	gelding	24months	360460	gelding	36months
328525	mare	96months	352184	gelding	144months
344982	gelding	96months	347226	gelding	120months
342866	mare	144months	328846	mare	96months



Health Certificate No. 771-16724  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
333304	mare	96months	358507	mare	120months
346586	gelding	96months	342736	gelding	120months
336201	mare	60months	344521	gelding	96months
336273	mare	120months	358886	mare	96months
354439	mare	120months	348954	mare	36months
337233	gelding	24months	339315	gelding	120months
339404	mare	120months	347140	gelding	144months
097286	mare	120months	097288	gelding	120months
097295	mare	96months	601945	gelding	120months
097326	gelding	48months			
Total:35hd					

Mexico, Slaughter horse HC



Health Certificate No. 711-16724  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada

#### CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

*Los animales son originarios de Estados Unidos.*

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.

*A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.*

Inspection date / Fecha de inspección December 23, 2010

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.

*Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.*

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.

*Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.*



Health Certificate No. 771-16724  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

(Delete as appropriate / *Remueva lo que no aplique*)

5. [The animals are free of ectoparasite and originated from areas not under quarantine for *Boophilus* pp ticks.]

[*Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.*]

GRANT WEASE DVM  
USDA, APHIS, VETERINARY SVCS.  
EL PASO, TEXAS

Chris Larson, D.V.M.

Name of Accredited Veterinarian  
*Nombre del Médico Veterinario  
Acreditado*

Name of Endorsing Federal Veterinarian  
*Nombre del Médico Veterinario  
Federal que endosa.*

(b) (6)

12-23-10

Signature of Accredited Veterinarian and Date  
*Firma del Médico Veterinario Acreditado  
y Fecha*

(b) (6)

12/23/10

Signature of Endorsing Federal veterinarian  
and Date  
*Firma del Médico Veterinario que endosa  
y Fecha*

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) (*Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal*).

**AFFIDAVIT  
DECLARACIÓN JURADA**

I (print) (b) (6) Beth Cooper declare that the horses included in this shipment and accompanied by the health certificate number 711-16724 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número 711-16724 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

1. *Aristolochia spp* and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.

*Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.*

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.

*Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.*

3. The following thirosthatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.

*Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.*

Date and signature of the exporter  
*Fecha y firma del exportador*

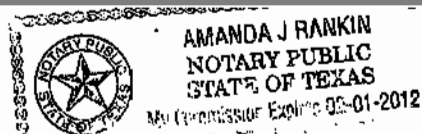
(b) (6)

12/22/10

Date and signature of the Notary Public  
*Fecha y firma del Notario Público*

(b) (6)

12/22/10



U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICEOWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY  
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

16724  
FORM  
APPROVED  
OMB NO.  
0579-0160  
711-16724

TIME HORSES LOADED ON CONVEYANCE

1:30 PM

DATE

12/23/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Morton Texas

NAME OF AUCTION/MARKET

(b) (6)

CONSIGNEE (RECEIVER/DESTINATION) NAME

Barra Cattle Co.

STREET ADDRESS

2180 DTL - Rt 722p

STREET ADDRESS

Cattle Drive

CITY, STATE, ZIP CODE

Morton TX

CITY, STATE, ZIP CODE

Presidio, Texas

AREA CODE &amp; TELEPHONE NO.

(806) 525-4221

AREA CODE &amp; TELEPHONE NO.

(626) 453-1001

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

☒ Pregnant mares are not likely to foal (give birth) during the trip.☒ Horses are able to bear weight on all 4 limbs.☒ Foals are older than 6 months of age.☒ Horses are not blind in both eyes.☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Oralt	Pony	Other	Mare	Stal	Geld		
1	US64	5377					✓						✓	✓			RT	340789
2		5378						PAL					✓	✓				330341
3		5379					✓						✓			✓		349632
4		5380						PAL					✓			✓		343303
5		5381				✓							✓	✓				359340
6		5382	✓										✓	✓				355977
7		5383	✓										✓	✓				342198
8		5384					✓						✓	✓				3248686
9		5385						ROM					✓			✓		346946
10		5386						DUN					✓			✓		360460
11		5387	✓										✓	✓				328525
12		5388					✓						✓			✓		352184
13		5389					✓						✓			✓		344982
14		5390					✓						✓			✓		347226
15	US64	5391					✓						✓	✓			RT	342866

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE

(b) (6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b) (6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME

VS FOR

Previous editions are obsolete

PAGE 1 OF 2

PART 2 - OWNER/SHIPPER



**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	US64	5392						APP					✓	✓				✓	328846
17		5393	✓										✓	✓					333304
18		5394						APP					✓	✓					358507
19		5395											✓			✓			346586
20		5396				✓							✓			✓			342736
21		5397				✓							✓	✓					336201
22		5398						✓					✓			✓			344521
23		5399	✓										✓	✓					336273
24		5400						✓					✓	✓					358886
25		5401						✓					✓	✓					354439
26		5402						✓					✓	✓					348954
27		5403						✓					✓			✓			337233
28		5404						✓					✓			✓			339315
29		5405						✓					✓	✓					339404
30		5406							DUN				✓			✓			347140
31		5407						✓					✓	✓					097286
32		5408						PAL					✓			✓			097288
33		5409	✓										✓	✓					097295
34		5410	✓										✓			✓			601945
35	US64	5411						✓					✓			✓	✓	✓	097326
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(s).

(b) (6)



Health Certificate No. 771-16725  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED  
FROM THE UNITED STATES OF AMERICA TO MEXICO  
CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA  
SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

**Note:** Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

*Nota: México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.*

1. Name and Address of Exporter: Beltex Corporation  
*Nombre y Dirección del Exportador:* 3801 N Grove  
Fort Worth, Texas 76106
2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV  
*Nombre y Dirección del Importador:* Avenida Plateros #480, Zona Centro  
Fresnillo, Zacatecas  
Mexico, C.P. 99000
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / <i>Número de microchip</i>	Sex/Sexo	Approximate age/Edad <i>aproximada</i>	Microchip Number / <i>Número de microchip</i>	Sex / Sexo	Approximate age/ Edad <i>aproximada</i>
097382	gelding	96months	097381	mare	96months
097379	mare	60months	097376	mare	60months
097375	gelding	60months	097374	gelding	60months
097378	mare	24months	097353	mare	120months
097355	mare	144months	097357	gelding	180months
097358	mare	96months	097359	mare	120months
097356	mare	120months	097360	mare	96months
097361	mare	96months	097362	mare	36months



Health Certificate No. III-16725  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
097354	mare	60months	097313	gelding	144months
097318	mare	96months	097319	gelding	144months
097320	gelding	120months	097316	mare	96months
097321	gelding	24months	097315	gelding	36months
097322	mare	60months	097317	gelding	60months
097314	mare	120months	097352	mare	96months
097351	mare	144months	097350	mare	36months
097349	mare	96months	097346	mare	120months
Total:32hd					

Mexico, Slaughter house HC



Health Certificate No. T11-16725  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada

#### **CERTIFICATION STATEMENTS / CERTIFICACIONES**

1. Horses originate from the United States.

*Los animales son originarios de Estados Unidos.*

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.

*A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.*

Inspection date / Fecha de inspección December 23, 2010

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.

*Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.*

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.

*Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.*



Health Certificate No. T11-16725  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

(Delete as appropriate / Remueva lo que no aplique)

5. [The animals are free of ectoparasite and originated from areas not under quarantine for Boophilus pp ticks.]

[Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.]

Chris Larson, D.V.M.  
Name of Accredited Veterinarian  
*Nombre del Médico Veterinario  
Acreditado*

GRANT WEASE DVM  
USDA, APHIS, VETERINARY SVCS.  
EL PASO, TEXAS  
Name of Endorsing Federal Veterinarian  
*Nombre del Médico Veterinario  
Federal que endosa.*

32

(b) (6)

12-23-10  
Signature of Accredited Veterinarian and Date  
*Firma del Médico Veterinario Acreditado  
y Fecha*

(b) (6)

12/23/10  
Signature of Endorsing Federal veterinarian  
and Date  
*Firma del Médico Veterinario que endosa  
y Fecha*

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) *(Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal).*

**AFFIDAVIT  
DECLARACIÓN JURADA**

I (print) (b) (6) Beiter Corporation declare that the horses included in this shipment and accompanied by the health certificate number T11-16725 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número T11-16725 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

1. *Aristolochia spp* and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.

*Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.*

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.

*Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.*

3. The following thirosthatics were not used: thiouracil, methylluracil phenylthiouracil and propylthiouracil.

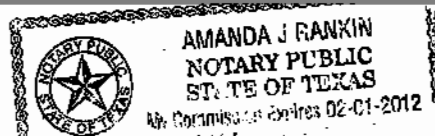
*Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.*

Date and signature of the exporter  
*Fecha y firma del exportador*

(b) (6) 12/22/10

Date and signature of the Notary Public  
*Fecha y firma del Notario Público*

(b) (6) 12/22/10



**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.

16725  
FORM  
APPROVED  
OMB NO.  
0579-0160  
771-16725

TIME HORSES LOADED ON CONVEYANCE 1:00 AM DATE 12/23/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

VEH (b) (6)

NAME OF AUCTION/MARKET

CON Better Feedlot

CONSIGNEE (RECEIVER/DESTINATION) NAME

STREET ADDRESS

STREET ADDRESS

CITY, STATE, ZIP CODE 2180 E. R. 1728

CITY, STATE, ZIP CODE Cattle Drive

AREA CODE & TELEPHONE NO. Morton, TX

AREA CODE & TELEPHONE NO. Presidio, Texas

(906) 525-4221

(626) 453-1001

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☒ Pregnant mares are not likely to foal (give birth) during the trip. ☒ Horses are able to bear weight on all 4 limbs. ☒ Horses are 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.	Pink	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	US62	5345				✓						✓			✓		097382		
2		5346					✓					✓	✓				097381		
3		5347						DUN				✓	✓				097379		
4		5348				✓						✓	✓				097376		
5		5349				✓						✓			✓		097375		
6		5350					✓					✓			✓		097374		
7		5351	✓									✓	✓				097378		
8		5352	✓									✓	✓				097353		
9		5353		✓								✓	✓				097355		
10		5354				✓						✓			✓		097357		
11		5355						APP				✓	✓				097358		
12		5356						APP				✓	✓				097359		
13		5357	✓								✓		✓				097356		
14		5358		✓								✓	✓				097360		
15	US62	5359						DUN				✓	✓				097361		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 8 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNAT

(b) (6)

I HEREBY

AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the

(b) (6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS

Previous editions are obsolete

PAGE 1 OF 2

PART 2 - OWNER/SHIPPER



**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	Gold				
16	11842	5360					✓						✓	✓				Δ <sup>RT</sup>	097362
17		5361	✓										✓	✓					097354
18		5362					✓						✓			✓			097313
19		5363					✓						✓	✓					097318
20		5364					✓						✓			✓			097319
21		5365					✓						✓			✓			097320
22		5366					✓						✓	✓					097316
23		5367			✓								✓			✓			097321
24		5368			✓								✓			✓			097315
25		5369					✓						✓	✓					097322
26		5370					✓						✓			✓			097317
27		5371					✓						✓	✓					097314
28		5372	✓										✓	✓					097352
29		5373	✓										✓	✓					097351
30		5374						BRN					✓	✓					097350
31		5375					✓						✓	✓					097349
32	11842	5376	✓										✓	✓			Δ <sup>RT</sup>	097346	
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 certifies that the information contained in this form is true and correct to the best of my knowledge.)

(b) (6)



Health Certificate No. 771-16726  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED  
FROM THE UNITED STATES OF AMERICA TO MEXICO  
CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA  
SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

**Note:** Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

*Nota: México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.*

1. Name and Address of Exporter: Beltex Corporation  
*Nombre y Dirección del Exportador:* 3801 N Grove  
Fort Worth, Texas 76106
2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV  
*Nombre y Dirección del Importador:* Avenida Plateros #480, Zona Centro  
Fresnillo, Zacatecas  
Mexico, C.P. 99000
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
604812	mare	72months	604805	mare	60months
097393	mare	96months	097394	mare	96months
097395	gelding	96months	097400	mare	120months
097401	mare	120months	097402	gelding	120months
097399	mare	96months	097398	gelding	60months
097397	mare	48months	097396	mare	96months
097392	gelding	144months	097391	mare	24months
097390	mare	120months	097389	gelding	144months



Health Certificate No. 711-16726  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
097388	mare	96months	097387	gelding	120months
097386	mare	96months	097385	mare	120months
097383	gelding	120months	097372	gelding	144months
097371	mare	72months	097370	gelding	24months
097368	mare	144months	097367	gelding	120months
097365	mare	60months	097364	gelding	120months
097363	mare	24months	097377	mare	24months
097373	gelding	120months	097380	gelding	96months
Total: 32hd					

Mexico, Slaughter house HC



Health Certificate No. 771-16726  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada

#### CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

*Los animales son originarios de Estados Unidos.*

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.

*A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.*

Inspection date / Fecha de inspección December 23, 2010

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.

*Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.*

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.

*Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.*



Health Certificate No. 771-16726  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

(Delete as appropriate / *Remueva lo que no aplique*)

5. [The animals are free of ectoparasite and originated from areas not under quarantine for *Boophilus* pp ticks.]

[*Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.*]

GRANT WEASE DVM  
USDA, APHIS, VETERINARY SVCS.  
EL PASO, TEXAS

Chris Larson, D.V.M.  
Name of Accredited Veterinarian  
*Nombre del Médico Veterinario*  
*Acreditado*

\_\_\_\_\_  
Name of Endorsing Federal Veterinarian  
*Nombre del Médico Veterinario*  
*Federal que endosa.*

32

(b) (6)

4-23-10

Signature of Accredited veterinarian and Date  
*Firma del Médico Veterinario Acreditado*  
*y Fecha*

(b) (6)

12/23/10

\_\_\_\_\_  
Signature of Endorsing Federal Veterinarian  
and Date  
*Firma del Médico Veterinario que endosa*  
*y Fecha*

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) (*Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal.*)

**AFFIDAVIT  
DECLARACIÓN JURADA**

I (print) (b) (6) Beltex Corporation declare that the horses included in this shipment and accompanied by the health certificate number 771-16726 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número 771-16726 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

1. *Aristolochia spp* and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.

*Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.*

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.

*Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.*

3. The following thirosthatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.

*Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.*

Date and signature of the exporter  
*Fecha y firma del exportador*

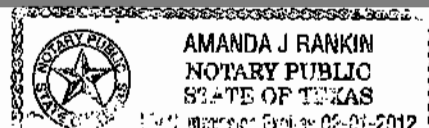
(b) (6)

12/22/10

Date and signature of the Notary Public  
*Fecha y firma del Notario Público*

(b) (6)

12/22/10



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.

-16726  
FORM  
APPROVED  
OMB NO.  
0579-0160  
TTI-16726

TIME HORSES LOADED ON CONVEYANCE

1:00 am

DATE

12/23/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Morton, Texas

NAME OF AUCTION/MARKET

(b) (6)

CONSIGNEE (RECEIVER/DESTINATION) NAME

Dora Cattle Co.

STREET ADDRESS

Cattle Drive

CITY, STATE, ZIP CODE

Residing, Texas

AREA CODE &amp; TELEPHONE NO.

(626) 453-1001

STREET ADDRESS

2190 E. Route 20

CITY, STATE, ZIP CODE

Morton, TX

AREA CODE &amp; TELEPHONE NO.

(806) 524-4221

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

☒ Pregnant mares are not likely to foal (give birth) during the trip.☒ Horses are able to bear weight on all 4 limbs.☒ Foals are older than 6 months of age.☒ Horses are not blind in both eyes.☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	US62	5310					✓						✓✓				At 1604812	
2		5311					✓						✓✓				604805	
3		5312	✓										✓✓				097393	
4		5313						Red					✓✓				097394	
5		5314	✓										✓		✓		097395	
6		5315					✓						✓✓				097400	
7		5316					✓						✓✓				097401	
8		5317					✓						✓		✓		097402	
9		5318	✓										✓✓				097399	
10		5318	✓										✓		✓		097398	
11		5320					✓						✓✓				097397	
12		5321					✓						✓✓				097396	
13		5322						Dark					✓		✓		097392	
14		5323	✓										✓✓				097391	
15	US62	5324						Red					✓✓				At 1604812	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE

(b) (6)

I HEREBY AUTHORIZE THE CFAI TO DISCLOSE THE INFORMATION IN IT AS COMPLETED BY THE CFAI OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge)

(b) (6)

CANADIAN FOOD INSPECTION AGENCY (CFAI)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME

VS FC

Previous editions are obsolete

PAGE 1 OF 2

PART 2 - OWNER/SHIPPER



**CONTINUATION SHEET**  
(Please type or print in ink)

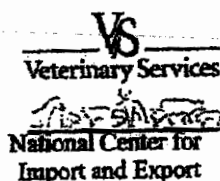
45

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).

(to the best of my knowledge)

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

PAGE 2 OF 2



Health Certificate No. 711-19114  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED  
FROM THE UNITED STATES OF AMERICA TO MEXICO  
CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA  
SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

**Note:** Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

**Nota:** México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.

1. Name and Address of Exporter:  
*Nombre y Dirección del Exportador:* Beltex Corporation  
3801 N Grove  
Fort Worth, Texas 76106
2. Name and Address of Importer:  
*Nombre y Dirección del Importador:* Empacadora de Carnes de Fresnillo, SA de CV  
Avenida Plateros #480, Zona Centro  
Fresnillo, Zacatecas  
Mexico, C.P. 99000
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
358162	mare	108months	336519	mare	144months
351791	mare	84months	344761	gelding	120months
354138	mare	48months	344536	gelding	72months
348691	gelding	84months	329143	mare	120months
357340	mare	144months	356040	gelding	24months
359255	gelding	120months	338961	mare	84months
334126	gelding	144months	351142	mare	84months
334592	mare	36months	351194	gelding	120months

Mexico, Slaughter horse HC

480139720

4/14/11



Health Certificate No. 711-19114 WFL  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
354735	mare	24months	352319	gelding	24months
341036	mare	24months	030309	mare	108months
049987	mare	24months	031428	gelding	72months
081000	gelding	36months	031924	gelding	72months
032372	mare	36months	034660	mare	84months
049473	gelding	108months	075651	gelding	108months
066003	mare	120months	029847	gelding	96months

Total: 30hd

#### CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

*Los animales son originarios de Estados Unidos.*

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.

*A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.*

Inspection date / Fecha de inspección April 11, 2011

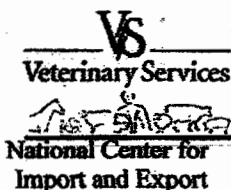
3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.

*Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.*

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.

*Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.*

Mexico, Slaughter horse HC



Health Certificate No. 711-19114  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

(Delete as appropriate /Remueva lo que no aplique)

5. [Within 5 days prior to export, the animals were dipped in coumaphos at 400 ppm. Spraying of the product is only authorized using a motor pump with coumaphos at 400 ppm.] [The animals were treated with ivermectin (NOM-019-ZOO-1994)]

[Los animales fueron tratados dentro de los 5 días previos al embarque con un baño de inmersión con coumaphos a concentración de 400 ppm. Solamente se autoriza el baño de aspersión cuando se utilice bomba de motor y se aplique una dosis de 400 ppm de coumaphos] [Los animales fueron tratados con ivermectina (NOM-019-ZOO-1994)]

Chris Larson, D.V.M.

Name of Accredited Veterinarian  
 Nombre del Médico Veterinario  
 Acreditado

Walter F. Howe

Name of Endorsing Federal Veterinarian  
 Nombre del Médico Veterinario  
 Federal que endosa.

(b) (6)

Signature of Accredited Veterinarian and Date  
 Firma del Médico Veterinario Acreditado  
 y Fecha

(b) (6)

and Date  
 Firma del Médico Veterinario que endosa  
 y Fecha

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) (Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal).

Mexico, Slaughter horse HC



OWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY  
(CONTINUATION SHEET)  
(Please type or print in ink)

Page 10  
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM  
APPROVED  
OMB NO.  
0579-0160

711-191142

	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	USGT	G626		✓									✓			✓	✓	✓	351194
17		G629	✓										✓	✓					354735
18		G630	✓										✓				✓		352319
19		G631			✓								✓	✓					341036
20		G634					✓						✓	✓					030309
21		G635						✓					✓	✓					049987
22		G636					✓						✓				✓		031428
23		G648		✓									✓				✓		081000
24		G638			✓								✓				✓		031924
25		G639			✓								✓	✓					032372
26		G640						✓					✓	✓					034660
27		G641					✓						✓				✓		049473
28		G642					✓						✓				✓		075651
29		G643					✓						✓	✓					066003
30	USGT	G644	✓										✓				✓	✓	029847
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).

Information contained in this form is true and correct to the best of my knowledge.)

(b) (6)



Health Certificate No. 711-19115  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED  
 FROM THE UNITED STATES OF AMERICA TO MEXICO  
 CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA  
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

**Note:** Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

**Nota:** México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchideos.

1. Name and Address of Exporter: Beltex Corporation  
 Nombre y Dirección del Exportador: 3801 N Grove  
 Fort Worth, Texas 76106
2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV  
 Nombre y Dirección del Importador: Avenida Plateros #480, Zona Centro  
 Fresnillo, Zacatecas  
 Mexico, C.P. 99000
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
091189	mare	60months	099666	mare	108months
050113	mare	60months	094973	mare	120months
090405	mare	120months	097208	mare	144months
098115	mare	144months	099963	mare	72months
090921	gelding	84months	053545	mare	96months
094955	mare	60months	099595	gelding	72months
089539	mare	84months	085885	mare	84months
086496	mare	84months	098170	gelding	96months

Mexico, Slaughter horse HC



Health Certificate No. 711-19115  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
054883	mare	60months	099967	gelding	120months
087036	mare	84months	096535	mare	132months
097777	mare	96months	281076	gelding	96months
281140	mare	96months	281189	mare	36months
281174	gelding	36months	281082	gelding	36months
281126	gelding	120months	281164	mare	96months
281146	gelding	96months	281184	mare	84months

Total: 30hd

#### CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

*Los animales son originarios de Estados Unidos.*

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.

*A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.*

Inspection date / Fecha de inspección April 13, 2011

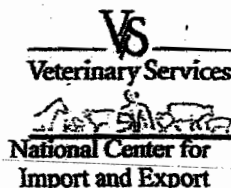
3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.

*Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.*

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.

*Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.*





Health Certificate No. TH-19115  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

(Delete as appropriate / *Remueva lo que no aplique*)

5.

[Within 5 days prior to export, the animals were dipped in coumaphos at 400 ppm. Spraying of the product is only authorized using a motor pump with coumaphos at 400 ppm.] [The animals were treated with ivermectin (NOM-019-ZOO-1994)]

*[Los animales fueron tratados dentro de los 5 días previos al embarque con un baño de inmersión con coumaphos a concentración de 400 ppm. Solamente se autoriza el baño de aspersión cuando se utilice bomba de motor y se aplique una dosis de 400 ppm de coumaphos] [Los animales fueron tratados con ivermectina (NOM-019-ZOO-1994)]*

Chris Larson, D.V.M.

Name of Accredited Veterinarian  
*Nombre del Médico Veterinario  
 Acreditado*

Walter F. Howe

Name of Endorsing Federal Veterinarian  
*Nombre del Médico Veterinario  
 Federal que endosa.*

(b) (6)

4-13-4

Signature of Accredited Veterinarian and Date  
*Firma del Médico Veterinario Acreditado  
 y Fecha*

(b) (6)

4/14/11  
 Veterinarian

and Date  
*Firma del Médico Veterinario que endosa  
 y Fecha*

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) (*Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal*).

Mexico, Slaughter horse HC

**AFFIDAVIT  
DECLARACIÓN JURADA**

I (print) (b) (6) Beltex Corp declare that the horses included in this shipment and accompanied by the health certificate number T11-19115 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número T11-19115 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

1. *Aristolochia spp* and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.

*Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.*

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.

*Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.*

3. The following thirosthatatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.

*Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.*

Date and signature of the exporter  
*Fecha y firma del exportador*

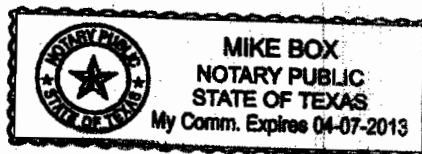
(b) (6)

4/13/2011

Date and signature of the Notary Public  
*Fecha y firma del Notario Público*

(b) (6)

4/13/2011



OWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

Pen 8  
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM  
APPROVED  
OMB NO.  
0579-0160

T11-19115

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

1:30

4/15/11

Morton, Texas

(b) (6)

NAME OF AUCTION/MARKET

CONSIGNEE (RECEIVER/DESTINATION) NAME

STREET ADDRESS

STREET ADDRESS

2180 C.R. 120

10800 Socorro Rd

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

Morton, TX 79346

El Paso, TX

AREA CODE & TELEPHONE NO.

AREA CODE & TELEPHONE NO.

(806) 525-4221

(915) 859-3942

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

☒ Pregnant mares are not likely to foal (give birth) during the trip.

☒ Horses are able to bear weight on all 4 limbs.

☒ Foals are older than 6 months of age.

☒ Horses are not blind in both eyes.

☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGT	6835						✓						✓			At Tag	091189
2		6836						✓						✓				099666
3		6837						✓						✓				050113
4		6838		✓										✓				094973
5		6839						PAZ						✓				090405
6		6840			✓									✓				091208
7		6841		✓										✓				098115
8		6842			✓									✓				099963
9		6844				✓								✓		✓		090921
10		6845			✓									✓				053545
11		6846			✓									✓				094955
12		6847	✓											✓		✓		099595
13		6848			✓									✓				089539
14		6849	✓											✓				085885
15	USGT	6851			✓									✓			At Tag	086496

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE

(b) (6)

I HEREBY COMPLETE  
USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best

(b) (6)

VS FOR

Previous editions are obsolete

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME

OWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY  
(CONTINUATION SHEET)  
(Please type or print in ink)

penB  
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM  
APPROVED  
OMB NO.  
0579-0160

711-19115-14

	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	USGT	6852				✓						✓			✓		Art	098170	
17		6853	✓									✓	✓					054883	
18		6854				✓						✓			✓			099967	
19		6855				✓						✓	✓					087036	
20		6856			✓							✓	✓					096535	
21		6857			✓							✓	✓					097777	
22		6859				✓						✓			✓			281076	
23		6860					✓					✓	✓					281140	
24		6861					✓					✓	✓					281189	
25		6862						Ream				✓			✓			281174	
26		6863					✓					✓			✓			281082	
27		6864	✓									✓			✓			281126	
28		6847						PAL				✓	✓					281164	
29		6866	✓									✓			✓			281146	
30	USGT	6867				✓						✓	✓				Art	281174	
31																			
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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: (b) (6) The information contained in this form is true and correct to the best of my knowledge.)



Health Certificate No. 711-19116  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED  
 FROM THE UNITED STATES OF AMERICA TO MEXICO  
 CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA  
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

**Note:** Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

**Nota:** México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.

1. Name and Address of Exporter: Beltex Corporation  
 Nombre y Dirección del Exportador: 3801 N Grove  
 Fort Worth, Texas 76106
2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV  
 Nombre y Dirección del Importador: Avenida Plateros #480, Zona Centro  
 Fresnillo, Zacatecas  
 Mexico, C.P. 99000
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
062580	mare	84months	059594	gelding	36months
090422	gelding	72months	041801	gelding	48months
051005	mare	120months	098041	mare	84months
040274	gelding	96months	060898	gelding	96months
083315	mare	84months	101266	gelding	144months
095797	mare	84months	055767	gelding	72months
087457	mare	108months	105012	mare	72months
040268	gelding	120months	281370	gelding	144months

Mexico, Slaughter horse HC



Health Certificate No. 711-19116  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
281400	gelding	120months	281379	gelding	108months
281364	gelding	84months	281383	mare	72months
281376	gelding	24months	281368	mare	72months
281359	gelding	144months	281386	mare	96months
281377	mare	72months	281380	gelding	96months
281367	gelding	72months	281369	gelding	108months
281348	mare	120months	281412	gelding	96months

Total: 30hd

#### CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

*Los animales son originarios de Estados Unidos.*

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.

*A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.*

Inspection date / Fecha de inspección April 13, 2011

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.

*Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.*

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.

*Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.*





Health Certificate No. T11-19116  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

(Delete as appropriate / *Remueva lo que no aplique*)

5.

[Within 5 days prior to export, the animals were dipped in coumaphos at 400 ppm. Spraying of the product is only authorized using a motor pump with coumaphos at 400 ppm.] [The animals were treated with ivermectin (NOM-019-ZOO-1994)]

*[Los animales fueron tratados dentro de los 5 días previos al embarque con un baño de inmersión con coumaphos a concentración de 400 ppm. Solamente se autoriza el baño de aspersión cuando se utilice bomba de motor y se aplique una dosis de 400 ppm de coumaphos] [Los animales fueron tratados con ivermectina (NOM-019-ZOO-1994)]*

Chris Larson, D.V.M.

Name of Accredited Veterinarian  
*Nombre del Médico Veterinario  
 Acreditado*

Walter F. Howe

Name of Endorsing Federal Veterinarian  
*Nombre del Médico Veterinario  
 Federal que endosa.*

(b) (6)

4-13-11

Signature of Accredited Veterinarian and Date  
*Firma del Médico Veterinario Acreditado  
 y Fecha*

(b) (6)

4/14/11

Signature of Endorsing Federal Veterinarian  
 and Date  
*Firma del Médico Veterinario que endosa  
 y Fecha*

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) *(Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal).*



**AFFIDAVIT  
DECLARACIÓN JURADA**

I (print (b) (6) Beltex Corp declare that the horses included in this shipment and accompanied by the health certificate number 711-19116 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número 711-19116 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

1. *Aristolochia spp* and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.

*Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.*

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.

*Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.*

3. The following thirosthatatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.

*Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.*

Date and signature of the exporter  
*Fecha y firma del exportador*

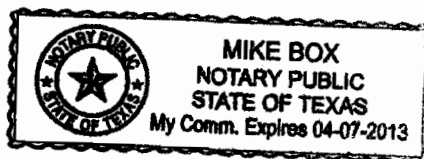
(b) (6)

4/13/2011

Date and signature of the Notary Public  
*Fecha y firma del Notario Público*

(b) (6)

4/13/2011



U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

**OWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM  
APPROVED  
OMB NO.  
0579-0160

711-19116  
WFD

(b) (6)

DATE

4/4/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Morton, Texas

(b) (6)

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME

Beltex Feedlot

CONSIGNEE (RECEIVER/DESTINATION) NAME

TDA Pens

STREET ADDRESS

2180 CR 120

STREET ADDRESS

10800 Socorro Rd

CITY, STATE, ZIP CODE

Morton, TX

CITY, STATE, ZIP CODE

El Paso, TX

AREA CODE & TELEPHONE NO.

(800) 525-4221

AREA CODE & TELEPHONE NO.

(915) 859-3942

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

☒ Pregnant mares are not likely to foal (give birth) during the trip.

☒ Horses are able to bear weight on all 4 limbs.

☒ Foals are older than 6 months of age.

☒ Horses are not blind in both eyes.

☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGT	G900					/						/	/			ART Hip	062580
2		G901					/						/			/		059594
3		G902					/						/			/		090422
4		G903				/							/			/		041801
5		G904						ROAN					/	/				051005
6		G905	/										/	/				098041
7		G906				/							/			/		040274
8		G907					/						/			/		060898
9		G908				/							/	/				083315
10		G909					/						/			/		101266
11		G910	/										/	/				095797
12		G911					/						/			/		055767
13		G912		/									/	/				087457
14		G913	/										/	/				105012
15	USGT	G914		/									/			/	ART Hip	040268

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING TO CONVEYANCE.

SIGNATURE

(b) (6)

I HEREBY CERTIFY THAT THE INFORMATION IN IT AS COMPLETED BY THE OWNER OR SHIPPER IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER: I certify that the information contained in this form is true and correct to the best of my knowledge.

(b) (6)

**CANADIAN FOOD INSPECTION AGENCY (CFIA)**

EST.

DATE

TIME

**DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)**

EST.

DATE

TIME

**OWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY  
(CONTINUATION SHEET)**  
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM  
APPROVED  
OMB NO.  
0579-0160

711-191164

	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	USGT	G915					✓						✓			✓		281370
17		G916	✓									✓				✓		281400
18		G917	✓									✓				✓		281379
19		G918				✓						✓				✓		281364
20		G919				✓						✓	✓					281383
21		G920					✓					✓				✓		281376
22		G921					✓					✓	✓					281368
23		G922						APP				✓				✓		281359
24		G923					✓					✓	✓					281386
25		G924	✓									✓	✓					281377
26		G925		✓								✓				✓		281380
27		G926						Back				✓				✓		281367
28		G927				✓						✓				✓		281369
29		G928	✓									✓	✓					281348
30	USGT	G929				✓						✓				✓	281412	
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

ed in this form is true and correct to the best of my knowledge.)

(b) (6)

VS FORM  
(SEP 2002)

nt Printing Office: 2004-616-624/99766

PAGE 2 OF 2



Health Certificate No. 711-19117  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number) 0070

**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED  
 FROM THE UNITED STATES OF AMERICA TO MEXICO  
 CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA  
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

**Note:** Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

**Nota:** México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.

1. Name and Address of Exporter: Beltex Corporation  
 Nombre y Dirección del Exportador: 3801 N Grove  
 Fort Worth, Texas 76106
2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV  
 Nombre y Dirección del Importador: Avenida Plateros #480, Zona Centro  
 Fresnillo, Zacatecas  
 Mexico, C.P. 99000
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
281141	mare	84months	281171	gelding	96months
281099	gelding	96months	280730	mare	60months
281084	mare	96months	281127	gelding	72months
281106	gelding	36months	281029	gelding	36months
281104	mare	72months	281159	mare	48months
102148	mare	144months	095941	mare	84months
040444	mare	60months	093389	mare	48months
098693	mare	72months	101573	mare	96months

Mexico, Slaughter horse HC

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICES  
STATEMENT OF SERVICES

Originating Office Phone

512-383-2411

Beltex Corporation

Po Box 427

Whiteface

TX 79379

Control Number: 4801B9720

Office Id: 974801

Service Date(s)

Begin: 14-APR-11

End: 14-APR-11

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	1759748177 0250	52.00	4.00	208.00

Total Due \$ 208.00

Remarks: Health Certificate # T 1119114, 9115, 9116, 9117

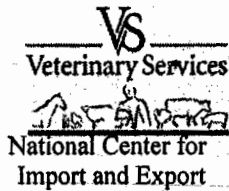
Payment Information

Nfc Id  
751522503VA

Date	Amount	Payment Type	Account/Check #
01-JUN-11	\$ 208.00	Credit Acct	

Attention: Customers with government credit accounts - A consolidated monthly bill will be issued by the USDA, APHIS (signature accepting payment terms is on file). Upon receipt of the monthly bill, mail your payment to: USDA/APHIS, P.O. Box 979039 St. Louis, MO 63197-9000.

Notice to Payer: If payment of this Statement of Service is something other than cash or a US postal Money Order, the Statement of Service will not be considered paid in full until such tender has been cleared. If you have any questions, please contact the originating office listed above.



Health Certificate No. 7117601  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED  
FROM THE UNITED STATES OF AMERICA TO MEXICO  
CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA  
SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

**Note:** Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

*Nota: México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.*

1. Name and Address of Exporter:  
*Nombre y Dirección del Exportador:*

(b) (6)

2. Name and Address of Importer:  
*Nombre y Dirección del Importador:*

**Inter Meats, S.A. DE C.V.  
Av. Universidad No. 602 Int.19  
Aguascalientes, AGS. CP 20130**

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
USHB 2331 985170000680526	GELDING	60 MONTHS	USHB 2332 985170000625666	GELDING	84 MONTHS
USHB 2333 985170000687074	GELDING	96 MONTHS	USHB 2334 985170000619775	GELDING	36 MONTHS
USHB 2335 985170000247373	GELDING	72 MONTHS	USHB 2336 985170000445862	GELDING	84 MONTHS
USHB 2337 985170000291001	GELDING	132 MONTHS	USHB 2338 985170000749295	GELDING	48 MONTHS
USHB 2339 985170000775719	GELDING	84 MONTHS	USHB 2340 985170000219086	GELDING	144 MONTHS
USHB 2341 985170000619368	GELDING	36 MONTHS	USHB 2342 985170000537300	GELDING	72 MONTHS
USHB 2343 985170000621328	GELDING	108 MONTHS	USHB 2344 985170000539499	GELDING	120 MONTHS
USHB 2345 985170000535883	MARE	96 MONTHS	USHB 2346 985170000681429	MARE	120 MONTHS

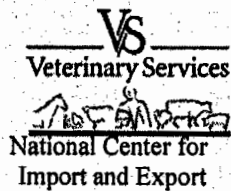


VS  
Veterinary Services  
National Center for  
Import and Export

Health Certificate No. 7117601  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

Microchip number / Numero de Microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip number / Numero de Microchip	Sex/Sexo	Approximate age/Edad aproximada
USHB 2347 985170000632414	MARE	72 MONTHS	USHB 2348 985170000538869	MARE	60 MONTHS
USHB 2349 985170000621584	MARE	48 MONTHS	USHB 2350 985170000535767	MARE	72 MONTHS
USHB 2501 985170000621376	MARE	132 MONTHS	USHB 2502 985170000539410	MARE	84 MONTHS
USHB 2503 985170000543136	MARE	96 MONTHS	USHB 2504 985170000677282	MARE	120 MONTHS
USHB 2505 985170000677348	MARE	144 MONTHS	USHB 2506 985170000687056	MARE	60 MONTHS
USHB 2507 985170000625012	MARE	24 MONTHS	USHB 2508 985170000687282	MARE	108 MONTHS
USHB 2509 985170000622119	MARE	96 MONTHS	USHB 2510 985170000623198	MARE	48 MONTHS
USHB 2511 985170000539196	MARE	23 MONTHS	USFS 7820 985170001086536	MARE	96 MONTHS
USFS 7830 985170001095295	MARE	72 MONTHS			





Health Certificate No. 7117601  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada

**CERTIFICATION STATEMENTS / CERTIFICACIONES**

1. Horses originate from the United States.

*Los animales son originarios de Estados Unidos.*

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.

