

RAINS NATURAL MEATS
23795 260TH STREET
GALLATIN, MO 64640

January 15, 2013

USDA FSIS OFO

(b) (7)(C)

Building B Suite 201
4700 S Thompson
Springdale, AR 72764

Dear Mr (b) (7)(C)

Thank you for your prompt response. Enclosed is a new application with only Equine listed.

We are already starting the change in our HACCP Plan to address drug residue in horses.

If there are any other changes in the application we need to make please call.

Thank you



David Rains
Manager
660 663 7101

U.S. DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE

Instructions: Submit this application to the District/Regional Office, Food Safety and Inspection Service, U.S. Department of Agriculture for import inspection requests. Complete all sections. If a section is not applicable, enter "N/A" or "None." If additional space is needed for any item, attach sheet and number the item.

APPLICATION FOR FEDERAL INSPECTION
(Meat, Poultry, Egg Product, Catfish and Import Inspection)

SECTION I.		ESTABLISHMENT INFORMATION	
1. Date of Application January 15, 2013		2. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Location <input checked="" type="checkbox"/> Application Extension	
3. Type of Inspection Required (Check box) <input type="checkbox"/> Meat <input type="checkbox"/> Poultry <input type="checkbox"/> Egg Product <input type="checkbox"/> Import <input checked="" type="checkbox"/> Equine		4. Form of Organization (Check box) <input type="checkbox"/> Individual <input type="checkbox"/> Cooperative Association <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> LLC	
5. If Corporation, Name of State Where Incorporated Missouri		6. Address of Corporate Headquarters 23795 260th Street Gallatin, MO 64640	7. Date Incorporated 4-5-90
8. Name of Applicant and Mailing Address (include zip code) Rains Natural Meats Div of Pro Show Enterprises, Inc 23795 260th Street Gallatin, MO 64640		9. Federal Employer ID# 43-1542872	11. Area Code and Telephone Number 660 663 3674
		10. Dun & Bradstreet # N/A	12. Firm's Code (Import Only) N/A
13. Actual Name of and Physical Address of Plant Rains Natural Meats 23795 260th Street Gallatin, MO 64640		14. Mailing Address if Different from Item 8 (include zip code) N/A	15. Area Code and Telephone Number 660 663 3674
16. Attach Limits or Establishment Premises to be under Federal Inspection (for egg plants attach blueprint) Est Premises on File for Plant #20575			
17. Name and Establishment Number of other official establishments located in the same facility Est 20575 P 20575		18. Doing Business As Rains Natural Meats	
19. Month and Year when establishment will be ready to operate under inspection January 2013		20. Comments Presently under voluntary Suspension	

SECTION II.		TYPE OF OPERATION	
MEAT AND POULTRY INSPECTION ACTIVITIES (Check all that apply.)			
21 A. Animals to be slaughtered when inspecting is inaugurated (meat and poultry only)			
a.. <input type="checkbox"/> Beef <input type="checkbox"/> Sheep <input type="checkbox"/> Goats <input type="checkbox"/> Swine <input checked="" type="checkbox"/> Equine <input type="checkbox"/> Chicken <input type="checkbox"/> Turkeys <input type="checkbox"/> Goose <input type="checkbox"/> Ducks <input type="checkbox"/> Guineas <input type="checkbox"/> Squab <input type="checkbox"/> Ratites			
b. <input checked="" type="checkbox"/> Raw - Ground (Non-Intact Products)			
c. <input checked="" type="checkbox"/> Raw - Not Ground (Intact Products)			
d. <input type="checkbox"/> Thermally Processed Commercially Sterile			
e. <input type="checkbox"/> Not Heat Treated - Shelf Stable			
f. <input type="checkbox"/> Heat Treated - Shelf Stable			
g. <input type="checkbox"/> Fully Cooked - Not Shelf Stable			
h. <input type="checkbox"/> Heat Treated but Not Fully Cooked - Not Shelf Stable			
i. <input type="checkbox"/> Product with Secondary Inhibitors - Not Shelf Stable			

SECTION III OWNERSHIP AND MANAGEMENT INFORMATION

24. List all persons responsibly connected with the applicant. Include all owners, partners, officers, directors, holders or owners of 10 per centum or more of voting stock and employees in a managerial or executive capacity in the business. Notify the Division Director or import Inspection Division Director of any changes in the listing given.

Name and Title (Title - Indicate if partner or manager)	Present Home Address (Street and Number, City, State, Zip Code)	HOLDER OF 10% OR MORE VOTING STOCK (If Corp.)	
		YES	NO
David Rains, Manager	(b) (6) MO 64640	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Steve Rains, Partner	(b) (6) MO 64640	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Don Rains, Partner	(b) (6) MO 64640	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

25. Enter the name of each person listed under Item 24 who has been convicted in any Federal or State court of any felony. Enter the name of each person listed under item 24 who has been convicted in any Federal or State court of more than one violation of any law, other than a felony, based upon the acquiring, handling, or distributing of unwholesome, mislabeled, or deceptively packaged food or upon fraud in connection with transactions in food. Include the nature of the crime, the date of conviction and the court in which convicted. If none write "None."

N/A

26. List each conviction against the applicant (person, firm or corporation) in any Federal or State court of any felony. List each conviction against the applicant (person, firm or corporation) in any Federal or State court of more than one violation of any law, other than a felony, based upon the acquiring, handling, or distributing of unwholesome, mislabeled, or deceptively packaged food or upon fraud in connection with transactions in food. Include the nature of the crime, the date of conviction and the court in which convicted. If none write "None."

N/A

27. Sanitation Standard Operating Procedures have been developed for the establishment in accordance with §416.12 of the regulations. (Check one)

YES NO

28. Applicant has been provided with a copy of this Privacy Act Notice. (Check one)

YES NO

29. Typed Name of Person Signing Application
David Rains

30. Signature
David Rains

31. Title
Manager

TO BE COMPLETED BY USDA, FSIS

32. Is this establishment presently under state inspection? (OFO only) YES NO

33. Is this establishment to be under Talmadge-Aiken Act? (OFO only) YES NO

34. Official Inspection Number Reserved
200575 P 20575

35. Signature of DM or IID Director

36. Date

EGG PRODUCTS INSPECTION N/A

21 B. Check the type of product intended for inspection at the establishment (Check all that apply)

- a. Shell Egg Breaking
- b. Thermally Processed (Pasteurized heat treated)
 - Cans/Pails Flexible Pouches Jars Cartons Bag-n-Box Totes Tankers Other
- c. Not Heat Treated - Unpasteurized egg product only
- d. Heat Treated - Shelf Stable (Dried egg product, 50% Sugar Yolk)
- e. Heat Treated But Not Fully Cooked - not shelf stable (liquid and frozen egg products)

IMPORT INSPECTION N/A

21 C. Species (Check all that apply)

- Meat Poultry Egg Products Catfish

22. Check the type of product intended for inspection at the establishment (Check all that apply)

- a. Raw - Non-Intact
 - Ground Other Non-Intact
- b. Raw - Intact
 - Carcasses: Beef Veal Veal Hide On Goats Pork Lamb
 - Mutton Equine Poultry Ratites
 - Other: Cuts Boneless Manufacturing Meats Other Intact
- c. Thermally Processed Commercially Sterile
 - Cans Flexible Pouches Trays Jars
- d. Not Heat Treated - Shelf Stable
- e. Heat Treated - Shelf Stable
- f. Fully Cooked - Not Shelf Stable
 - Frozen from an APHIS restricted country (9CFR 94.4(b)) Frozen Perishable
- g. Heat Treated But Not Fully Cooked - Not Shelf Stable
- h. Product with Secondary Inhibitors - Not Shelf Stable
- i. Shell Eggs/Egg Products
 - Shell Eggs Liquid Frozen Dried

23. Mode of Transportation - Import Inspection Only (Check all that apply)

- Tankers Rail Cars Trucks Ocean Vessel Airline Other (Specify) _____



United States
Department of
Agriculture

Food Safety
and Inspection
Service

Office of Field
Operations

Des Moines
District
Office

Neal Smith Federal building
210 Walnut Street
Room 985
Des Moines, IA 50309-2123
515-727-8960
Fax: 515-727-8991

TO: (b) (7)(C) FLS

December 26, 2012

(b) (7)(C)

FROM: (b) (7)(C)
Management Analyst

SUBJECT: Est. 45099, Responsible Transportation LLC, Sigourney, IA

Please be advised that Est. 45099 cannot begin its operations until a Conditional Grant of Inspection is issued. FSIS Form 5200-4, and the enclosed worksheet, need to be faxed, mailed, or emailed to the district office. Copies are enclosed for your use.