*A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.*

Inspection date / Fecha de inspección 04/13/2011

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.

*Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.*

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.

*Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.*



V6  
Veterinary Services  
National Center for  
Import and Export

Health Certificate No. TU17601  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

W413

5. [The animals are free of ectoparasite and originated from areas not under quarantine for Boophilus pp ticks.]

[Los animals están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.]

MITCHEL JAGEN D.V.M.

Name of Accredited Veterinarian

*Nombre del Medico Veterinario*

*Acreditado*

W H BROWN DVM

Name of Endorsing Federal Veterinarian

*Nombre del Medico Veterinario*

*Federal que endosa.*

(b) (6)

D.V.M. 04/13/11

Signature of Accredited Veterinarian and Date

*Firma del Medico Veterinario Acreditado*

*Y Fecha*

(b) (6)

2f-14-11

Signature of Endorsing Federal Veterinarian  
and Date

*Firma del Medico Veterinario que endosa*

*Y Fecha*

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.)

(Valido Solamente si el sello veterinario del USDA esta sobre la firma del Medico Veterinario Federal).

cu

AFFIDAVIT  
DECLARACIÓN JURADA

I (print) (b) (6) declare that the horses included in this shipment and accompanied by the health certificate number 711760 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número 711760 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

1. *Aristolochia spp* and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.

*Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.*

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.

*Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.*

3. The following thirosthatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.

*Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo*

Date and signature of the exporter  
*Fecha y firma del exportador*

(b) (6)

4-13-11

Date and signature of the Notary Public  
*Fecha y firma del Notario Público*

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY  
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM  
APPROVED  
OMB NO.  
0579-0160  
7117601

TIME HORSES LOADED ON CONVEYANCE  
04:30 p.m.

DATE  
04/13/2011

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE  
Presidio, TX

(b) (6)

NAME OF AUCTION/MARKET  
NA

CO (b) (6)

CONSIGNEE (RECEIVER/DESTINATION) NAME  
Inter Meats S.A. de C.V.

ST (b) (6)

STREET ADDRESS  
Av. Universidad No. 602 Int. 19

CI (b) (6)

CITY, STATE, ZIP CODE  
Aguascalientes, Ags. C.P. 20130

AR (b) (6)

AREA CODE & TELEPHONE NO.

CH (b) (6)

LOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

☒ Pregnant mares are not likely to foal (give birth) during the trip. ☒ Horses are able to bear weight on all 4 limbs.

☒ Foals are older than 6 months of age. ☒ Horses are not blind in both eyes. ☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USHB	2331	X							X						X	60 MONTHS	985170000680526
2	USHB	2332	X							X						X	84 MONTHS	985170000625666
3	USHB	2333	X							X						X	96 MONTHS	985170000687074
4	USHB	2334	X							X						X	36 MONTHS	985170000619775
5	USHB	2335	X							X						X	72 MONTHS	985170000247373
6	USHB	2336	X							X						X	84 MONTHS	985170000445862
7	USHB	2337				X				X						X	132 MONTHS	985170000291001
8	USHB	2338				X				X						X	48 MONTHS	985170000749295
9	USHB	2339						X		X						X	84 MONTHS	985170000775719
10	USHB	2340					X			X						X	144 MONTHS	985170000219086
11	USHB	2341					X			X						X	36 MONTHS	985170000619368
12	USHB	2342					X			X						X	72 MONTHS	985170000537300
13	USHB	2343					X			X						X	108 MONTHS	985170000621328
14	USHB	2344			X					X						X	120 MONTHS	985170000539499
15	USHB	2345				X				X				X			96 MONTHS	985170000535883

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS.

SIG (b) (6)

I HEREBY CERTIFY THAT THE INFORMATION ON 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).

(b) (6)

ed in this form is true and correct to

CANADIAN FOOD INSPECTION AGENCY (CFIA)  
EST. \_\_\_\_\_  
DATE \_\_\_\_\_  
TIME \_\_\_\_\_

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)  
EST. \_\_\_\_\_  
DATE \_\_\_\_\_  
TIME \_\_\_\_\_



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

7117601

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USHB	2346		X						X				X			120 MONTHS	985170000681429
17	USHB	2347		X						X				X			72 MONTHS	985170000632414
18	USHB	2348		X						X				X			60 MONTHS	985170000538869
19	USHB	2349		X						X				X			48 MONTHS	985170000621584
20	USHB	2350		X						X				X			72 MONTHS	985170000535767
21	USHB	2501					X			X				X			132 MONTHS	985170000621376
22	USHB	2502					X			X				X			84 MONTHS	985170000539410
23	USHB	2503					X			X				X			96 MONTHS	985170000543136
24	USHB	2504			X					X				X			120 MONTHS	985170000677282
25	USHB	2505			X					X				X			144 MONTHS	985170000677348
26	USHB	2506	X							X				X			60 MONTHS	985170000687056
27	USHB	2507	X							X				X			24 MONTHS	985170000625012
28	USHB	2508	X							X				X			108 MONTHS	985170000687282
29	USHB	2509	X							X				X			96 MONTHS	985170000622119
30	USHB	2510	X							X				X			48 MONTHS	985170000623198
31	USHB	2511	X							X				X			23 MONTHS	985170000539196
32	USFS	7820						X						X			96 MONTHS	985170001086536
33	USFS	7830						X						X			72 MONTHS	985170001095295
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).

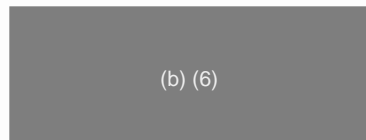
ad in this form is true and correct to the best of my knowledge.)

(b) (6)

PRESIDIO PI PORT / HORSE EXPORT

Name and Address of Remitter:

Service Date



(b) (6)

Begin 4-14-2011

<u>Code</u>	<u>Description</u>	<u>Unit Cost</u>	<u># of Units</u>	<u>Total</u>
1	HC T1117601	\$52.00	(33hd) 1	\$52.00
2				
3				
4				
5				
6				
Total Due				\$52.00

Payment Information

<u>Date</u>	<u>Amount</u>	<u>Payment Type</u>	<u>Account / Check #</u>
On Account			
4/12/2011	\$52.00	Check	1056
CASH			
Money Order			
Credit Card			

4801 B 7936

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICES  
STATEMENT OF SERVICES

Originating Office Phone

512-383-2411

Ruben Brito

P. O. Box 876

Presidio TX 79845

Control Number: 4801B7936

Office Id: 974801

Service Date(s)

Begin: 14-APR-11

End: 14-APR-11

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	1759748177 0250	52.00	1.00	52.00

Total Due \$ 52.00

Remarks: Health Certificate # t1117601

Payment Information

Nfc Id  
9999999999V

Date	Amount	Payment Type	Account/Check #
20-APR-11	\$ 52.00	Check	1056

Attention: Customers with government credit accounts - A consolidated monthly bill will be issued by the USDA, APHIS (signature accepting payment terms is on file). Upon receipt of the monthly bill, mail your payment to: USDA/APHIS, P.O. Box 979039 St. Louis, MO 63197-9000.

Notice to Payer: If payment of this Statement of Service is something other than cash or a US postal Money Order, the Statement of Service will not be considered paid in full until such tender has been cleared. If you have any questions, please contact the originating office listed above.



(b) (6)

1056  
88-1406/1123

... 4-12-11

Pay to the  
Order of

USDA

Date

\$52

10  
10

Dollars



Security  
Features  
Details on  
Back.

**FORT DAVIS  
STATE BANK**  
PRESIDIO, TEXAS 79845



(b) (6)

ice Date

n 4-14-2011

(b) (6)

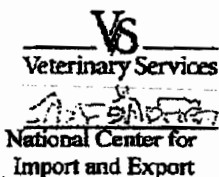
PRESIDIO, TEXAS 79845

Code	Description	Unit Cost	# of Units	Total
1	HC T1117601	\$52.00	(33hd) 1	\$52.00
2				
3				
4				
5				
6				
Total Due				\$52.00

Payment Information

Date	Amount	Payment Type	Account / Check #
On Account			
4/12/2011	\$52.00	Check	1056
CASH			
Money Order			
Credit Card			

4801 B 7936



Health Certificate No. 22117597 **D**  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED  
FROM THE UNITED STATES OF AMERICA TO MEXICO  
CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA  
SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

**Note:** Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

*Nota: México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.*

1. Name and Address of Exporter: Beltex Corporation  
3801 N Grove  
Nombre y Dirección del Exportador: Fort Worth, Texas 76106
2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV  
Avenida Plateros #480, Zona Centro  
Nombre y Dirección del Importador: Fresnillo, Zacatecas  
Mexico, C.P. 99000
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
066443	gelding	48months	604346	gelding	48months
687080	gelding	48months	273768	gelding	108months
268118	gelding	36months	097277	gelding	60months
009509	gelding	36months	067095	gelding	48months
033347	gelding	48months	965665	gelding	72months
097471	gelding	36months	602026	gelding	60months
076007	gelding	48months	097472	gelding	36months
956210	gelding	36months	944111	gelding	36months

Mexico, Slaughter horse HC

4/13/11



Health Certificate No. 71112597  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
603466	gelding	36months	953876	gelding	48months
097213	gelding	48months	341396	gelding	36months
098065	gelding	36months	960328	gelding	36months
074838	gelding	48months	077533	gelding	48months
350415	gelding	36months	602001	gelding	48months
075610	gelding	60months	946562	gelding	36months
960031	gelding	36months	972098	gelding	36months

Total: 30hd

**CERTIFICATION STATEMENTS / CERTIFICACIONES**

1. Horses originate from the United States.

*Los animales son originarios de Estados Unidos.*

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.

*A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.*

Inspection date / Fecha de inspección April 12, 2011

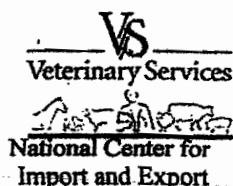
3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.

*Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.*

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.

*Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.*

Mexico, Slaughter horse HC



Health Certificate No. 71122597  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

(Delete as appropriate / Remueva lo que no aplique)

5. [Within 5 days prior to export, the animals were dipped in coumaphos at 400 ppm. Spraying of the product is only authorized using a motor pump with coumaphos at 400 ppm.] [The animals were treated with ivermectin (NOM-019-ZOO-1994)]

[Los animales fueron tratados dentro de los 5 días previos al embarque con un baño de inmersión con coumaphos a concentración de 400 ppm. Solamente se autoriza el baño de aspersión cuando se utilice bomba de motor y se aplique una dosis de 400 ppm de coumaphos] [Los animales fueron tratados con ivermectina (NOM-019-ZOO-i994)]

Chris Larson, D.V.M.  
Name of Accredited Veterinarian  
Nombre del Médico Veterinario  
Acreditado

W H BROWN DVM  
Name of Endorsing Federal Veterinarian  
Nombre del Médico Veterinario  
Federal que endosa.

(b)(6)

4-12-11

Signature of Accredited Veterinarian and Date  
Firma del Médico Veterinario Acreditado  
y Fecha

(b)(6)

4-13-11

Signature of Endorsing Federal Veterinarian  
and Date  
Firma del Médico Veterinario que endosa  
y Fecha

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) (Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal).

CUB

**AFFIDAVIT  
DECLARACIÓN JURADA**

I (print) (b)(6) Beltex Corp declare that the horses included in this shipment and accompanied by the health certificate number 7412597 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número 7412597 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

1. *Aristolochia spp* and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.

*Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.*

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.

*Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.*

3. The following thirosthatatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.

*Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.*

Date and signature of the exporter  
*Fecha y firma del exportador*

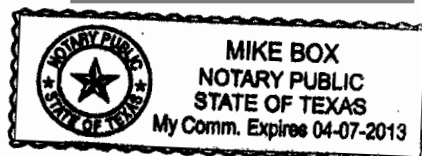
(b)(6)

4/12/2011

Date and signature of the Notary Public  
*Fecha y firma del Notario Público*

(b)(6)

4/12/2011



**OWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**  
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM  
APPROVED  
OMB NO.  
0579-0160

61127597

TIME HORSES LOADED ON CONVEYANCE

12:45

DATE

4-8-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Morton, Texas

Pen 2

NAME OF AUCTION/MARKET

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME

Belter Feedlot

STREET ADDRESS

2180 C.R. 120

CITY, STATE, ZIP CODE

Morton, TX

AREA CODE & TELEPHONE NO.

(806) 525-4221

CONSIGNEE (RECEIVER/DESTINATION) NAME

Baeza Cattle Co.

STREET ADDRESS

Cattle Drive

CITY, STATE, ZIP CODE

Presidio, TX

AREA CODE & TELEPHONE NO.

(626) 453-1001

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

☒ Pregnant mares are not likely to foal (give birth) during the trip.

☒ Horses are able to bear weight on all 4 limbs.

☒ Foals are older than 6 months of age.

☒ Horses are not blind in both eyes.

☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE						SEX		BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGT	5927				✓						✓			✓	A <sup>st</sup> Zip	066443	
2		5928					✓					✓			✓		604346	
3		5929					✓					✓			✓		687080	
4		5930			✓							✓			✓		273768	
5		5931					PAL					✓			✓		268118	
6		5932					✓					✓			✓		097277	
7		5933					✓					✓			✓		009509	
8		5934		✓								✓			✓		067095	
9		5935					✓					✓			✓		033347	
10		5938				✓						✓			✓		965665	
11		5939						DUN				✓			✓		097471	
12		5940						PAL				✓			✓		602026	
13		5941						DUN				✓			✓		076007	
14		5942	✓									✓			✓		097472	
15	USGT	5943				✓						✓			✓		A <sup>st</sup> Zip	956210

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE

(b)(6)

I HEREBY  
COMPLETE

AND THE INFORMATION IN IT AS  
OF THIS FORM OR KNOWINGLY  
USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN  
\$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to  
the best of my knowledge)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME

VS FOR

Previous editions are obsolete

PAGE 1 OF 2

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

2117537

	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	USGT	5944						APP					✓			✓	APP	944111
17		5945				✓							✓			✓		603466
18		5946						PEARL					✓			✓		953876
19		5947	✓										✓			✓		097213
20		5948					✓						✓			✓		341396
21		5949	✓										✓			✓		098065
22		5950						ALB					✓			✓		960328
23		5951	✓										✓			✓		074838
24		5952						ALB					✓			✓		077533
25		5953						DUN					✓			✓		350415
26		5954					✓						✓			✓		602001
27		5955					✓						✓			✓		075610
28		5956	✓										✓			✓		946562
29		5957					✓						✓			✓		960031
30	USGT	5958				✓							✓			✓	APP	972098
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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: Information contained in this form is true and correct to the best of my knowledge.)

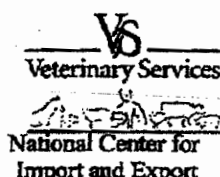
(b)(6)

VS F  
(SEP 2002)

Government Printing Office: 2004-616-624/99766

PAGE 2 OF 2





Health Certificate No. 7117596  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED  
FROM THE UNITED STATES OF AMERICA TO MEXICO  
CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA  
SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

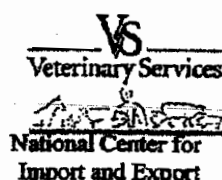
**Note:** Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

*Nota: México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchideos.*

1. Name and Address of Exporter: Beltex Corporation  
3801 N Grove  
Fort Worth, Texas 76106  
*Nombre y Dirección del Exportador:*
2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV  
Avenida Plateros #480, Zona Centro  
Fresnillo, Zacatecas  
Mexico, C.P. 99000  
*Nombre y Dirección del Importador:*
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
077166	gelding	84months	079863	mare	120months
041705	gelding	144months	096454	mare	144months
091797	mare	60months	043912	gelding	84months
092774	mare	120months	082227	mare	108months
090092	gelding	120months	057324	mare	108months
053370	mare	84months	093475	gelding	144months
088484	gelding	120months	098038	mare	84months
103009	gelding	144months	060904	mare	84months

Mexico, Slaughter horse HC



Health Certificate No. 72112596  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
238631	mare	120months	303643	mare	108months
258532	mare	48months	291953	mare	120months
282323	gelding	60months	303068	mare	84months
249984	mare	36months	304349	gelding	144months
308799	gelding	84months	248949	mare	144months
294019	gelding	36months	255391	mare	48months
238130	mare	48months	296005	mare	72months

Total: 30hd

**CERTIFICATION STATEMENTS / CERTIFICACIONES**

1. Horses originate from the United States.

*Los animales son originarios de Estados Unidos.*

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.

*A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.*

Inspection date / Fecha de inspección April 12, 2011

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.

*Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.*

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.

*Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.*



Health Certificate No. 2117896  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

(Delete as appropriate /Remueva lo que no aplique)

5. [Within 5 days prior to export, the animals were dipped in coumaphos at 400 ppm. Spraying of the product is only authorized using a motor pump with coumaphos at 400 ppm.] [The animals were treated with ivermectin (NOM-019-ZOO-1994)]

[Los animales fueron tratados dentro de los 5 días previos al embarque con un baño de inmersión con coumaphos a concentración de 400 ppm. Solamente se autoriza el baño de aspersión cuando se utilice bomba de motor y se aplique una dosis de 400 ppm de coumaphos] [Los animales fueron tratados con ivermectina (NOM-019-ZOO-1994)]

Chris Larson, D.V.M.  
Name of Accredited Veterinarian  
Nombre del Médico Veterinario  
Acreditado

W H BROWN D V M  
Name of Endorsing Federal Veterinarian  
Nombre del Médico Veterinario  
Federal que endosa.