Please forward the enclosed worksheet to the IIC (or designated individual) to complete at some point before or during the walk-through. Please also indicate if the establishment is *Large*, *Small*, or *Very Small*.

Should you have any questions, please contact me.

Enclosures

cc:
Financial Processing Center, Des Moines, IA
DMDO Management Team



United States
Department of
Agriculture

Food Safety
and Inspection
Service

Office of Field
Operations

Des Moines
District
Office

Neal Smith Federal Building
210 Walnut Street
Room 985
Des Moines, IA 50309-2123
515-727-8960
Fax: 515-727-8991

December 26, 2012

Keaton Walker
President & CEO
Responsible Transportation LLC
22034 200th Street
Sigourney, IA 52591

Dear Mr. Walker:

Establishment number 45099 (EST 45099) has been reserved for your federal operations located at the above address. Your facility is not entitled to use this number until it receives a Conditional Grant of Inspection.

Please be advised that processing cannot start until horse slaughter is initiated in the United States or a foreign system is deemed equivalent. Horse meat cannot enter the United States for human consumption, including processing of the meat, until the slaughter issues are resolved.

Please continue to work with Frontline Supervisor Dr. (b) (7)(C) to make sure your establishment meets Federal requirements, and the Hazard Analysis and Critical Control Point (HACCP) and Sanitation Standard Operating Procedures (SSOP) plans, and any prerequisite programs that may be required, are completed.

Once the above issues are resolved, please contact Dr. (b) (7)(C) at (b) (7)(C) to schedule a "walk through." At that time, if Dr. (b) (7)(C) agrees that the requirements have been met, he will contact this office for issuance of the Conditional Grant.

If you need further assistance, do not hesitate to contact Dr. (b) (7)(C) or this office.

Sincerely,

Dawn Sprouls, D.V.M.
District Manager

cc:

(b) (7)(C) FLS

Financial Processing Center, Des Moines, IA
DMDO Management Team

FSIS:OFO:DMDO:DSprouls:ew:515-727-8960:12-26-12

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0583-0153. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

U.S. DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE

Instructions: Submit this application to the District/Regional Office, Food Safety and Inspection Service, U.S. Department of Agriculture for import inspection requests. Complete all sections. If a section is not applicable, enter "N/A" or "None." If additional space is needed for any item, attach sheet and number the item.

APPLICATION FOR FEDERAL INSPECTION
(Meat, Poultry, Egg Product, Catfish and Import Inspection)

SECTION I.		ESTABLISHMENT INFORMATION	
1. Date of Application 12-13-2012		2. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Location <input type="checkbox"/> Application Extension	
3. Type of Inspection Required (Check box) <input checked="" type="checkbox"/> Meat <input type="checkbox"/> Poultry <input type="checkbox"/> Egg Product <input type="checkbox"/> Import		4. Form of Organization (Check box) <input type="checkbox"/> Individual <input type="checkbox"/> Cooperative Association <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC	
5. If Corporation, Name of State Where Incorporated Iowa		6. Address of Corporate Headquarters 22034 200th Street, Sigourney, IA 52591	7. Date Incorporated 5/21/2010
8. Name of Applicant and Mailing Address (include zip code) Responsible Transporation LLC 22034 200th Street Sigourney, IA 52591		9. Federal Employer ID# 30-0621007	11. Area Code and Telephone Number (319) 804-9024
		10. Dun & Bradstreet # 962162397	12. Firm's Code (Import Only)
13. Actual Name of and Physical Address of Plant Responsible Transporation LLC 22034 200th Street Sigourney, IA 52591		14. Mailing Address if Different from Item 8 (include zip code) <i>same</i>	15. Area Code and Telephone Number (319) 804-9024
16. Attach Limits or Establishment Premises to be under Federal Inspection (for egg plants attach blueprint) Please find facility layout drawing attached			
17. Name and Establishment Number of other official establishments located in the same facility <i>None</i>		18. Doing Business As <i>None</i>	
19. Month and Year when establishment will be ready to operate under inspection March 2013		20. Comments Currently renovating facility	

SECTION II. TYPE OF OPERATION

MEAT AND POULTRY INSPECTION ACTIVITIES (Check all that apply.)