(b)(6)

4-12-11

Signature of Accredited Veterinarian and Date  
Firma del Médico Veterinario Acreditado  
y Fecha

(b)(6)

4-13-11

Signature of Endorsing Federal Veterinarian and Date  
Firma del Médico Veterinario que endosa  
y Fecha

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) (Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal).

cut 13

AFFIDAVIT  
DECLARACIÓN JURADA

I (print) (b)(6) Meltex Corp declare that the horses included in this shipment are accompanied by the health certificate number 7117596 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número 7117596 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

1. *Aristolochia spp* and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.

*Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.*

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.

*Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.*

3. The following thirosthatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.

*Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.*

Date and signature of the exporter  
*Fecha y firma del exportador*

[Redacted Signature]

4/12/2011

Date and signature of the Notary Public  
*Fecha y firma del Notario Público*

(b)(6)

4/12/2011



**OWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**  
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM  
APPROVED  
OMB NO.  
0579-0160

71117596  
PCN 25

DATE 4-13-11	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE Morton Texas
(b)(6)	NAME OF AUCTION/MARKET
(b)(6)	
CONSIGNOR (OWNER/SHIPPER) NAME Belter Feedlot	CONSIGNEE (RECEIVER/DESTINATION) NAME Baena Cattle Co.
STREET ADDRESS 2180 C.R. 120	STREET ADDRESS Cattle Drive
CITY, STATE, ZIP CODE Morton, TX	CITY, STATE, ZIP CODE Presidio TX
AREA CODE & TELEPHONE NO. (806) 525-4221	AREA CODE & TELEPHONE NO. (426) 453-1001

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☒ Pregnant mares are not likely to foal (give birth) during the trip. ☒ Horses are able to bear weight on all 4 limbs. ☒ Horses are able to walk unassisted.
- ☒ Foals are older than 6 months of age. ☒ Horses are not blind in both eyes.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE						SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
1	USGT	6706	✓									✓			✓	Dr 24	077166		
2		6707					PAL					✓	✓				079 863		
3		6708				✓						✓			✓		041705		
4		6709	✓									✓	✓				096454		
5		6710				✓						✓	✓				091797		
6		6711					PAL					✓			✓		043912		
7		6712					Rean					✓	✓				092774		
8		6713	✓									✓	✓				082227		
9		6714	✓									✓			✓		090092		
10		6715		✓								✓	✓				057324		
11		6716				✓						✓	✓				053370		
12		6717	✓									✓			✓		093475		
13		6718					APP					✓			✓		088484		
14		6719					PAL					✓	✓				098038		
15	USGT	6720	✓									✓			✓	Dr 24	103009		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS INTO CONVEYANCE.

(b)(6)

THE INFORMATION IN IT AS OF THIS FORM OR KNOWINGLY 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).

USING A FALSIFIED FORM IS A CRIMINAL OFFENSE.

(b)(6)

**CANADIAN FOOD INSPECTION AGENCY (CFIA)**

EST. \_\_\_\_\_  
DATE \_\_\_\_\_  
TIME \_\_\_\_\_

**DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)**

EST. \_\_\_\_\_  
DATE \_\_\_\_\_  
TIME \_\_\_\_\_

**OWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A'SLAUGHTER FACILITY  
(CONTINUATION SHEET)**

(Please type or print in ink)

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

7-1117596

	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	USGT	6721	✓										✓	✓					AP	060904
17		6722					✓						✓	✓						238631
18		6723	✓										✓	✓						303643
19		6724	✓										✓	✓						258532
20		6725				✓							✓	✓						291953
21		6726				✓							✓			✓				282323
22		6727	✓										✓	✓						303068
23		6728		✓									✓	✓						249984
24		6729					PA						✓			✓				304349
25		6730		✓									✓			✓				308799
26		6731	✓										✓	✓						248949
27		6732		✓									✓			✓				294019
28		6733		✓									✓	✓						255391
29		6734					✓						✓	✓						238130
30	USGT	6735					✓						✓	✓				AP	296005	
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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: \_\_\_\_\_ (The information contained in this form is true and correct to the best of my knowledge.)

(b)(6)



Health Certificate No. 71117598  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED  
FROM THE UNITED STATES OF AMERICA TO MEXICO  
CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA  
SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

**Note:** Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

**Nota:** México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.

1. Name and Address of Exporter: Beltex Corporation  
Nombre y Dirección del Exportador: 3801 N Grove  
Fort Worth, Texas 76106
2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV  
Nombre y Dirección del Importador: Avenida Plateros #480, Zona Centro  
Fresnillo, Zacatecas  
Mexico, C.P. 99000
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
263658	gelding	108months	299485	mare	120months
235750	gelding	24months	299783	gelding	36months
300685	mare	48months	243989	mare	36months
298399	mare	72months	250198	mare	36months
299018	mare	144months	310514	gelding	144months
244955	mare	120months	257372	mare	144months
242949	mare	144months	237801	gelding	144months
566574	gelding	120months	559492	mare	96months

Mexico, Slaughter horse HC





Health Certificate No. 71112598  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
566716	mare	96months	549452	mare	96months
566872	mare	96months	558063	gelding	108months
598275	mare	60months	032355	mare	144months
030991	mare	84months	031967	mare	84months
049785	mare	120months	076388	mare	144months
034022	gelding	120months	074057	mare	144months
074222	gelding	120months			

Total: 29hd

**CERTIFICATION STATEMENTS / CERTIFICACIONES**

1. Horses originate from the United States.

*Los animales son originarios de Estados Unidos.*

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.

*A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.*

Inspection date / Fecha de inspección April 12, 2011

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.

*Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.*

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.

*Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.*



Health Certificate No. 2112598  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

(Delete as appropriate / Remueva lo que no aplique)

5.

[Within 5 days prior to export, the animals were dipped in coumaphos at 400 ppm. Spraying of the product is only authorized using a motor pump with coumaphos at 400 ppm.] [The animals were treated with ivermectin (NOM-019-ZOO-1994)]

*[Los animales fueron tratados dentro de los 5 días previos al embarque con un baño de inmersión con coumaphos a concentración de 400 ppm. Solamente se autoriza el baño de aspersión cuando se utilice bomba de motor y se aplique una dosis de 400 ppm de coumaphos] [Los animales fueron tratados con ivermectina (NOM-019-ZOO-1994)]*

Chris Larson, D.V.M.  
Name of Accredited Veterinarian  
*Nombre del Médico Veterinario  
Acreditado*

W H BROWN DVM  
Name of Endorsing Federal Veterinarian  
*Nombre del Médico Veterinario  
Federal que endosa.*

(b)(6) 4-12-11  
Signature of Accredited Veterinarian and Date  
*Firma del Médico Veterinario Acreditado  
y Fecha*

(b)(6) 4-13-11  
Signature of Endorsing Federal Veterinarian  
and Date  
*Firma del Médico Veterinario que endosa  
y Fecha*

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) (*Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal.*)

AFFIDAVIT  
DECLARACIÓN JURADA

I (print (b)(6)) Beltex Corp declare that the horses included in this shipment and accompanied by the health certificate number PM17598 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número PM17598 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

1. *Aristolochia spp* and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.

*Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.*

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.

*Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.*

3. The following thirosthatatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.

*Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.*

Date and signature of the exporter  
*Fecha y firma del exportador*

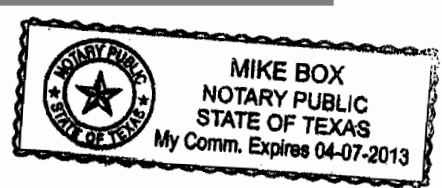
(b)(6)

4/12/2011

Date and signature of the Notary Public  
*Fecha y firma del Notario Público*

(b)(6)

4/12/2011



**OWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**  
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM  
APPROVED  
OMB NO.  
0579-0160

71117588

TIME HORSES LOADED ON CONVEYANCE

115 AM

DATE

7-13-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Morton, Texas

Pen 23

NAME OF AUCTION/MARKET

(b)(6)

CONSIGNEE (RECEIVER/DESTINATION) NAME

Brega Cattle Co

STREET ADDRESS

Cattle Drive

CITY, STATE, ZIP CODE

Presidio TX

AREA CODE & TELEPHONE NO.

(626) 453-1001

Belta Feedlot

STREET ADDRESS

2180 C.R. 120

CITY, STATE, ZIP CODE

Morton, TX

AREA CODE & TELEPHONE NO.

(806) 525-4221

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

☐ Pregnant mares are not likely to foal (give birth) during the trip.

☐ Horses are able to bear weight on all 4 limbs.

☐ Foals are older than 6 months of age.

☒ Horses are not blind in both eyes.

☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGT	6675	✓										✓			✓	At 263 658	
2		6676						Buck					✓	✓			299 485	
3		6677					✓						✓			✓	235 750	
4		6678	✓										✓			✓	299 783	
5		6679						Buck					✓	✓			300 685	
6		6680						Buck					✓	✓			243 989	
7		6681					✓						✓	✓			298 399	
8		6682	✓										✓	✓			250 198	
9		6684	✓										✓	✓			299 018	
10		6685				✓							✓			✓	310 514	
11		6686					✓						✓	✓			244 955	
12		6687		✓									✓	✓			257 372	
13		6688		✓									✓	✓			242 949	
14		6689	✓										✓			✓	237 801	
15	USGT	6690			✓								✓			✓	At 566 574	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNA

(b)(6)

I HEREBY AUTHORIZE THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME

**OWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY  
(CONTINUATION SHEET)**  
*(Please type or print in ink)*

PEW 23  
FORM  
APPROVED  
OMB NO.  
0579-0160

[illegible]

SIGNATURE \_\_\_\_\_ (The information contained in this form is true and correct to the best of my knowledge.)

3. Government Printing Office: 2004—616-624/99766

PRESIDIO I PORT / HORSE EXPORT

Name and Address of Remitter:

Beltex Corporation  
2180 CR 120  
Morton, 48 79346

Service Date

Begin: 4-13-11

Code	Description	Unit Cost	# of Units	
1	HCT1117596	\$52.00	(30hd) 1	\$52.00
2	HCT1117597	\$52.00	(30hd) 1	\$52.00
3	HCT1117598	\$52.00	(29hd) 1	\$52.00
4				
5				

Total Due \$156.00

*Duplicated # 3/11/11  
Beltex  
7598 - Rio Grande Classes  
3/10/11*

Payment Information

Date	Amount	Payment Type	Account / Check #
4/13/2011	\$156.00	On Account	751522503VA
		Check	
		CASH	
		Money Order	
		Credit Card	

4801B 7937

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICES  
STATEMENT OF SERVICES

Originating Office Phone

512-383-2411

Beltex Corporation

Po Box 427

Whiteface

TX 79379

Control Number: 4801B7937

Office Id: 974801

Service Date(s)

Begin: 13-APR-11

End: 13-APR-11

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	1759748177 0250	52.00	3.00	156.00

Remarks: Health Certificate T1117596, 7597, 7598

Payment Information

Total Due \$ 156.00

Nfc Id  
751522503VA

Date	Amount	Payment Type	Account/Check #
20-APR-11	\$ 156.00	Credit Acct	

Attention: Customers with government credit accounts - A consolidated monthly bill will be issued by the USDA, APHIS (signature accepting payment terms is on file). Upon receipt of the monthly bill, mail your payment to: USDA/APHIS, P.O. Box 979039 St. Louis, MO 63197-9000.

Notice to Payer: If payment of this Statement of Service is something other than cash or a US postal Money Order, the Statement of Service will not be considered paid in full until such tender has been cleared. If you have any questions, please contact the originating office listed above.

DM





Health Certificate No. 771-16727  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED  
FROM THE UNITED STATES OF AMERICA TO MEXICO  
CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA  
SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

**Note:** Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

**Nota:** México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.

1. Name and Address of Exporter: Beltex Corporation  
3801 N Grove  
Nombre y Dirección del Exportador: Fort Worth, Texas 76106
2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV  
Avenida Plateros #480, Zona Centro  
Nombre y Dirección del Importador: Fresnillo, Zacatecas  
Mexico, C.P. 99000
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
302355	mare	120months	249209	mare	120months
252900	gelding	36months	302012	gelding	36months
298497	gelding	48months	298514	gelding	120months
299421	gelding	108months	253228	gelding	168months
246108	mare	120months	250127	mare	132months
255230	mare	96months	300670	mare	120months
256857	gelding	156months	249388	mare	36months
305489	mare	156months	251170	gelding	36months

Mexico, Slaughter horse HC



Health Certificate No. T/1-16727  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

Microchip number / <i>Número de microchip</i>	Sex/Sexo	Approximate age/ <i>Edad aproximada</i>	Microchip Number / <i>Número de microchip</i>	Sex / <i>Sexo</i>	Approximate age/ <i>Edad aproximada</i>
253563	gelding	144months	249025	mare	72months
298714	mare	72months	236848	gelding	120months
248360	gelding	180months	604806	mare	180months
239598	mare	84months	300653	mare	24months
235139	mare	120months	311644	mare	36months
246899	mare	12months	238708	gelding	12months
240777	mare	24months	306185	mare	156months
303130	gelding	24months	237678	gelding	24months
301067	gelding	36months	260917	gelding	36months
307915	mare	36months			
Total:35hd					

Mexico, Slaughter house HC



Health Certificate No. T/1-16727  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada

**CERTIFICATION STATEMENTS / CERTIFICACIONES**

1. Horses originate from the United States.  
*Los animales son originarios de Estados Unidos.*

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.  
*A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.*  
Inspection date / Fecha de inspección December 23, 2010

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.  
*Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.*

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.  
*Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.*

Mexico, Slaughter horse HC



Health Certificate No. 711-16727  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

(Delete as appropriate /Remueva lo que no aplique)

5. [The animals are free of ectoparasite and originated from areas not under quarantine for Boophilus pp ticks.]

[Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.]

Chris Larson, D.V.M.  
Name of Accredited Veterinarian  
*Nombre del Médico Veterinario  
Acreditado*

GRANT WEASE DVM  
USDA, APHIS, VETERINARY SVCS.  
EL PASO, TEXAS  
Name of Endorsing Federal Veterinarian  
*Nombre del Médico Veterinario  
Federal que endosa.*

35

(b)(6)

*[Signature]*  
Signature of Accredited Veterinarian and Date  
*Firma del Médico Veterinario Acreditado  
y Fecha*

(b)(6)

*[Signature]*  
Signature of Endorsing Federal Veterinarian  
and Date  
*Firma del Médico Veterinario que endosa  
y Fecha*

12/23/10

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) (*Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal*).

Mexico, Slaughter horse HC

**AFFIDAVIT  
DECLARACIÓN JURADA**

I (print) (b)(6) Better Corporation declare that the horses included in this shipment and accompanied by the health certificate number 711-16727 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número 711-16727 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

1. *Aristolochia spp* and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.

*Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.*

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.

*Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.*

3. The following thirosthatatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.

*Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.*

Date and signature of the exporter  
*Fecha y firma del exportador*

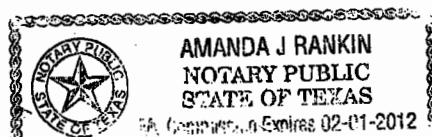
(b)(6)

12/22/10

Date and signature of the Notary Public  
*Fecha y firma del Notario Público*

(b)(6)

12/22/10



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 7  
APPROVED  
OMB NO.  
0579-0160

771-16727

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

100 AM

12/23/10

Morton Texas

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET

(b)(6)

CONSIGNEE (RECEIVER/DESTINATION) NAME

STREET ADDRESS

STREET ADDRESS

2190 E. 12th St

Cattle Drive

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

Morton, TX

Presidio, Texas

AREA CODE &amp; TELEPHONE NO.

AREA CODE &amp; TELEPHONE NO.

(906) 525-4221

(626) 453-1001

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

☒ Pregnant mares are not likely to foal (give birth) during the trip.☒ Horses are able to bear weight on all 4 limbs.☒ Foals are older than 6 months of age.☒ Horses are not blind in both eyes.☒ Horses are able to walk unassisted.

TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions
		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Sta	Ge d		
1	426U 5268				✓							✓	✓			✓	302355
2	5269				✓							✓	✓				249209
3	5270	✓										✓			✓		252900
4	5271	✓										✓			✓		302012
5	5272					✓						✓			✓		298497
6	5274	✓										✓			✓		298514
7	5275						ROAN					✓			✓		299421
8	5276	✓										✓			✓		253228
9	5277	✓										✓	✓				246108
10	5278	✓										✓	✓				250127
11	5279				✓							✓	✓				255230
12	5280	✓										✓	✓				300670
13	5282	✓										✓			✓		256827
14	5283					✓						✓	✓				249388
15	426U 5284	✓										✓	✓			✓	305489

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE

(b)(6)

I HEREBY AT

AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FO

Previous editions are obsolete

PART 2 - OWNER/SHIPPER

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME

PAGE 1 OF 2

**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	US6	5285					✓							✓			✓							251170
17		5286						Buck					✓				✓							253563
18		5287						Dun					✓	✓										249025
19		5288			✓								✓	✓										298714
20		5290					✓						✓				✓							236848
21		5291					✓						✓				✓							248360
22		5292					✓						✓	✓										604806
23		5293					✓						✓	✓										239598
24		5294						DUN					✓	✓										300653
25		5295						ROAN					✓	✓										235139
26		5296						DUN					✓	✓										311644
27		5297				✓							✓	✓										246899
28		5299						APP					✓				✓							238708
29		5300	✓										✓	✓										240777
30		5301						ROAN					✓	✓										306185
31		5302						APP					✓				✓							303130
32		5303					✓						✓				✓							237678
33		5304					✓						✓				✓							301067
34		5306					✓						✓	✓			✓							260917
35	US6	5307						AL					✓	✓										307915
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).

I certify that the information contained in this form is true and correct to the best of my knowledge.

(b)(6)





Health Certificate No. 771-16728  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED  
FROM THE UNITED STATES OF AMERICA TO MEXICO  
CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA  
SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

**Note:** Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

**Nota:** México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.

1. Name and Address of Exporter: Beltex Corporation  
Nombre y Dirección del Exportador: 3801 N Grove  
Fort Worth, Texas 76106
2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV  
Nombre y Dirección del Importador: Avenida Plateros #480, Zona Centro  
Fresnillo, Zacatecas  
Mexico, C.P. 99000
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
301987	mare	24months	305948	mare	120months
308128	mare	120months	242850	mare	96months
300931	mare	120months	307852	gelding	144months
306673	mare	120months	310649	gelding	120months
263417	gelding	48months	250176	gelding	24months
307460	mare	120months	237051	gelding	120months
311066	gelding	120months	307504	mare	132months
254983	gelding	84months	259204	gelding	108months

Mexico, Slaughter horse HC



Health Certificate No. 711-16728  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

Microchip number / <i>Número de microchip</i>	Sex/Sexo	Approximate age/Edad <i>aproximada</i>	Microchip Number / <i>Número de microchip</i>	Sex / Sexo	Approximate age/ Edad <i>aproximada</i>
262346	gelding	60months	249277	mare	48months
305862	mare	120months	297319	gelding	36months
249610	gelding	72months	249978	mare	84months
259734	gelding	48months	256970	mare	120months
263380	gelding	72months	239431	gelding	72months
245863	gelding	108months	242962	gelding	24months
303152	mare	156months	311650	mare	72months
242883	mare	144months	306162	mare	96months
256041	mare	156months	307964	gelding	96months
Total:34hd					

Mexico, Slaughter horse HC



Health Certificate No. T11-16728  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada

**CERTIFICATION STATEMENTS / CERTIFICACIONES**

1. Horses originate from the United States.  
*Los animales son originarios de Estados Unidos.*

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.  
*A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.*  
Inspection date / Fecha de inspección December 23, 2010

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.  
*Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.*

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.  
*Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.*

Mexico, Slaughter horse HC



Health Certificate No. 11111111  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

(Delete as appropriate /*Remueva lo que no aplique*)

5. [The animals are free of ectoparasite and originated from areas not under quarantine for *Boophilus* spp ticks.]

[*Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.*]

GRANT WEASE DVM  
USDA, APHIS, VETERINARY SVCS.  
EL PASO, TEXAS

Chris Larson, D.V.M.  
Name of Accredited Veterinarian  
*Nombre del Médico Veterinario*  
*Acreditado*

Name of Endorsing Federal Veterinarian  
*Nombre del Médico Veterinario*  
*Federal que endosa.*

34

(b)(6)

12-23-10

Signature of Accredited Veterinarian and Date  
*Firma del Médico Veterinario Acreditado*  
*y Fecha*

(b)(6)

12/23/10

Signature of Endorsing Federal veterinarian  
and Date  
*Firma del Médico Veterinario que endosa*  
*y Fecha*

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) (*Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal.*)

Mexico, Slaughter horse HC

**AFFIDAVIT  
DECLARACIÓN JURADA**

I (print) (b)(6) Beth Livingston declare that the horses included in this shipment and accompanied by the health certificate number 711-16728 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número 711-16728 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

1. *Aristolochia spp* and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.

*Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.*

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.

*Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.*

3. The following thirosthatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.

*Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.*

Date and signature of the exporter  
*Fecha y firma del exportador*

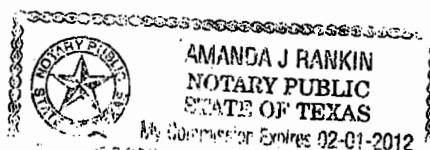
(b)(6)

12/22/10

Date and signature of the Notary Public  
*Fecha y firma del Notario Público*

(b)(6)

12/22/10



U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICEOWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY  
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

72  
FORM.  
APPROVED  
OMB NO.  
0579-0160

TJ-16728

TIME HORSES LOADED ON CONVEYANCE

2:50 AM

DATE

12/23/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Morton Texas

NAME OF AUCTION/MARKET

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME

Beltex Feedlot

STREET ADDRESS

2180 C.R. 120

CITY, STATE, ZIP CODE

Morton TX-16728

AREA CODE &amp; TELEPHONE NO.

(806) 525-4221

CONSIGNEE (RECEIVER/DESTINATION) NAME

Baeza Cattle Co.

STREET ADDRESS

Cattle Drive

CITY, STATE, ZIP CODE

Presidio, Texas

AREA CODE &amp; TELEPHONE NO.

(626) 453-1001

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

☒ Pregnant mares are not likely to foal (give birth) during the trip.☒ Foals are older than 6 months of age.☒ Horses are able to bear weight on all 4 limbs.☒ Horses are not blind in both eyes.☒ Horses are able to walk unassisted.

TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE						SEX		BRANDS Tattoos, etc.	REMARKS Include existing conditions
		Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	1564	5235					APP						V	V			DR 301987
2		5236	V										V	V			305948
3		5237	V										V	V			308128
4		5238				V							V	V			242850
5		5239			V								V	V			300931
6		5240				V							V		V		307852
7		5241	V										V	V			306673
8		5242			V								V		V		310648
9		5243	V										V		V		263417
10		5244				V							V		V		250176
11		5245	V										V	V			307460
12		5246	V										V		V		237051
13		5247	V										V		V		311066
14		5248				V							V	V			307504
15	1564	5249			V								V		V		DR 254983

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE

(b)(6)

I HEREBY CERTIFY THAT THE INFORMATION IN IT AS SHOWN ON THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PAGE 1 OF 2

PART 2 - OWNER/SHIPPER

**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

(Please type or print in ink)																			
	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE						SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld			
16	1056 u	5250	✓										✓			✓	✓	259204	
17		5251					ROAN						✓			✓		262346	
18		5252					ROAN						✓	✓				249277	
19		5253					✓						✓	✓				305862	
20		5254					APP						✓			✓		297319	
21		5255				✓							✓			✓		249610	
22		5256		✓									✓	✓				249978	
23		5257		✓									✓			✓		259734	
24		5258	✓										✓	✓				256970	
25		5259	✓										✓			✓		263380	
26		5260	✓										✓			✓		239431	
27		5261					ROAN						✓			✓		245863	
28		5262			✓								✓			✓		242962	
29		5263					Buck						✓	✓				303152	
30		5264			✓								✓	✓				311650	
31		5265					ROAN						✓	✓				242883	
32		5266	✓										✓	✓				306162	
33		5267	✓										✓	✓				256041	
34	1056 u	5131					APP						✓			✓	✓	307964	
35																			
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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.)

(b)(6)



UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICES  
STATEMENT OF SERVICES

Originating Office Phone

512-383-2411

Beltex Corporation

Po Box 427

Whiteface TX 79379

Control Number: 4801B4564

Office Id: 974801

Service Date(s)

Begin: 23-DEC-10

End: 23-DEC-10

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	1759748177 0250	52.00	6.00	312.00

Total Due \$ 312.00

Remarks: Health Certificate # T1116723, 6724, 6725, 6726, 6727, 6728

Payment Information

Nfc Id  
751522503VA

Date	Amount	Payment Type	Account/Check #
01-FEB-11	\$ 312.00	Credit Acct	

Attention: Customers with government credit accounts - A consolidated monthly bill will be issued by the USDA, APHIS (signature accepting payment terms is on file). Upon receipt of the monthly bill, mail your payment to: USDA/APHIS, P.O. Box 979039 St. Louis, MO 63197-9000.

Notice to Payer: If payment of this Statement of Service is something other than cash or a US postal Money Order, the Statement of Service will not be considered paid in full until such tender has been cleared. If you have any questions, please contact the originating office listed above.



Health Certificate No. 711-16733  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED  
FROM THE UNITED STATES OF AMERICA TO MEXICO  
CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA  
SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

**Note:** Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

**Nota:** México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.

1. Name and Address of Exporter: Beltex Corporation  
3801 N Grove  
Fort Worth, Texas 76106  
*Nombre y Dirección del Exportador:*
2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV  
Avenida Plateros #480, Zona Centro  
Fresnillo, Zacatecas  
Mexico, C.P. 99000  
*Nombre y Dirección del Importador:*
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
097307	mare	60months	097306	mare	120months
097305	mare	96months	097304	mare	120months
097303	mare	144months	097242	mare	60months
097241	gelding	120months	097240	mare	96months
097239	gelding	120months	097238	mare	96months
097237	mare	96months	097236	gelding	180months
097235	gelding	144months	097234	mare	120months
097233	gelding	96months	097252	gelding	96months

Mexico, Slaughter horse HC

4801B4567



Health Certificate No. 711-16733  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

Microchip number / <i>Número de microchip</i>	Sex/ <i>Sexo</i>	Approximate age/ <i>Edad aproximada</i>	Microchip Number / <i>Número de microchip</i>	Sex / <i>Sexo</i>	Approximate age/ <i>Edad aproximada</i>
052927	mare	60months	097262	mare	120months
097261	gelding	120months	097260	mare	96months
097259	mare	120months	097258	mare	144months
097257	mare	144months	097256	gelding	144months
097255	gelding	120months	097254	mare	120months
097253	mare	96months	097232	gelding	60months
097231	mare	24months	097230	mare	144months
097229	gelding	120months	097228	mare	120months
097227	mare	120months	097226	gelding	180months
Total: 34 head					

Mexico, Slaughter horse HC

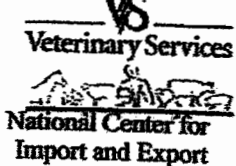


Health Certificate No. 711-16733  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada

**CERTIFICATION STATEMENTS / CERTIFICACIONES**

1. Horses originate from the United States.  
*Los animales son originarios de Estados Unidos.*
2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.  
*A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.*  
Inspection date / Fecha de inspección December 24, 2010
3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.  
*Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.*
4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.  
*Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.*



Health Certificate No. 111-16733  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

(Delete as appropriate / *Remueva lo que no aplique*)

5. [The animals are free of ectoparasite and originated from areas not under quarantine for *Boophilus* pp ticks.]

[*Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.*]

GRANT WEASE DVM  
USDA, APHIS, VETERINARY SVCS.  
EL PASO, TEXAS

Chris Larson, DVM

Name of Accredited Veterinarian  
*Nombre del Médico Veterinario  
Acreditado*

Name of Endorsing Federal Veterinarian  
*Nombre del Médico Veterinario  
Federal que endosa.*

(b)(6)

12-24-10

Signature of Accredited Veterinarian and Date  
*Firma del Médico Veterinario Acreditado  
y Fecha*

(b)(6)

12/24/10

Signature of Endorsing Federal Veterinarian  
and Date  
*Firma del Médico Veterinario que endosa  
y Fecha*

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) (*Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal*).

Mexico, Slaughter horse HC

**AFFIDAVIT  
DECLARACIÓN JURADA**

I (pri (b)(6) Beltex Corporation declare that the horses included in this shipment and accompanied by the health certificate number 711-16733 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número 711-16733 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

1. *Aristolochia spp* and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.

*Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.*

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.

*Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.*

3. The following thirosthaties were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.

*Que no fueron empleados los siguientes tirostáticos: tiouracilo, metihuracilo, feniltiuracilo y propiltiuracilo.*

Date and signature of the exporter  
*Fecha y firma del exportador*

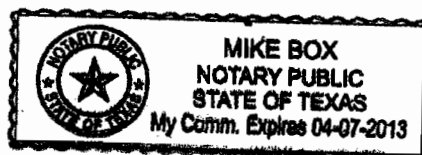
(b)(6)

12/27/10

Date and signature of the Notary Public  
*Fecha y firma del Notario Público*

(b)(6)

12/27/10



**OWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**  
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM  
APPROVED  
OMB NO.  
0579-0160  
T11-16733

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

2:00 PM 12-28-70

Morton, Texas

(b)(6)

NAME OF AUCTION/MARKET

CONSIGNEE (RECEIVER/DESTINATION) NAME

Beltex Feedlot

TDA Rm's

STREET ADDRESS

STREET ADDRESS

2180 CR 120

10800 Sycamore Rd.

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

Morton, Texas

El Paso, Texas

AREA CODE & TELEPHONE NO.

AREA CODE & TELEPHONE NO.

(806) 525-4221

(915) 859-3942

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☐ Pregnant mares are not likely to foal (give birth) during the trip. ☐ Horses are able to bear weight on all 4 limbs. ☐ Horses are able to walk unassisted.  
☐ Foals are older than 6 months of age. ☐ Horses are not blind in both eyes.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	WSEN	5710					/						/	/			ARKIP	97307
2		5711					/						/	/				97306
3		5712						ARB					/	/				97305
4		5713				/							/	/				97304
5		5714					/						/	/				97303
6		5715	/										/	/				97242
7		5716	/										/			/		97241
8		5717					/						/	/				97240
9		5718					/						/			/		97239
10		5719						ROAN					/	/				97238
11		5720			/								/	/				97237
12		5721				/							/			/		97236
13		5722					/						/			/		97235
14		5723	/										/	/				97234
15	WSEN	5724					/						/				ARKIP	97233

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE

(b)(6)

I HEREBY AU  
COMPLETED  
USING A FALS  
\$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.  
DATE  
TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.  
DATE  
TIME



OWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY  
(CONTINUATION SHEET)

(Please type or print in ink)

are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM  
APPROVED  
OMB NO.  
0579-0160

711-16733

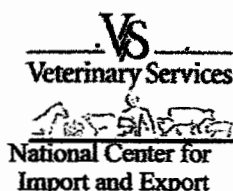
	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	W622	5825			/							/				/	DRHHP	97252
17		5857					/					/	/					52927
18		5858										/	/					97262
19		5859	/									/				/		97261
20		5860		/								/	/					97260
21		5861					/					/	/					97259
22		5862		/								/	/					97258
23		5863		/								/	/					97257
24		5864					/					/				/		97256
25		5865										/				/		97255
26		5866		/								/	/					97254
27		5867					/					/	/					97253
28		5868					/					/				/		97232
29		5869					/					/	/					97231
30		5870										/	/					97230
31		5871	/									/				/		97229
32		5872					/					/	/					97228
33		5873				/						/	/					97227
34	W622	5874	/									/				/	DRHHP	97226
35																		
36																		
37																		
38																		
39																		
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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: (b)(6) contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS  
(SE



Health Certificate No. **711-16734**  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED  
 FROM THE UNITED STATES OF AMERICA TO MEXICO  
 CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA  
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

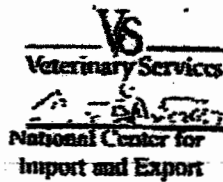
**Note:** Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

**Nota:** México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.

1. Name and Address of Exporter: Beltex Corporation  
 Nombre y Dirección del Exportador: 3801 N Grove  
 Fort Worth, Texas 76106
2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV  
 Nombre y Dirección del Importador: Avenida Plateros #480, Zona Centro  
 Fresnillo, Zacatecas  
 Mexico, C.P. 99000
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
337161	mare	96months	349811	mare	144months
344048	mare	36months	341573	mare	60months
350036	mare	96months	357413	mare	60months
336709	mare	96months	097251	mare	120months
354755	mare	60months	348330	mare	120months
350342	mare	144months	338839	mare	120months
340830	mare	144months	340871	mare	120months
341063	mare	144months	349176	mare	120months

Mexico, Slaughter horse HC



Health Certificate No. 711-16734  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
354679	mare	24months	348665	mare	120months
333279	gelding	36months	349552	mare	120months
349718	mare	24months	097250	mare	96months
335544	mare	120months	358289	mare	60months
328828	mare	36months	343814	mare	60months
334550	mare	120months	334403	mare	48months
349508	gelding	36months	328280	gelding	96months
343371	mare	60months	352023	mare	120months
Total: 32 head					



Health Certificate No. 711-16734  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada

### CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

*Los animales son originarios de Estados Unidos.*

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.

*A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.*

Inspection date / Fecha de inspección December 24, 2010

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.

*Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.*

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.

*Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.*



(Delete as appropriate / Remueva lo que no aplique)

5. [The animals are free of ectoparasite and originated from areas not under quarantine for Boophilus pp ticks.]

[Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.]

GRANT WEASE DVM  
USDA, APHIS, VETERINARY SVCS.  
EL PASO, TEXAS

Chris Larson, DVM

Name of Accredited Veterinarian  
*Nombre del Médico Veterinario  
Acreditado*

Name of Endorsing Federal Veterinarian  
*Nombre del Médico Veterinario  
Federal que endosa.*

(b)(6)

12-24-10

Signature of Accredited Veterinarian and Date  
*Firma del Médico Veterinario Acreditado  
y Fecha*

(b)(6)

12/29/10

Signature of Endorsing Federal Veterinarian  
and Date  
*Firma del Médico Veterinario que endosa  
y Fecha*

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) (*Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal.*)

AFFIDAVIT  
DECLARACIÓN JURADA

I (print (b)(6) Beltex Corporation) declare that the horses included in this shipment and accompanied by the health certificate number 711-16734 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número 711-16734, no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

1. *Aristolochia spp* and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.

*Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicina, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.*

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.

*Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamina, así como esteroides anabólicos.*

3. The following thirosthatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.

*Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.*

Date and signature of the exporter  
*Fecha y firma del exportador*

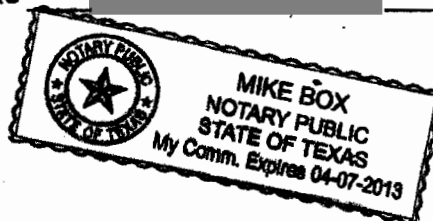
(b)(6)

12/27/10

Date and signature of the Notary Public  
*Fecha y firma del Notario Público*

(b)(6)

12/27/10



**OWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**  
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM  
APPROVED  
OMB NO.  
0579-0160

711-16734

TIME HORSES LOADED ON CONVEYANCE (b)(6)	DATE 12-28-10	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE Morton, Texas
CONSIGNOR (OWNER/SHIPPER) NAME De Ann Fendley	CONSIGNEE (RECEIVER/DESTINATION) NAME TDA Rev's	
STREET ADDRESS 2180 CR120	STREET ADDRESS 10800 Scurro Rd.	
CITY, STATE, ZIP CODE Morton, Texas	CITY, STATE, ZIP CODE El Paso, Texas	
AREA CODE & TELEPHONE NO. (806) 525-4221	AREA CODE & TELEPHONE NO. (915) 859-3942	

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☐ Pregnant mares are not likely to foal (give birth) during the trip. ☒ Horses are able to bear weight on all 4 limbs.  
☒ Foals are older than 6 months of age. ☐ Horses are not blind in both eyes. ☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	WGN	5726						/						/	/		Albino	337161
2		5727						BN						/	/			349811
3		5728						/						/	/			344048
4		5729						BN						/	/			341573
5		5730					/							/	/			350036
6		5731			/									/	/			357413
7		5732	/											/	/			336709
8		5733		/										/	/			99251
9		5734	/											/	/			354755
10		5735						BN						/	/			348330
11		5736				/								/	/			350342
12		5737						Albino						/	/			338839
13		5738				/								/	/			340830
14		5739				/								/	/			340871
15	WGN	5740				/								/	/		Albino	341063

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE

(b)(6)

I HEREBY A  
COMPLETE  
THE INFORMATION IN IT AS  
THIS FORM OR KNOWINGLY  
USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN  
\$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to  
the best of my

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME



**OWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY  
(CONTINUATION SHEET)**  
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM  
APPROVED  
OMB NO.  
0579-0160

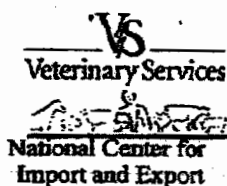
711-16734

	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	US6M	5741															Archip	349176
17		5742																354679
18		5743																348665
19		5744																333279
20		5745																349552
21		5746																349718
22		5747																97250
23		5748																335544
24		5749																358289
25		5750																328828
26		5751																343814
27		5752																334558
28		5753																334403
29		5754																344508
30		5755																328280
31		5756																343371
32	US6M	5757															Archip	352023
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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 \_\_\_\_\_ this form is true and correct to the best of my knowledge.)