- 21 A. Animals to be slaughtered when inspecting is inaugurated (meat and poultry only)
- a. Beef Sheep Goats Swine Equine Chicken Turkeys Goose Ducks
 Guineas Squab Ratites
 - b. Raw - Ground (Non-intact Products)
 - c. Raw - Not Ground (Intact Products)
 - d. Thermally Processed Commercially Sterile
 - e. Not Heat Treated - Shelf Stable
 - f. Heat Treated - Shelf Stable
 - g. Fully Cooked - Not Shelf Stable
 - h. Heat Treated but Not Fully Cooked - Not Shelf Stable
 - i. Product with Secondary Inhibitors - Not Shelf Stable

EGG PRODUCTS INSPECTION

N/A

21 B. Check the type of product intended for inspection at the establishment (Check all that apply)

- a. Shell Egg Breaking
- b. Thermally Processed (Pasteurized heat treated)
 - Cans/Pails Flexible Pouches Jars Cartons Bag-n-Box Totes Tankers Other
- c. Not Heat Treated - Unpasteurized egg product only
- d. Heat Treated - Shelf Stable (Dried egg product, 50% Sugar Yolk)
- e. Heat Treated But Not Fully Cooked - not shelf stable (liquid and frozen egg products)

IMPORT INSPECTION

N/A

21 C. Species (Check all that apply)

- Meat Poultry Egg Products Catfish

22. Check the type of product intended for inspection at the establishment (Check all that apply)

- a. Raw - Non-Intact
 - Ground Other Non-Intact
- b. Raw - Intact
 - Carcasses: Beef Veal Veal Hide On Goats Pork Lamb
 - Mutton Equine Poultry Ratites
 - Other: Cuts Boneless Manufacturing Meats Other Intact
- c. Thermally Processed Commercially Sterile
 - Cans Flexible Pouches Trays Jars
- d. Not Heat Treated - Shelf Stable
- e. Heat Treated - Shelf Stable
- f. Fully Cooked - Not Shelf Stable
 - Frozen from an APHIS restricted country (9CFR 94.4(b)) Frozen Perishable
- g. Heat Treated But Not Fully Cooked - Not Shelf Stable
- h. Product with Secondary Inhibitors - Not Shelf Stable
- i. Shell Eggs/Egg Products
 - Shell Eggs Liquid Frozen Dried

23. Mode of Transportation - Import Inspection Only (Check all that apply)

- Tankers Rail Cars Trucks Ocean Vessel Airline Other (Specify) _____

SECTION III OWNERSHIP AND MANAGEMENT INFORMATION

24. List all persons responsibly connected with the applicant. Include all owners, partners, officers, directors, holders or owners of 10 per centum or more of voting stock and employees in a managerial or executive capacity in the business. Notify the Division Director or Import Inspection Division Director of any changes in the listing given.

Name and Title (Title - Indicate if partner or manager)	Present Home Address (Street and Number, City, State, Zip Code)		HOLDER OF 10% OR MORE VOTING STOCK (If Corp.)	
			YES	NO
Keaton Walker - President & CEO	(b) (6) Coraville, IA 52241	KW	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chase Greiner - CFO	(b) (6) Coraville, IA 52241	KW	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Travis Bouslog - Secretary	(b) (6) Kansas City, Mo 64114	KW	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

25. Enter the name of each person listed under Item 24 who has been convicted in any Federal or State court of any felony. Enter the name of each person listed under item 24 who has been convicted in any Federal or State court of more than one violation of any law, other than a felony, based upon the acquiring, handling, or distributing of unwholesome, mislabeled, or deceptively packaged food or upon fraud in connection with transactions in food. Include the nature of the crime, the date of conviction and the court in which convicted. If none write "None."

None

26. List each conviction against the applicant (person, firm or corporation) in any Federal or State court of any felony. List each conviction against the applicant (person, firm or corporation) in any Federal or State court of more than one violation of any law, other than a felony, based upon the acquiring, handling, or distributing of unwholesome, mislabeled, or deceptively packaged food or upon fraud in connection with transactions in food. Include the nature of the crime, the date of conviction and the court in which convicted. If none write "None."