(b)(6)



Health Certificate No. 711-16735  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED  
FROM THE UNITED STATES OF AMERICA TO MEXICO  
CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA  
SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

**Note:** Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

**Nota:** México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.

1. Name and Address of Exporter: Beltex Corporation  
3801 N Grove  
Fort Worth, Texas 76106  
*Nombre y Dirección del Exportador:*
2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV  
Avenida Plateros #480, Zona Centro  
Fresnillo, Zacatecas  
Mexico, C.P. 99000  
*Nombre y Dirección del Importador:*
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
097300	mare	60months	601344	gelding	120months
097327	gelding	144months	097330	gelding	180months
602048	mare	144months	097284	mare	180months
602080	gelding	120months	097336	mare	96months
601181	mare	120months	097339	mare	6months
097283	mare	36months	097341	mare	60months
097333	mare	96months	097289	mare	120months
269498	gelding	120months	970506	mare	96months

Mexico, Slaughter horse HC



Health Certificate No. 711-16735  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
270345	gelding	60months	961157	mare	120months
952794	mare	36months	097310	gelding	36months
603175	mare	144months	588037	gelding	60months
603330	gelding	24months	603181	gelding	48months
604185	mare	36months	960503	mare	120months
603447	mare	120months	603638	mare	60months
603647	gelding	96months			

Total: 29hd

#### CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

*Los animales son originarios de Estados Unidos.*

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.

*A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.*

Inspection date / Fecha de inspección December 23, 2010

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.

*Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.*

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.

*Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.*

Mexico, Slaughter horse HC



(Delete as appropriate / *Remueva lo que no aplique*)

5. [The animals are free of ectoparasite and originated from areas not under quarantine for *Boophilus* pp ticks.]

[*Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.*]

GRANT WEASE DVM  
USDA, APHIS, VETERINARY SVCS.  
EL PASO, TEXAS

Chris Larson, D.V.M.

Name of Accredited Veterinarian  
*Nombre del Médico Veterinario  
Acreditado*

Name of Endorsing Federal Veterinarian  
*Nombre del Médico Veterinario  
Federal que endosa.*

(b)(6)

(b)(6)

Signature of Accredited Veterinarian and Date  
*Firma del Médico Veterinario Acreditado  
y Fecha*

Signature of Endorsing Federal veterinarian  
and Date  
*Firma del Médico Veterinario que endosa  
y Fecha*

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) (*Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal*).

Mexico, Slaughter horse HC

AFFIDAVIT  
DECLARACIÓN JURADA

I (print (b)(6) Beltex Corporation) declare that the horses included in this shipment and accompanied by the health certificate number T11-16735 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número T11-16735 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

1. *Aristolochia spp* and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.

*Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.*

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.

*Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.*

3. The following thirosthatatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.

*Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.*

Date and signature of the exporter  
*Fecha y firma del exportador*

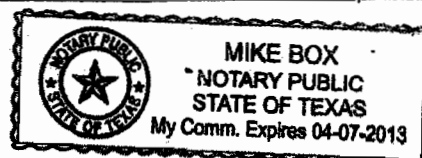
(b)(6)

12/27/10

Date and signature of the Notary Public  
*Fecha y firma del Notario Público*

(b)(6)

12/27/10



OWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM  
APPROVED  
OMB NO.  
0579-0160

711-16735

1 AM

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

(b)(6)

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME

CONSIGNEE (RECEIVER/DESTINATION) NAME

STREET ADDRESS

STREET ADDRESS

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

AREA CODE &amp; TELEPHONE NO.

AREA CODE &amp; TELEPHONE NO.

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

☒ Pregnant mares are not likely to foal (give birth) during the trip.☒ Horses are able to bear weight on all 4 limbs.☒ Foals are older than 6 months of age.☒ Horses are not blind in both eyes.☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	W624	5455					✓						✓	✓			RT 24x	097300
2		5456					✓						✓			✓		601344
3		5457					✓						✓			✓		097327
4		5458					✓						✓			✓		097330
5		5459						BRN					✓	✓				602048
6		5460						DUN					✓	✓				097284
7		5461					✓						✓			✓		602080
8		5462						PAL					✓	✓				097336
9		5463	✓										✓	✓				601181
10		5464					✓						✓	✓				097339
11		5465						DUN					✓	✓				097283
12		5466	✓										✓	✓				097341
13		5467						PAL					✓	✓				097333
14		5469					✓						✓	✓				097289
15	W624	5571					✓						✓			✓	RT 24x	269498

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE

(b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

## CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME

OWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY.  
(CONTINUATION SHEET)  
(Please type or print in ink)

are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM  
APPROVED  
OMB NO.  
0579-0160

T11-16735

	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	US6W	5573				✓							✓	✓				AT tag	970506
17		5574					BRN						✓			✓			270345
18		5575				✓							✓	✓					961157
19		5577					DUN						✓	✓					952794
20		5578	✓										✓			✓			097310
21		5579	✓										✓	✓					603175
22		5580					DUN						✓			✓			588037
23		5582					✓						✓			✓			603330
24		5584						PRAN					✓			✓			603181
25		5585						APP					✓	✓					604185
26		5587	✓										✓	✓					960503
27		5588					✓						✓	✓					603447
28		5589					✓						✓	✓					603638
29	US6W	5591				✓							✓			✓		AT tag	603647
30																			
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FO  
(SEP 2002)

Government Printing Office: 2004-616-624/99766

PAGE 2 OF 2





Health Certificate No. 711-16736  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED  
FROM THE UNITED STATES OF AMERICA TO MEXICO  
CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA  
SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

**Note:** Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

**Nota:** México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.

1. Name and Address of Exporter: Beltex Corporation  
3801 N Grove  
*Nombre y Dirección del Exportador:* Fort Worth, Texas 76106
2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV  
Avenida Plateros #480, Zona Centro  
*Nombre y Dirección del Importador:* Fresnillo, Zacatecas  
Mexico, C.P. 99000
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
243742	gelding	144months	273768	gelding	120months
605114	mare	144months	961527	gelding	156months
604037	gelding	144months	605128	mare	120months
256972	gelding	144months	956435	mare	96months
975920	gelding	120months	148456	mare	96months
312409	mare	120months	969789	mare	96months
603917	gelding	120months	238434	gelding	120months
148455	gelding	120months	962811	gelding	120months

Mexico, Slaughter horse HC



Health Certificate No. 711-16736  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
967660	mare	36months	260494	gelding	144months
256396	mare	96months	148446	mare	144months
605126	mare	120months	604556	mare	60months
939978	mare	120months	284010	mare	24months
964796	mare	120months	267215	mare	144months
944179	mare	144months	604575	mare	96months
604582	mare	60months	603247	mare	96months
603264	mare	144months	558783	gelding	144months
968476	gelding	120months	265591	mare	36months
603648	gelding	36months			
Total: 35hd					

Mexico, Slaughter horse HC



Health Certificate No. 711-16734  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada

### CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

*Los animales son originarios de Estados Unidos.*

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.

*A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.*

Inspection date / Fecha de inspección December 23, 2010

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.

*Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.*

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.

*Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.*

Mexico, Slaughter horse HC



Health Certificate No. 711-16734  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

(Delete as appropriate / *Remueva lo que no aplique*)

5. [The animals are free of ectoparasite and originated from areas not under quarantine for *Boophilus* spp ticks.]

[Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas *Boophilus* spp.]

GRANT WEASE DVM  
USDA, APHIS, VETERINARY SVCS.  
EL PASO, TEXAS

Chris Larson, D.V.M.  
Name of Accredited Veterinarian  
*Nombre del Médico Veterinario*  
*Acreditado*

\_\_\_\_\_  
Name of Endorsing Federal Veterinarian  
*Nombre del Médico Veterinario*  
*Federal que endosa*

(b)(6)

12-23-10

Signature of Accredited Veterinarian and Date  
*Firma del Médico Veterinario Acreditado*  
*y Fecha*

(b)(6)

12/29/10

\_\_\_\_\_  
Signature of Endorsing Federal Veterinarian  
and Date  
*Firma del Médico Veterinario que endosa*  
*y Fecha*

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) (*Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal*).

Mexico, Slaughter house HC

**AFFIDAVIT  
DECLARACIÓN JURADA**

I (print (b)(6) Beltex Corporation declare that the horses included in this shipment and accompanied by the health certificate number 711-16736 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número 711-16736, no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

1. *Aristolochia spp* and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.

*Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.*

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.

*Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.*

3. The following thirosthaties were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.

*Que no fueron empleados los siguientes tirostáticos: tiouracilo, metihuracilo, feniltiuracilo y propiltiuracilo.*

Date and signature of the exporter  
*Fecha y firma del exportador*

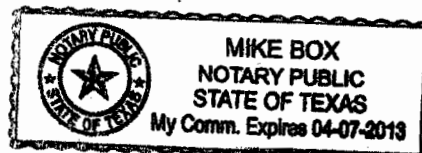
(b)(6)

12/27/10

Date and signature of the Notary Public  
*Fecha y firma del Notario Público*

(b)(6)

12/27/10



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

T11-16736

TIME HORSES LOADED ON CONVEYANCE

DATE

2:30 11-28-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

NAME OF AUCTION/MARKET

CONSIGNEE (RECEIVER/DESTINATION) NAME

STREET ADDRESS

CITY, STATE, ZIP CODE

AREA CODE &amp; TELEPHONE NO.

STREET ADDRESS

CITY, STATE, ZIP CODE

AREA CODE &amp; TELEPHONE NO.

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

☒ Pregnant mares are not likely to foal (give birth) during the trip.☒ Horses are able to bear weight on all 4 limbs.☒ Foals are older than 6 months of age.☒ Horses are not blind in both eyes.☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	US6N	5685				✓							✓			✓	243742	
2		5686			✓								✓			✓	273768	
3		5687	✓										✓	✓			605114	
4		5688			✓								✓			✓	961527	
5		5689						DUN					✓			✓	604037	
6		5690	✓										✓	✓			605128	
7		5691	✓										✓			✓	256372	
8		5692						PAL					✓	✓			956435	
9		5693					✓						✓			✓	975920	
10		5694						PBAN					✓	✓			148456	
11		5695					✓						✓	✓			312409	
12		5696	✓										✓	✓			969789	
13		5697					✓						✓			✓	603917	
14		5699	✓										✓			✓	238434	
15	US6N	5701		✓									✓			✓	148455	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE

(b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME

VS FOR

Previous editions are obsolete

PART 4 INSPECTOR

PAGE 1 OF 2

**OWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY  
(CONTINUATION SHEET)**  
(Please type or print in ink)

are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM  
APPROVED  
OMB NO.  
0579-0160

T11-16736

	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	WGN	5703						Roan					✓			✓	Art	962811
17		5704	✓										✓	✓				967660
18		5705						Dun					✓			✓		260494
19		5706				✓							✓	✓				256396
20		5707					✓						✓	✓				148446
21		5709				✓							✓	✓				605126
22		5592					✓						✓	✓				604556
23		5594						Roan					✓	✓				939978
24		5595						Buck					✓	✓				284010
25		5596					✓						✓	✓				964796
26		5597					✓						✓	✓				267215
27		5598					✓						✓	✓				944179
28		5601				✓							✓	✓				604575
29		5602				✓							✓	✓				604582
30		5603			✓								✓	✓				603247
31		5604	✓										✓	✓				603264
32		5605						PAL					✓			✓		558783
33		5606						PAL					✓			✓		968476
34		5607			✓								✓	✓				265591
35	WGN	5608						PAL					✓			✓	Art	603648
36																		
37																		
38																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

SUP  
2056026 EWS



UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICES  
STATEMENT OF SERVICES

Originating Office Phone

512-383-2411

Beltex Corporation

Po Box 427

Whiteface

TX 79379

Control Number: 4801B4567

Office Id: 974801

Service Date(s)

Begin: 29-DEC-10

End: 29-DEC-10

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	1759748177 0250	52.00	4.00	208.00

Total Due \$ 208.00

Remarks: Health Certificate # T1116733, 6734, 6735, 6736

Payment Information

Nfc Id  
751522503VA

Date	Amount	Payment Type	Account/Check #
01-FEB-11	\$ 208.00	Credit Acct	

Attention: Customers with government credit accounts - A consolidated monthly bill will be issued by the USDA, APHIS (signature accepting payment terms is on file). Upon receipt of the monthly bill, mail your payment to: USDA/APHIS, P.O. Box 979039 St. Louis, MO 63197-9000.

Notice to Payer: If payment of this Statement of Service is something other than cash or a US postal Money Order, the Statement of Service will not be considered paid in full until such tender has been cleared. If you have any questions, please contact the originating office listed above.



Health Certificate No. **711-16730**  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED  
 FROM THE UNITED STATES OF AMERICA TO MEXICO  
 CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA  
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

**Note:** Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

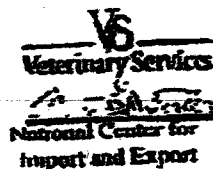
**Nota:** México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.

1. Name and Address of Exporter: Beltex Corporation  
 Nombre y Dirección del Exportador: 3801 N Grove  
 Fort Worth, Texas 76106
2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV  
 Nombre y Dirección del Importador: Avenida Plateros #480, Zona Centro  
 Fresnillo, Zacatecas  
 Mexico, C.P. 99000
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
605481	mare	144months	296181	mare	24months
603317	gelding	96months	967367	mare	120months
604223	mare	48months	970967	mare	120months
961762	gelding	96months	603673	mare	96months
148445	mare	60months	277213	mare	120months
246725	mare	24months	688906	mare	96months
605484	mare	60months	605373	gelding	180months
245177	mare	60months	605163	gelding	96months

Mexico, Slaughter horse HC

4801B4566



Health Certificate No. 711-16730  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

Microchip number / Número de microchip	Sex / Sexo	Approximate age / Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age / Edad aproximada
603918	mare	144months	940858	mare	120months
961072	mare	120months	097311	gelding	144months
603913	mare	96months	603920	gelding	144months
603906	mare	120months	239057	gelding	144months
950972	gelding	96months	245432	gelding	96months
238383	gelding	120months	970018	mare	96months
938891	mare	96months	240693	gelding	120months
603905	gelding	120months	311886	gelding	120months
603914	gelding	96months	253294	mare	144months
603607	gelding	120months			
Total: 35hd					

Mexico, Slaughter house HC



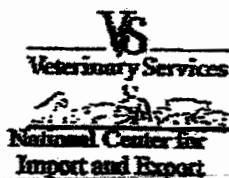
Health Certificate No. 711-16730  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada

CERTIFICATION STATEMENTS / CERTIFICACIONES

- Horses originate from the United States.  
*Los animales son originarios de Estados Unidos.*
- Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.  
*A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.*  
Inspection date / Fecha de inspección December 23, 2010
- Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.  
*Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.*
- During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.  
*Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.*

Mexico, Slaughter horse HC



Health Certificate No. 711-16730  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

(Delete as appropriate *[Remueva lo que no aplique]*)

5. [The animals are free of ectoparasite and originated from areas not under quarantine for *Boophilus* spp ticks.]

*[Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.]*

GRANT WEASE DVM  
USDA, APHIS, VETERINARY SVCS.  
EL PASO, TEXAS

Chris Larson, D.V.M.  
Name of Accredited Veterinarian  
*Nombre del Médico Veterinario  
Acreditado*

Name of Endorsing Federal Veterinarian  
*Nombre del Médico Veterinario  
Federal que endosa*

(b)(6)

12-23-10

Signature of Accredited Veterinarian and Date  
*Firma del Médico Veterinario Acreditado  
y Fecha*

(b)(6)

12/27/10

Signature of Endorsing Federal Veterinarian  
and Date  
*Firma del Médico Veterinario que endosa  
y Fecha*

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) *(Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal).*

Mexico, Slaughter horse HC

**AFFIDAVIT  
DECLARACIÓN JURADA**

I (print) (b)(6) *Delta Corporation* declare that the horses included in this shipment and accompanied by the health certificate number *T11-16730* have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número T11-16730, no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

1. *Aristolochia spp* and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.

*Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.*

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.

*Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.*

3. The following thirosthaties were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.

*Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.*

Date and signature of the exporter  
*Fecha y firma del exportador*

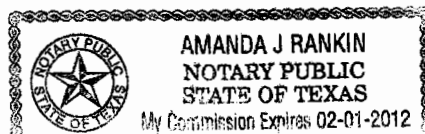
(b)(6)

*12/26/10*

Date and signature of the Notary Public  
*Fecha y firma del Notario Público*

(b)(6)

*12/26/10*





**OWNER/SHIPPER CERTIFICATE**  
**FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**  
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM  
APPROVED  
OMB NO.  
0579-0160

711-16730

TE

2-27-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

NAME OF AUCTION/MARKET

CONSIGNEE (RECEIVER/DESTINATION) NAME

STREET ADDRESS

CITY, STATE, ZIP CODE

AREA CODE & TELEPHONE NO.

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME

STREET ADDRESS

CITY, STATE, ZIP CODE

AREA CODE & TELEPHONE NO.

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

☒ Pregnant mares are not likely to foal (give birth) during the trip.

☒ Foals are older than 6 months of age.

☒ Horses are able to bear weight on all 4 limbs.

☒ Horses are not blind in both eyes.

☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Including conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	KS64	5551	✓										✓✓				ADP	605481
2		5553						PEAN					✓✓					296181
3		5554					✓						✓			✓		603317
4		5555						DMN					✓✓					967367
5		5556	✓										✓✓					604213
6		5557	✓										✓✓					970967
7		5559				✓							✓			✓		961762
8		5560					✓						✓✓					603673
9		5561					✓						✓✓					148445
10		5562					✓						✓✓					277213
11		5563				✓							✓✓					246725
12		5566						BRN					✓✓					688906
13		5567					✓						✓✓					605484
14		5568					✓						✓			✓		605373
15	KS64	5567	✓										✓✓				ADP	245177

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE

(b)(6)

I HEREBY AUTHORIZE THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME



**OWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY  
(CONTINUATION SHEET)**  
(Please type or print in ink)

	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	USN	5628	✓										✓			✓	OT Sig	605163
17		5629	✓										✓	✓				603918
18		5630	✓										✓	✓				940858
19		5631					✓						✓	✓				961072
20		5632						Red					✓			✓		097131
21		5633					✓						✓	✓				603913
22		5634	✓										✓			✓		603920
23		5635					✓						✓	✓				603906
24		5636					✓						✓			✓		239057
25		5637					✓						✓			✓		950972
26		5638	✓										✓			✓		245432
27		5639				✓							✓			✓		238383
28		5640					✓						✓	✓				970018
29		5641					✓						✓	✓				938891
30		5642				✓							✓			✓		240893
31		5643						DUN					✓			✓		603905
32		5645	✓										✓			✓		311886
33		5647	✓										✓			✓		603914
34		5648					✓						✓	✓				253394
35	USN	5649	✓										✓			✓	OT Sig	603608
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)



Health Certificate No. 711-16731  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED  
FROM THE UNITED STATES OF AMERICA TO MEXICO  
CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA  
SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

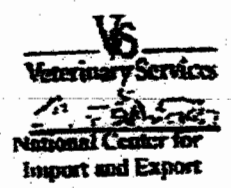
**Note:** Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

**Nota:** México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.

1. Name and Address of Exporter: Beltex Corporation  
Nombre y Dirección del Exportador: 3801 N Grove  
Fort Worth, Texas 76106
2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV  
Nombre y Dirección del Importador: Avenida Plateros #480, Zona Centro  
Fresnillo, Zacatecas  
Mexico, C.P. 99000
3. Identification of the animals to be exported / Identificación de los animales a ser exportados.