None

27. Sanitation Standard Operating Procedures have been developed for the establishment in accordance with §416.12 of the regulations. (Check one)

YES NO

28. Applicant has been provided with a copy of this Privacy Act Notice. (Check one)

YES NO

29. Typed Name of Person Signing Application
Keaton Walker

30. Signature
Keaton Walker

31. Title
President & CEO

TO BE COMPLETED BY USDA, FSIS

32. Is this establishment presently under state inspection? (OFO only) YES NO

33. Is this establishment to be under Talmadge-Aiken Act? (OFO only) YES NO

34. Official Inspection Number Reserved
45099

35. Signature of DM or IID Director

36. Date

rec'd 12-17-12

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0583-0153. The time required to complete this information collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

U.S. DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE

Instructions: Submit this application to the District/Regional Office, Food Safety and Inspection Service, U.S. Department of Agriculture for import inspection requests. Complete all sections. If a section is not applicable, enter "N/A" or "None." If additional space is needed for any item, attach sheet and number the item.

APPLICATION FOR FEDERAL INSPECTION
(Meat, Poultry, Egg Product, Catfish and Import Inspection)

SECTION I.		ESTABLISHMENT INFORMATION	
1. Date of Application June 1, 2012		2. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Location <input type="checkbox"/> Application Extension	
3. Type of Inspection Required (Check box) <input checked="" type="checkbox"/> Meat <input type="checkbox"/> Poultry <input type="checkbox"/> Egg Product <input type="checkbox"/> Import		4. Form of Organization (Check box) <input type="checkbox"/> Individual <input type="checkbox"/> Cooperative Association <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC	
5. If Corporation, Name of State Where incorporated		6. Address of Corporate Headquarters	7. Date Incorporated
8. Name of Applicant and Mailing Address (include zip code) Trail South LLC Stanley Dobson 2417 Kennedy Creek Road Auburntown, Tn. 37016		9. Federal Employer ID# 45-5120513	11. Area Code and Telephone Number 615 464-8345
		10. Dun & Bradstreet #	12. Firm's Code (Import Only)
13. Actual Name of and Physical Address of Plant Trail South Meat Processing Co. 1301 Hwy 145 Woodbury, Tn, 37190		14. Mailing Address if Different from Item 8 (include zip code) P. O. Box 65 Auburntown, Tn. 37016	15. Area Code and Telephone Number 615 464-8345
16. Attach Limits or Establishment Premises to be under Federal Inspection (for egg plants attach blueprint) <i>See attached</i>			
17. Name and Establishment Number of other official establishments located in the same facility		18. Doing Business As	
19. Month and Year when establishment will be ready to operate under inspection August 2012		20. Comments	

SECTION II.	TYPE OF OPERATION
MEAT AND POULTRY INSPECTION ACTIVITIES (Check all that apply.)	
21 A. Animals to be slaughtered when inspecting is inaugurated (meat and poultry only)	
a. <input type="checkbox"/> Beef <input type="checkbox"/> Sheep <input type="checkbox"/> Goats <input type="checkbox"/> Swine <input checked="" type="checkbox"/> Equine <input type="checkbox"/> Chicken <input type="checkbox"/> Turkeys <input type="checkbox"/> Geese <input type="checkbox"/> Ducks <input type="checkbox"/> Guineas <input type="checkbox"/> Squab <input type="checkbox"/> Rattles	
b. <input type="checkbox"/> Raw - Ground (Non-Intact Products)	
c. <input checked="" type="checkbox"/> Raw - Not Ground (Intact Products)	
d. <input type="checkbox"/> Thermally Processed Commercially Sterile	
e. <input type="checkbox"/> Not Heat Treated - Shelf Stable	
f. <input type="checkbox"/> Heat Treated - Shelf Stable	
g. <input type="checkbox"/> Fully Cooked - Not Shelf Stable	
h. <input type="checkbox"/> Heat Treated but Not Fully Cooked - Not Shelf Stable	
i. <input type="checkbox"/> Product with Secondary Inhibitors - Not Shelf Stable	

EGG PRODUCTS INSPECTION

21 B. Check the type of product intended for inspection at the establishment (Check all that apply)

- a. Shell Egg Breaking
- b. Thermally Processed (Pasteurized heat treated)
 - Cans/Pails Flexible Pouches Jars Cartons Bag-n-Box Totes Tankers Other
- c. Not Heat Treated - Unpasteurized egg product only
- d. Heat Treated - Shelf Stable (Dried egg product, 50% Sugar Yolk)
- e. Heat Treated But Not Fully Cooked - not shelf stable (liquid and frozen egg products)

IMPORT INSPECTION

21 C. Species (Check all that apply)

- Meat Poultry Egg Products Catfish

22. Check the type of product intended for inspection at the establishment (Check all that apply)

- a. Raw - Non-Intact
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 - Mutton Equine Poultry Rattles
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- e. Heat Treated - Shelf Stable
- f. Fully Cooked - Not Shelf Stable
 - Frozen from an APHIS restricted country (9CFR 94.4(b)) Frozen Perishable
- g. Heat Treated But Not Fully Cooked - Not Shelf Stable
- h. Product with Secondary Inhibitors - Not Shelf Stable
- i. Shell Eggs/Egg Products
 - Shell Eggs Liquid Frozen Dried

23. Mode of Transportation - Import Inspection Only (Check all that apply)

- Tankers Rail Cars Trucks Ocean Vessel Airline Other (Specify) _____

SECTION III OWNERSHIP AND MANAGEMENT INFORMATION

24. List all persons responsibly connected with the applicant. Include all owners, partners, officers, directors, holders or owners of 10 per centum or more of voting stock and employees in a managerial or executive capacity in the business. Notify the Division Director or Import Inspection Division Director of any changes in the listing given.

Name and Title (Title - Indicate if partner or manager)	Present Home Address (Street and Number, City, State, Zip Code)	HOLDER OF 10% OR MORE VOTING STOCK (If Corp.)	
		YES	NO
Stanley Dobson, owner/CEO	████ (b) (6) ██████████, Tn	<input type="checkbox"/>	<input type="checkbox"/>
Janice Dobson, Exec. Director	████ (b) (6) ██████████ Tn	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

25. Enter the name of each person listed under item 24 who has been convicted in any Federal or State court of any felony. Enter the name of each person listed under item 24 who has been convicted in any Federal or State court of more than one violation of any law, other than a felony, based upon the acquiring, handling, or distributing of unwholesome, mislabeled, or deceptively packaged food or upon fraud in connection with transactions in food. Include the nature of the crime, the date of conviction and the court in which convicted. If none write "None."

None

26. List each conviction against the applicant (person, firm or corporation) in any Federal or State court of any felony. List each conviction against the applicant (person, firm or corporation) in any Federal or State court of more than one violation of any law, other than a felony, based upon the acquiring, handling, or distributing of unwholesome, mislabeled, or deceptively packaged food or upon fraud in connection with transactions in food. Include the nature of the crime, the date of conviction and the court in which convicted. If none write "None."

None

27. Sanitation Standard Operating Procedures have been developed for the establishment in accordance with § 416.12 of the regulations. (Check one)

YES NO

28. Applicant has been provided with a copy of this Privacy Act Notice. (Check one)

YES NO

29. Typed Name of Person Signing Application
Stanley Dobson

30. Signature
Stanley Dobson

31. Title
Owner/CEO

TO BE COMPLETED BY USDA, FSIS

32. Is this establishment presently under state inspection? (OFO only) YES NO

33. Is this establishment to be under Talmadge-Aiken Act? (OFO only) YES NO

34. Official Inspection Number Reserved

35. Signature of DM or IFD Director

36. Date

MAY 24 2012

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APPLICATION FOR FEDERAL INSPECTION
(Meat, Poultry, Egg Product, Catfish and Import Inspection)

SECTION I.		ESTABLISHMENT INFORMATION	
1. Date of Application 05/18/2012		2. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Location <input checked="" type="checkbox"/> Application Extension	
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5. If Corporation, Name of State Where Incorporated Oklahoma		6. Address of Corporate Headquarters 27191 St. Hwy 74 Washington, OK 73093	7. Date Incorporated 08/14/2006
8. Name of Applicant and Mailing Address (include zip code) Ahsan Amil Oklahoma Meat Company (b) (6)		9. Federal Employer ID# 20-5555669	11. Area Code and Telephone Number 405-413-0418
		10. Dun & Bradstreet # None	12. Firm's Code (Import Only) N/A
13. Actual Name of and Physical Address of Plant Oklahoma Meat Company 27191 St. Hwy 74 Washington, OK 73093		14. Mailing Address if Different from Item 8 (include zip code) (b) (6)	15. Area Code and Telephone Number 405-413-0418

16. Attach Limits or Establishment Premises to be under Federal Inspection (for egg plants attach blueprint)

17. Name and Establishment Number of other official establishments located in the same facility N/A		18. Doing Business As N/A	
19. Month and Year when establishment will be ready to operate under inspection Currently Operating		20. Comments	

SECTION II. TYPE OF OPERATION

MEAT AND POULTRY INSPECTION ACTIVITIES (Check all that apply.)