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
246541	mare	144months	961523	gelding	72months
605159	mare	180months	296444	gelding	96months
935725	mare	180months	970823	mare	120months
962325	mare	144months	260074	gelding	96months
237895	mare	72months	605170	mare	120months
603933	gelding	120months	604039	gelding	144months
971124	mare	48months	603922	mare	144months
148426	mare	120months	603929	mare	96months

Mexico, Slaughter horse HC



Health Certificate No. 711-16731  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

Microchip number / Número de microchip	Sex / Sexo	Approximate age / Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age / Edad aproximada
148432	mare	144months	604040	gelding	180months
605045	mare	36months	965941	mare	120months
603907	mare	48months	257888	mare	60months
603608	mare	120months	603926	mare	144months
960820	mare	96months	263898	mare	120months
603909	mare	96months	148425	gelding	144months
241476	mare	96months	262178	mare	24months
603911	mare	120months	240487	mare	96months
243685	mare	144months	237518	mare	96months
968905	gelding	120months			
Total: 35hd					

Mexico, Slaughter house HC



Health Certificate No. 711-16731  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada

#### CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

*Los animales son originarios de Estados Unidos.*

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.

*A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.*

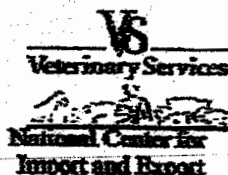
Inspection date / Fecha de inspección December 23, 2010

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.

*Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.*

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.

*Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.*



Health Certificate No. 711-16731  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

(Delete as appropriate / *Remueva lo que no aplique*)

5. [The animals are free of ectoparasite and originated from areas not under quarantine for *Boophilus* spp ticks.]

[*Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.*]

GRANT WEASE DVM  
 USDA, APHIS, VETERINARY SVCS.  
 EL PASO, TEXAS

Chris Larson, D.V.M.  
 Name of Accredited Veterinarian  
 Nombre del Médico Veterinario  
 Acreditado

Name of Endorsing Federal Veterinarian  
 Nombre del Médico Veterinario  
 Federal que endosa

35

(b)(6)

12-23-10

Signature of Accredited Veterinarian and Date  
 Firma del Médico Veterinario Acreditado  
 y Fecha

(b)(6)

12/27/10

Signature of Endorsing Federal Veterinarian  
 and Date  
 Firma del Médico Veterinario que endosa  
 y Fecha

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) (*Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal.*)

Mexico, Slaughter house HC



**AFFIDAVIT  
DECLARACIÓN JURADA**

I (print) (b)(6) *De An Corporation* declare that the horses included in this shipment and accompanied by the health certificate number *711-16731* have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número 711-16731 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

1. *Aristolochia spp* and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.

*Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.*

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.

*Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.*

3. The following thirosthatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.

*Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.*

Date and signature of the exporter  
*Fecha y firma del exportador*

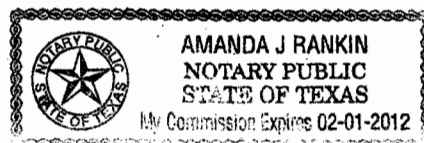
(b)(6)

*12/26/10*

Date and signature of the Notary Public  
*Fecha y firma del Notario Público*

(b)(6)

*C. 12/26/10*



**OWNER/SHIPPER CERTIFICATE**  
**FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**  
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM  
APPROVED  
OMB NO.  
0579-0160  
711-16731

TIME HORSES LOADED ON CONVEYANCE  
1:30 (32)

DATE  
12-27-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE  
Morton Texas

(b)(6)

NAME OF AUCTION/MARKET  
TDA Pens

STREET ADDRESS

STREET ADDRESS

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

AREA CODE & TELEPHONE NO.

AREA CODE & TELEPHONE NO.

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☒ Pregnant mares are not likely to foal (give birth) during the trip.  
☒ 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	USG	5650						BRN									ART 246541	
2		5651		✓												✓		961523
3		5652					✓							✓	✓			605159
4		5653		✓										✓		✓		296444
5		5654					✓							✓	✓			935725
6		5655				✓								✓	✓			970823
7		5656						PAL						✓	✓			962325
8		5657			✓									✓		✓		260074
9		5658						APP						✓	✓			237895
10		5659		✓										✓	✓			605170
11		5660					✓							✓		✓		603933
12		5661		✓										✓		✓		604039
13		5662						PAL						✓	✓			971124
14		5663		✓										✓	✓			603922
15	USG	5664					✓							✓	✓		ART 148426	

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE

(b)(6)

I HEREBY AUTHORIZE THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME



According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM  
APPROVED  
OMB NO.  
0579-0160

711-16731

**OWNER/SHIPPER CERTIFICATE**  
**FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**  
**(CONTINUATION SHEET)**  
(Please type or print in ink)

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USAH	5665	V										V	V			A 214	603929
17		5666		V									V	V				148432
18		5667			V								V			V		604040
19		5668					V						V	V				605045
20		5669	V										V	V				965941
21		5670					V						V	V				603907
22		5671						PAL					V	V				257888
23		5672			V								V	V				603608
24		5673						PBAN					V	V				603926
25		5674					V						V	V				960820
26		5675						APP					V	V				263898
27		5676					V						V	V				603909
28		5677	V										V			V		148425
29		5678					V						V	V				241476
30		5679					V						V	V				262178
31		5680					V						V	V				603911
32		5681						PBAN					V	V				240487
33		5682	V										V	V				243685
34		5683					V						V	V				237518
35	USAH	5684				V							V			V	A 214	968905
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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).

SIG (b)(6) that the information contained in this form is true and correct to the best of my knowledge.)

VS  
(SEP 2002)



Health Certificate No. **711-16732**  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED  
 FROM THE UNITED STATES OF AMERICA TO MEXICO  
 CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA  
 SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

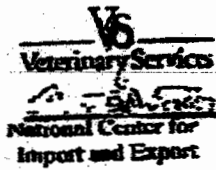
**Note:** Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

**Nota:** México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.

1. Name and Address of Exporter:  
*Nombre y Dirección del Exportador:* Beltex Corporation  
 3801 N Grove  
 Fort Worth, Texas 76106
2. Name and Address of Importer:  
*Nombre y Dirección del Importador:* Empacadora de Carnes de Fresnillo, SA de CV  
 Avenida Plateros #480, Zona Centro  
 Fresnillo, Zacatecas  
 Mexico, C.P. 99000
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/Edad aproximada
917690	mare	60months	971272	mare	120months
962862	gelding	144months	978467	mare	180months
603816	mare	36months	247790	mare	120months
603316	mare	144months	964778	gelding	120months
287863	gelding	36months	603334	gelding	24months
256855	mare	96months	604191	gelding	24months
290694	mare	120months	266001	gelding	36months
605815	mare	60months	777664	mare	24months

Mexico, Slaughter horse HC



Health Certificate No. 711-16732  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

Microchip number / Número de microchip	Sex / Sexo	Approximate age / Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age / Edad aproximada
973136	gelding	96months	242467	gelding	60months
936973	mare	24months	603666	gelding	48months
952202	gelding	96months	940044	mare	120months
286714	mare	36months	968363	mare	36months
281492	mare	36months	603184	mare	24months
949755	mare	120months	288906	mare	24months
940956	mare	96months	603204	gelding	144months
951014	mare	120months	051540	gelding	24months
944483	mare	96months	248120	gelding	36months
603198	mare	144months			
Total: 35hd					

Mexico, Slaughter horse HC



Health Certificate No. 711-16732  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada

### CERTIFICATION STATEMENTS / CERTIFICACIONES

1. Horses originate from the United States.

*Los animales son originarios de Estados Unidos.*

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.

*A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.*

Inspection date / Fecha de inspección December 23, 2010

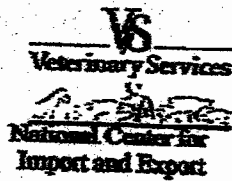
3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.

*Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.*

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.

*Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.*

Mexico, Slaughter horse HC



Health Certificate No. 711-16732  
 (Valid only if the USDA Veterinary Seal  
 Appears over the Certificate Number)

(Delete as appropriate / Remueva lo que no aplique)

5. [The animals are free of ectoparasite and originated from areas not under quarantine for *Boophilus* spp. ticks.]

[Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas *Boophilus* spp.]

GRANT WEASE DVM  
 USDA, APHIS, VETERINARY SVCS.  
 EL PASO, TEXAS

Chris Larson, D.V.M.

Name of Accredited Veterinarian  
 Nombre del Médico Veterinario  
 Acreditado

Name of Endorsing Federal Veterinarian  
 Nombre del Médico Veterinario  
 Federal que endosa

(b)(6)

12-23-10  
 Signature and Date

Firma del Médico Veterinario Acreditado  
 y Fecha

(b)(6)

and Date  
 Firma del Médico Veterinario que endosa  
 y Fecha

12/27/10  
 Signature

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) (Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal).

Mexico, Slaughter horse HC



**AFFIDAVIT  
DECLARACIÓN JURADA**

I (print) (b)(6) De Heras Ingrida declare that the horses included in this shipment and accompanied by the health certificate number 711-16732 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número 711-16732 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

1. *Aristolochia spp* and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.

*Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.*

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.

*Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.*

3. The following thirosthatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.

*Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.*

Date and signature of the exporter  
*Fecha y firma del exportador*

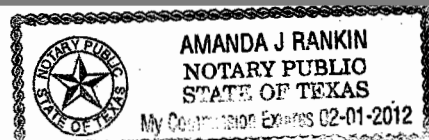
(b)(6)

12/26/10

Date and signature of the Notary Public  
*Fecha y firma del Notario Público*

(b)(6)

12/26/10



According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM  
APPROVED  
OMB NO.  
0579-0160

711-16732

**OWNER/SHIPPER CERTIFICATE**  
**FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**  
(Please type or print in ink)

1 Am  
TIME HORSES LOADED ON CONVEYANCE  
34  
DATE  
12/26/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE  
Morton Texas

NAME OF AUCTION/MARKET

CONSIGNEE (RECEIVER/DESTINATION) NAME  
TDA Rem

STREET ADDRESS  
2180 C.R. 120

STREET ADDRESS  
10800 Soldero Rd.

CITY, STATE, ZIP CODE  
Morton TX

CITY, STATE, ZIP CODE  
El Paso, Texas

AREA CODE & TELEPHONE NO.  
(806) 525-4221

AREA CODE & TELEPHONE NO.  
(915) 859-3942

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☒ Pregnant mares are not likely to foal (give birth) during the trip.  
☒ Foals are older than 6 months of age.  
☒ Horses are able to bear weight on all 4 limbs.  
☒ Horses are not blind in both eyes.  
☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USG-4	5512		V									V	V			APR	917690
2		5514	V										V	V				971272
3		5515						BRN					V			V		962862
4		5516	V										V	V				978467
5		5517	V										V	V				603816
6		5518						APP					V	V				247790
7		5519				V							V	V				603316
8		5520						QUN				V				V		964718
9		5521			V								V			V		281863
10		5522			V								V			V		603334
11		5523	V										V	V				256855
12		5524				V							V			V		604191
13		5525				V							V	V				290694
14		5526				V							V			V		266001
15	USG-4	5528				V							V	V			APR	605815

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE

(b)(6)

I HEREBY AU... THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME



**OWNER/SHIPPER CERTIFICATE**  
**FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**  
**(CONTINUATION SHEET)**  
(Please type or print in ink)

711-16722

	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	VS64	5529				✓							✓	✓				APR 77 7664	
17		5531	✓										✓			✓		973136	
18		5532					✓						✓			✓		242467	
19		5533					✓						✓	✓				936973	
20		5534					✓						✓			✓		603666	
21		5535						DUN					✓			✓		952202	
22		5536						BRN					✓	✓				940044	
23		5537					✓						✓	✓				286714	
24		5538					✓						✓	✓				968363	
25		5539					✓						✓	✓				281492	
26		5540					✓						✓	✓				603184	
27		5541				✓							✓	✓				949755	
28		5542						DUN					✓	✓				288906	
29		5543						DUN					✓	✓				940956	
30		5544					✓						✓			✓		603204	
31		5545	✓										✓	✓				951014	
32		5546					✓						✓			✓		051540	
33		5547					✓						✓	✓				944483	
34		5548				✓							✓			✓		248120	
35	VS64	5549	✓										✓	✓			APR 77 7664	603198	
36																			
37																			
38																			
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44																			
45																			

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICES  
STATEMENT OF SERVICES

Originating Office Phone

512-383-2411

Beltex Corporation

Po Box 427

Whiteface

TX 79379

Control Number: 4801B4566

Office Id: 974801

Service Date(s)

Begin: 27-DEC-10

End: 27-DEC-10

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	1759748177 0250	52.00	3.00	156.00

Total Due \$ 156.00

Remarks: Health Certificate # T1116730, 6731, 6732

Payment Information

Nfc Id  
751522503VA

Date	Amount	Payment Type	Account/Check #
01-FEB-11	\$ 156.00	Credit Acct	

Attention: Customers with government credit accounts - A consolidated monthly bill will be issued by the USDA, APHIS (signature accepting payment terms is on file). Upon receipt of the monthly bill, mail your payment to: USDA/APHIS, P.O. Box 979039 St. Louis, MO 63197-9000.

Notice to Payer: If payment of this Statement of Service is something other than cash or a US postal Money Order, the Statement of Service will not be considered paid in full until such tender has been cleared. If you have any questions, please contact the originating office listed above.



Health Certificate No. T11-16855  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED  
FROM THE UNITED STATES OF AMERICA TO MEXICO  
CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA  
SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

**Note:** Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

*Nota: México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.*

1. Name and Address of Exporter: Beltex Corporation  
*Nombre y Dirección del Exportador:* 3801 N Grove  
Fort Worth, Texas 76106
2. Name and Address of Importer: Empacadora de Carnes de Fresnillo, SA de CV  
*Nombre y Dirección del Importador:* Avenida Plateros #480, Zona Centro  
Fresnillo, Zacatecas  
Mexico, C.P. 99000
3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
057608	mare	96months	093076	mare	144months
060090	gelding	84months	077131	mare	96months
056606	gelding	96months	077408	mare	84months
105271	mare	60months	105556	mare	96months
082153	mare	120months	035547	mare	108months
092724	mare	72months	055629	mare	96months
103630	mare	72months	094095	mare	48months
032507	mare	72months	089584	mare	60months

Mexico, Slaughter horse HC

4/15/11



Health Certificate No. T11-16855  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

Microchip number / <i>Número de microchip</i>	Sex/ <i>Sexo</i>	Approximate age/ <i>Edad aproximada</i>	Microchip Number / <i>Número de microchip</i>	Sex / <i>Sexo</i>	Approximate age/ <i>Edad aproximada</i>
075888	mare	72months	088795	mare	120months
053735	mare	84months	086779	mare	120months
041169	gelding	108months	086998	mare	120months
084703	gelding	24months	103223	gelding	36months
058935	mare	84months	058259	gelding	96months
057431	mare	96months	078362	mare	72months
280281	gelding	24months	280295	mare	24months

Total: 30hd

**CERTIFICATION STATEMENTS / CERTIFICACIONES**

1. Horses originate from the United States.

*Los animales son originarios de Estados Unidos.*

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.

*A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.*

Inspection date / *Fecha de inspección* April 14, 2011

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.

*Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.*

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.

*Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.*

Mexico, Slaughter horse HC



Health Certificate No. T11-16855  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

(Delete as appropriate /Remueva lo que no aplique)

5. [Within 5 days prior to export, the animals were dipped in coumaphos at 400 ppm. Spraying of the product is only authorized using a motor pump with coumaphos at 400 ppm.] [The animals were treated with ivermectin (NOM-019-ZOO-1994)]

[Los animales fueron tratados dentro de los 5 días previos al embarque con un baño de inmersión con coumaphos a concentración de 400 ppm. Solamente se autoriza el baño de aspersión cuando se utilice bomba de motor y se aplique una dosis de 400 ppm de coumaphos] [Los animales fueron tratados con ivermectina (NOM-019-ZOO-1994)]

Chris Larson, D.V.M.

Name of Accredited Veterinarian  
Nombre del Médico Veterinario  
Acreditado

Darrell L. Honey, DVM

Name of Endorsing Federal Veterinarian  
Nombre del Médico Veterinario  
Federal que endosa.

(b)(6)

4-14-11  
and Date

Firma del Médico Veterinario Acreditado  
y Fecha

(b)(6)

Signature of Endorsing Federal Veterinarian  
and Date  
Firma del Médico Veterinario que endosa  
y Fecha

4-15-11

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) (Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal).

**AFFIDAVIT  
DECLARACIÓN JURADA**

I (print) (b)(6) *Debra D. Dutton* declare that the horses included in this shipment and accompanied by the health certificate number \_\_\_\_\_ have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número \_\_\_\_\_ no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

1. *Aristolochia spp* and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.

*Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.*

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.

*Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.*

3. The following thirosthatatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.

*Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo.*

Date and signature of the exporter  
*Fecha y firma del exportador*

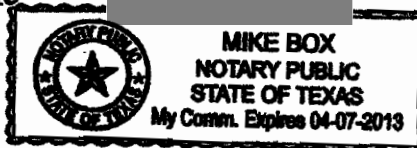
(b)(6)

*4/14/2011*

Date and signature of the Notary Public  
*Fecha y firma del Notario Público*

(b)(6)

*4/14/2011*



**OWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY**  
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM  
APPROVED  
OMB NO.  
0579-0160

TIME HORSES LOADED ON CONVEYANCE

9:26

DATE

4/14/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Morton Texas

NAME OF AUCTION/MARKET

(b)(6)

CONSIGNOR (OWNER/SHIPPER) NAME

Better feedlot

STREET ADDRESS

2180 CR 120

CITY, STATE, ZIP CODE

Morton Texas 79346

AREA CODE & TELEPHONE NO.