21 A. Animals to be slaughtered when inspecting is inaugurated (meat and poultry only)

a.. Beef Sheep Goats Swine Equine Chicken Turkeys Goose Ducks
 Guineas Squab Ratites

b. Raw - Ground (Non-Intact Products)

c. Raw - Not Ground (Intact Products)

d. Thermally Processed Commercially Sterile

e. Not Heat Treated - Shelf Stable

f. Heat Treated - Shelf Stable

g. Fully Cooked - Not Shelf Stable

h. Heat Treated but Not Fully Cooked - Not Shelf Stable

i. Product with Secondary Inhibitors - Not Shelf Stable

EGG PRODUCTS INSPECTION

21 B. Check the type of product intended for inspection at the establishment (Check all that apply)

- a. Shell Egg Breaking
- b. Thermally Processed (*Pasteurized heat treated*)
 - Cans/Pails Flexible Pouches Jars Cartons Bag-n-Box Totes Tankers Other
- c. Not Heat Treated - Unpasteurized egg product only
- d. Heat Treated - Shelf Stable (Dried egg product, 50% Sugar Yolk)
- e. Heat Treated But Not Fully Cooked - not shelf stable (liquid and frozen egg products)

IMPORT INSPECTION

21 C. Species (Check all that apply)

- Meat Poultry Egg Products Catfish

22. Check the type of product intended for inspection at the establishment (*Check all that apply*)

- a. Raw - Non-Intact
 - Ground Other Non-Intact
- b. Raw - Intact
 - Carcasses: Beef Veal Veal Hide On Goats Pork Lamb
 - Mutton Equine Poultry Ratites
 - Other: Cuts Boneless Manufacturing Meats Other Intact
- c. Thermally Processed Commercially Sterile
 - Cans Flexible Pouches Trays Jars
- d. Not Heat Treated - Shelf Stable
- e. Heat Treated - Shelf Stable
- f. Fully Cooked - Not Shelf Stable
 - Frozen from an APHIS restricted country (9CFR 94.4(b)) Frozen Perishable
- g. Heat Treated But Not Fully Cooked - Not Shelf Stable
- h. Product with Secondary Inhibitors - Not Shelf Stable
- i. Shell Eggs/Egg Products
 - Shell Eggs Liquid Frozen Dried

23. Mode of Transportation - Import Inspection Only (*Check all that apply*)

- Tankers Rail Cars Trucks Ocean Vessel Airline Other (*Specify*) _____

SECTION III OWNERSHIP AND MANAGEMENT INFORMATION

24. List all persons responsibly connected with the applicant. Include all owners, partners, officers, directors, holders or owners of 10 per centum or more of voting stock and employees in a managerial or executive capacity in the business. Notify the Division Director or Import Inspection Division Director of any changes in the listing given.

Name and Title (Title - Indicate if partner or manager)	Present Home Address (Street and Number, City, State, Zip Code)	HOLDER OF 10% OR MORE VOTING STOCK (If Corp.)	
		YES	NO
Ahsan Amil - Owner/Manager	(b) (6) OK (b) (6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

25. Enter the name of each person listed under Item 24 who has been convicted in any Federal or State court of any felony. Enter the name of each person listed under item 24 who has been convicted in any Federal or State court of more than one violation of any law, other than a felony, based upon the acquiring, handling, or distributing of unwholesome, mislabeled, or deceptively packaged food or upon fraud in connection with transactions in food. Include the nature of the crime, the date of conviction and the court in which convicted. If none write "None."


None

26. List each conviction against the applicant (person, firm or corporation) in any Federal or State court of any felony. List each conviction against the applicant (person, firm or corporation) in any Federal or State court of more than one violation of any law, other than a felony, based upon the acquiring, handling, or distributing of unwholesome, mislabeled, or deceptively packaged food or upon fraud in connection with transactions in food. Include the nature of the crime, the date of conviction and the court in which convicted. If none write "None."