(806) 525-4221

CONSIGNEE (RECEIVER/DESTINATION) NAME

TDA Pens

STREET ADDRESS

205 Industrial Blvd

CITY, STATE, ZIP CODE

Eagle Pass Texas 78852

AREA CODE & TELEPHONE NO.

(830) 773-2359

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

☒ Pregnant mares are not likely to foal (give birth) during the trip.

☒ Horses are able to bear weight on all 4 limbs.

☒ Foals are older than 6 months of age.

☒ Horses are not blind in both eyes.

☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	055T	6569	✓										✓	✓			Art imp	057608
2		6570			✓								✓	✓			Art imp	093076
3		6571					✓						✓			✓	Art imp	060090
4		6572					✓						✓	✓			Art imp	077131
5		6573					✓						✓			✓	Art imp	056602
6		6574		✓									✓	✓			Art imp	077408
7		6575					✓						✓	✓			Art imp	105271
8		6576		✓									✓	✓			Art imp	105556
9		6577					✓						✓	✓			Art imp	082153
10		6578				✓							✓	✓			Art imp	035541
11		6579	✓										✓	✓			Art imp	092224
12		6580					✓						✓	✓			Art imp	055620
13		6581					✓						✓	✓			Art imp	103630
14		6582	✓										✓	✓			Art imp	094093
15	055T	6583				✓							✓	✓			Art imp	032501

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE

(b)(6)

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS FORM AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE U.S.D.A. IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME



OWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY  
(CONTINUATION SHEET)

(Please type or print in ink)

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	656	6584					✓					✓	✓				Aut. hip	100 089584
17		6585		✓								✓	✓					120 075888
18		6586					✓					✓	✓					120 088795
19		6587	✓									✓	✓					90 053735
20		6588					✓					✓	✓					120 086779
21		6589					✓	Pal				✓			✓			100 041169
22		6590					✓					✓	✓					120 086998
23		6591					✓					✓			✓			90 084703
24		6592	✓									✓			✓			90 103223
25		6593					✓					✓	✓					80 058935
26		6594				✓						✓			✓			90 058259
27		6595				✓						✓	✓					90 057431
28		6596					✓					✓	✓					120 078362
29		6792					✓					✓			✓			20 280281
30	656	6793					✓					✓	✓				Aut. hip	20 280295
31																		
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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: certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS

Load 15-21 Health Certificate # T11 - 16855

4/13/2011	Microchip	USDA	Color	Gender	Breed	Age	Pen
1	985170001057608	6569	Bay	Mare	xb	96	6
2	985170001093076	6570	Black	Mare	xb	144	6
3	985170001060090	6571	Sorrel	Gelding	xb	84	6
4	985170001077131	6572	Sorrel	Mare	xb	96	6
5	985170001056606	6573	Sorrel	Gelding	xb	96	6
6	985170001077408	6574	Grey	Mare	xb	84	6
7	985170001105271	6575	Sorrel	Mare	xb	60	6
8	985170001105556	6576	Grey	Mare	xb	96	6
9	985170001082153	6577	Sorrel	Mare	xb	120	6
10	985170001035547	6578	Paint	Mare	xb	108	6
11	985170001092724	6579	Bay	Mare	xb	72	6
12	985170001055629	6580	Sorrel	Mare	xb	96	6
13	985170001103630	6581	Sorrel	Mare	xb	72	6
14	985170001094095	6582	Bay	Mare	xb	48	6
15	985170001032507	6583	Paint	Mare	xb	72	6
16	985170001089584	6584	Sorrel	Mare	xb	60	6
17	985170001075888	6585	Grey	Mare	xb	72	6
18	985170001088795	6586	Sorrel	Mare	xb	120	6
19	985170001053735	6587	Bay	Mare	xb	84	6
20	985170001086779	6588	Sorrel	Mare	xb	120	6
21	985170001041169	6589	Palomino	Gelding	xb	108	6
22	985170001086998	6590	Sorrel	Mare	xb	120	6
23	985170001084703	6591	Sorrel	Gelding	xb	24	6
24	985170001103223	6592	Bay	Gelding	xb	36	6
25	985170001058935	6593	Sorrel	Mare	xb	84	6
26	985170001058259	6594	Paint	Gelding	xb	96	6
27	985170001057431	6595	Paint	Mare	xb	96	6
28	985170001078362	6596	Sorrel	Mare	xb	72	6
29	985154000280281	6792	Sorrel	Gelding	xb	24	6
30	985154000280295	6793	Sorrel	Mare	xb	24	6

B) The importer must present a signed affidavit stating that the horses have not received any medicine within 90 days of shipment.

The horses have not received any of the following medications:

1. Aristolochis, Cloranfenicol, Chlorpromazine, Colchicine, Depsone, Dimetridazole, Metronidazol, Nitrofurmos, including furazolidone, Ronidazol.
2. Growth promoters creciento, alipaterol, clenbuterol and raptopamina.
3. these should not be employed tirostaticos, tiuracilo, metiltiuracilo, fenituiuracilo and propitiuracilo.

C) As of the 1<sup>st</sup> day of December of 2009, enters into force the following provisions.

All animals delivered must be individually identified with a microchip, and must correspond listing the sex, race, age, color and brand (using the format of the USDA VS 10-13) and the declaration is for 180 days.

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICES  
STATEMENT OF SERVICES

Originating Office Phone

Control Number: 850110125

Office Id: 978501

Beltex Corporation  
3801 N. Grove  
Ft. Worth TX 76106

Service Date(s)  
Begin: 15-APR-11  
End: 15-APR-11

Reference NR:

Code	Description	APHIS USE ONLY	Unit Cost	# of Units	Total Dollars
		Accounting Code/BOC			
101	Slaughter Animals To Can Or Mx	1759785177 0250	52.00	1.00	52.00

Total Due \$ 52.00

Remarks: 1-HEALTH CERT.# T11-16855,30 HEAD HORSES (4/15/11)

Payment Information

Nfc Id  
751522503VA

Date	Amount	Payment Type	Account/Check #
15-APR-11	\$ 52.00	Credit Acct	

Attention: Customers with government credit accounts - A consolidated monthly bill will be issued by the USDA, APHIS (signature accepting payment terms is on file). Upon receipt of the monthly bill, mail your payment to: USDA/APHIS, P.O. Box 979039 St. Louis, MO 63197-9000.

Notice to Payer: If payment of this Statement of Service is something other than cash or a US postal Money Order, the Statement of Service will not be considered paid in full until such tender has been cleared. If you have any questions, please contact the originating office listed above.



Health Certificate No. T11-18266  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

Page 1 of 5

**INTERNATIONAL HEALTH CERTIFICATE FOR SLAUGHTER HORSES EXPORTED  
FROM THE UNITED STATES OF AMERICA TO MEXICO  
CERTIFICADO INTERNACIONAL ZOOSANITARIO PARA EXPORTAR CABALLOS PARA  
SACRIFICIO DE LOS ESTADOS UNIDOS A MEXICO**

**Note:** Mexico will only accept this shipment if VS Form 10-13 and affidavit for residue are completed and presented at the border with this Health Certificate (HC). VS Form 10-13 must have HC number written in the right upper corner. Mexico will not accept sexually intact males and monorchid animals.

*Nota:* México aceptará este envío de caballos solamente si la forma VS FORM 10-13 y la declaración jurada están completadas y se presentan en la frontera con este Certificado Zoosanitario (CZ). El número de este CZ debe estar escrito en la parte superior derecha de la forma VS FORM 10-13. México no aceptará machos sin castrar ni monorchídeos.

1. Name and Address of Exporter:

*Nombre y Dirección del Exportador:*

**McDaniel & Son**

**1572 CR 35020**

**Brookston, TX 75421**

2. Name and Address of Importer:

*Nombre y Dirección del Importador:*

**Carnicos de Jerez, S.A. de C.V.**

**Carratera Jerez Sanchez Roman KM 27.5**

**Jerez, Zacatecas, Mexico C.P. 99380**

3. Identification of the animals to be exported / *Identificación de los animales a ser exportados.*

Microchip number / Número de microchip	Sex/Sexo	Approximate age/Edad aproximada	Microchip Number / Número de microchip	Sex / Sexo	Approximate age/ Edad aproximada
USGV 8501 985170001012202	Mare	36 Months	USGV 8509 985170001004930	Gelding	48 Months
USGV 8502 985170000988204	Mare	24 Months	USGV 8510 985170001014808	Mare	72 Months
USGV 8503 985170000990310	Gelding	18 Months	USGV 8511 985170000993360	Mare	72 Months
USGV 8504 985170001012188	Gelding	36 Months	USGV 8512 985170000985942	Mare	108 Months
USGV 8505 981100002583372	Mare	72 Months	USGV 8513 985170000996588	Mare	72 Months
USGV 8506 985170000986124	Mare	108 Months	USGV 8514 985170000989137	Mare	84 Months
USGV 8507 985170001028814	Mare	72 Months	USGV 8515 985170001011660	Mare	84 Months
USGV 8508 985170001000617	Mare	72 Months	USGV 8516 985170001047703	Mare	60 Months

Mexico, Slaughter horse HC

4/15/11



Health Certificate No. **T11-18266**  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)  
Page 2 of 5

Microchip number / <i>Número de microchip</i>	Sex/Sexo	Approximate age/Edad <i>aproximada</i>	Microchip Number / <i>Número de microchip</i>	Sex / Sexo	Approximate age/ Edad <i>aproximada</i>
USGV 8517 985170000986156	Gelding	72 Months	USGV 8524 985170001008843	Gelding	84 Months
USGV 8518 985170001037418	Mare	108 Months	USGV 8525 985170000993164	Gelding	18 Months
USGV 8519 985170000986566	Mare	24 Months	USGV 8526 985170000995025	Mare	72 Months
USGV 8520 985170001009898	Mare	96 Months	USGV 8527 985170001012703	Mare	108 Months
USGV 8521 985170000992665	Mare	72 Months	USGV 8528 985170000992688	Mare	72 Months
USGV 8522 985170001014739	Mare	108 Months	USGV 8529 985170000991809	Gelding	108 Months
USGV 8523 985170001010724	Mare	72 Months	USGV 8530 985170000989040	Gelding	60 Months

**CERTIFICATION STATEMENTS / CERTIFICACIONES**

1. Horses originate from the United States.

*Los animales son originarios de Estados Unidos.*

2. Within 30 days prior to exportation, the animals were inspected by an accredited veterinarian who did not find clinical signs of contagious or infectious diseases.

*A la inspección efectuada por un veterinario oficial dentro de los 30 días previos a la exportación, los animales no presentaron signos de enfermedades infectocontagiosas.*

Inspection date / *Fecha de inspección* 4/13/11

3. Prior to shipment the vehicles used to transport the animals to the border were cleaned and disinfected.

*Los vehículos utilizados para el transporte de los animales a la frontera fueron sometidos a limpieza y desinfección antes del embarque.*

4. During 90 days prior to exportation, the animals have not been on premises where contagious equine metritis was diagnosed, neither have they been in contact with infected animals, nor epidemiologically related to infected premises or animals.

*Durante los 90 días previos a la exportación, los animales no han estado en explotaciones afectadas por la metritis equina contagiosa, ni han estado en contacto con animales afectados ni relacionados epidemiológicamente con instalaciones o animales infectados.*

**Mexico Slaughter Horses Health Certificate**  
**April 2, 2009**





Health Certificate No. T11-18266  
(Valid only if the USDA Veterinary Seal  
Appears over the Certificate Number)

Page 4 of 5

(Delete as appropriate / *Remueva lo que no aplique*)

5. [The animals are free of ectoparasite and originated from areas not under quarantine for *Boophilus* spp ticks.]

[*Los animales están libres de ectoparásitos y provienen de áreas no cuarentenadas por garrapatas Boophilus spp.*]

Name of Accredited Veterinarian

*Nombre del Médico Veterinario*

*Acreditado* Denise Fowler

Name of Endorsing Federal Veterinarian

*Nombre del Médico Veterinario*

*Federal que endosa* H.L. Vogt

(b)(6)

(b)(6)

3/11 15 APR 11

*Firma del Médico Veterinario Acreditado*  
*y Fecha*

Signature of Endorsing Federal Veterinarian  
and Date

*Firma del Médico Veterinario que endosa*  
*y Fecha*

(Valid only if the USDA Veterinary Seal appears over the signature of the Endorsing Federal Veterinarian.) (*Válido Solamente si el sello veterinario del USDA está sobre la firma del Médico Veterinario Federal*).

**AFFIDAVIT  
DECLARACIÓN JURADA**

Page 5 of 5

I (print) (b)(6) declare that the horses included in this shipment and accompanied by the health certificate number T11-18266 have not been fed to or treated within the last one hundred eighty (180) days prior to shipment with the following compounds, plants or drugs.

*Por este medio declaro que los caballos en este embarque, acompañados por el certificado sanitario número T11-18266 no han sido alimentados o tratados con ninguno de los siguientes compuestos, plantas o medicamentos durante los ciento ochenta días antes del embarque.*

1. *Aristolochia spp* and any other preparation derived of this plant, chloramphenicol, chloroform, chlorpromazine, colchicine, dapsone, dimetridazole, metronidazole, nitrofurans (including furazolidone), and ronidazole.

*Aristolochia spp y cualquier otra preparación derivada de esta planta, cloranfenicol, cloroformo, clorpromazina, colchicine, dapsona, demetridazole, metronidazol, nitrofurans (incluyendo furazolidona) y ronidazol.*

2. The following compounds were not used as growth promoters: zilpaterol, clenbuterol, raptopamine, and anabolic steroids.

*Los siguientes compuestos no se usaron como promotores del crecimiento: zilpaterol, clenbuterol, raptopamine, así como esteroides anabólicos.*

3. The following thirosthatics were not used: thiouracil, methyluracil phenylthiouracil and propylthiouracil.

*Que no fueron empleados los siguientes tirostáticos: tiouracilo, metiluracilo, feniltiuracilo y propiltiuracilo*

Date and signature of the exporter  
*Fecha y firma del exportador*

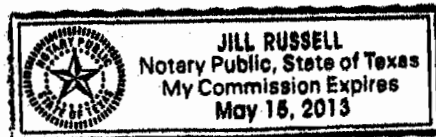
(b)(6)

4-12-2011

Date and signature of the Notary Public  
*Fecha y firma del Notario Público*

(b)(6)

4/12/11



OWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY  
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM  
APPROVED  
OMB NO.  
0579-0160

T11-18266

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

Brookston, Texas 75421

(b)(6)

NAME OF AUCTION/MARKET

N/A

CONSIGNOR (OWNER/SHIPPER) NAME

McDaniel & Son

CONSIGNEE (RECEIVER/DESTINATION) NAME

Carnicos de Jerez, S.A. de C.V.

STREET ADDRESS

1572 CR 35020

STREET ADDRESS

Carretera Jerez Sanchez Roman KM 27.5

CITY, STATE, ZIP CODE

Brookston, Texas 75421

CITY, STATE, ZIP CODE

Jerez, Zacatecas, Mexico, C.P. 99380

AREA CODE & TELEPHONE NO.

903-784-6862

AREA CODE & TELEPHONE NO.

011 52 81 81 58 1700

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

☒ Pregnant mares are not likely to foal (give birth) during the trip.

☒ Horses are able to bear weight on all 4 limbs.

☒ Foals are older than 6 months of age.

☒ Horses are not blind in both eyes.

☒ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc. Age	REMARKS Include existing conditions Chip #
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGV	8501						Dn		X				X			36	985170001012202
2	USGV	8502						Bs		X				X			24	985170000988204
3	USGV	8503	X							X						X	18	985170000990310
4	USGV	8504		X						X						X	36	985170001012188
5	USGV	8505						Sr		X				X			72	981100002583372
6	USGV	8506						Dn		X				X			108	985170000986124
7	USGV	8507						Pl		X				X			72	985170001028814
8	USGV	8508			X					X				X			72	985170001000617
9	USGV	8509	X									ML				X	48	985170001004930
10	USGV	8510						Wh		X				X			72	985170001014808
11	USGV	8511						Dn		X				X			72	985170000993360
12	USGV	8512						Pl		X				X			108	985170000985942
13	USGV	8513						Rn		X				X			72	985170000996588
14	USGV	8514						Sr		X				X			84	985170000989137
15	USGV	8515						Ap		X				X			84	985170001011660

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY PRIOR TO LOADING

SIGNATURE

(b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN  
FRONTERAS (DGIF)

EST.

DATE

TIME

OWNER/SHIPPER CERTIFICATE  
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY  
(CONTINUATION SHEET)  
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM  
APPROVED  
OMB NO.  
0579-0160  
T11-18266

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc. Age	REMARKS Include precondition chip #
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USVG	8516	x							x				x			60	985170001047703
17	USGV	8517						Sr					ML			x	72	985170000986156
18	USGV	8518						Sr		x				x			108	985170001037418
19	USGV	8519						Sr		x				x			24	985170000986566
20	USGV	8520						Ap		x				x			96	985170001009898
21	USGV	8521	x							x				x			72	985170000992885
22	USGV	8522						Bn		x				x			108	985170001014739
23	USGV	8523	x							x				x			72	985170001010724
24	USGV	8524						Bn					ML			x	84	985170001008843
25	USGV	8525						Pl		x						x	18	985170000993164
26	USGV	8526						Sr		x				x			72	985170000995025
27	USGV	8527						Sr		x				x			108	985170001012703
28	USGV	8528						Sr		x				x			72	985170000992688
29	USGV	8529	x							x						x	108	985170001011535
30	USGV	8530	x							x						x	60	985170000989040
31	USGV	8531	x							x						x	72	985170001046169
32	USGV	8532	x							x						x	60	985170001037347
33	USGV	8533						Sr		x						x	108	985170001000524
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.)

(b)(6)

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICES  
STATEMENT OF SERVICES

Originating Office Phone

210-719-0000

Control Number: 8101B0358

Office Id: 978101

Mc Daniel & Son

1572 Cr 35020

Brookton

TX 75421

Service Date(s)

Begin: 15-APR-11

End: 15-APR-11

Reference NR:

Code	Description	APHIS USE ONLY Accounting Code/BOC	Unit Cost	# of Units	Total Dollars
101	Slaughter Animals To Can Or Mx	1759781177 0250	52.00	1.00	52.00

Total Due \$ 52.00

Remarks: 17-140# T11-18266

Payment Information

Nfc Id  
999999999V

Date	Amount	Payment Type	Account/Check #
15-APR-11	\$ 52.00	Money Order	3192197742

Attention: Customers with government credit accounts - A consolidated monthly bill will be issued by the USDA, APHIS (signature accepting payment terms is on file). Upon receipt of the monthly bill, mail your payment to: USDA/APHIS, P.O. Box 979039 St. Louis, MO 63197-9000.

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