None

27. Sanitation Standard Operating Procedures have been developed for the establishment in accordance with §416.12 of the regulations. (Check one)
 YES NO

28. Applicant has been provided with a copy of this Privacy Act Notice. (Check one)
 YES NO

29. Typed Name of Person Signing Application Ahsan Amil	30. Signature 	31. Title Owner/Manager
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TO BE COMPLETED BY USDA, FSIS

32. Is this establishment presently under state inspection? (OFO only) YES NO

33. Is this establishment to be under Talmadge-Aiken Act? (OFO only) YES NO

34. Official Inspection Number Reserved	35. Signature of DM or IID Director	36. Date
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Collection of this information is voluntary. It is needed before Federal Inspection of meat and poultry is granted. It is used by FSIS to determine whether the applicant should be issued a grant of inspection. (9 CFR 304.1 and 9 CFR 381.16) FORM APPROVED OMB 0583-0082

U.S. DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE
**APPLICATION FOR FEDERAL MEAT,
POULTRY, OR IMPORT INSPECTION**

INSTRUCTIONS:

Submit this application to the District Manager, Food Safety and Inspection Service, U.S. Department of Agriculture for applicable inspection requests. Complete all sections. If a section is not applicable enter "N/A" or "None." If additional space is needed for any item, attach sheet and number the item.

SECTION I (to be completed for Import or Domestic Inspection Activities)

1. DATE OF APPLICATION 12-13-2011		2. TYPE OF APPLICATION <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE OF OWNER <input type="checkbox"/> CHANGE OF LOCATION <input checked="" type="checkbox"/> OTHER (Specify) Species Addition		3. TYPE OF INSPECTION REQUIRED <input checked="" type="checkbox"/> MEAT <input type="checkbox"/> IMPORT <input checked="" type="checkbox"/> POULTRY		4. EXEMPTED ACTIVITIES (specify) Custom Slaughter and Processing / Retail			
5. FORM OF ORGANIZATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> COOPERATIVE ASSOCIATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input checked="" type="checkbox"/> OTHER (specify) Limited Liability Co.				6. IF CORPORATION; NAME OF STATE WHERE INCORPORATED NEW MEXICO				7. DATE INCORPORATED (Month and Year) MAY 2010	
8. NAME OF APPLICANT (Company Name) AND MAILING ADDRESS (Include Zip Code) Valley Meat Co. LLC 3845 Cedarvale Rd. Roswell, NM 88203				FEDERAL EMPLOYER IDENTIFICATION NO. (As assigned by Internal Revenue Service) 80-0611287		9. AREA CODE TELEPHONE NUMBER 575-622-1214			
10a. LOCATION OF PLANT AND MAILING ADDRESS IF DIFFERENT FROM ITEM 8 (Include Zip Code) N/A						11. AREA CODE TELEPHONE NUMBER			
10b. ATTACH A DESCRIPTION OF THE LIMITS OF THE ESTABLISHMENT PREMISES THAT IS REQUESTED TO BE UNDER FEDERAL INSPECTION (e.g., Diagram, written narrative, or schematic)									
12. NAME AND ESTABLISHMENT NUMBER OF OTHER ESTABLISHMENTS LOCATED IN THE SAME FACILITY N/A				13. OTHER NAMES (If any) UNDER WHICH BUSINESS WILL BE CONDUCTED					

14. DAYS PER YEAR PLANT WILL OPERATE		15. HOURS PER WEEK PLANT WILL OPERATE		16. HOURS PER DAY PLANT WILL OPERATE		17. MONTH AND YEAR WHEN PLANT WILL BE READY TO OPERATE UNDER INSPECTION PROGRAM	
EXEMPT	NON-EXEMPT	EXEMPT	NON-EXEMPT	EXEMPT	NON-EXEMPT	EXEMPT	NON-EXEMPT
260	260	10	40	2	8	—	OPEN NOW

SECTION II (to be completed for Domestic Inspection Activities)

SLAUGHTER ONLY	18. ANIMALS TO BE SLAUGHTERED WHEN INSPECTION IS INAUGURATED					
	<input checked="" type="checkbox"/> CATTLE	<input checked="" type="checkbox"/> CALVES	<input checked="" type="checkbox"/> SHEEP	<input checked="" type="checkbox"/> GOATS	<input checked="" type="checkbox"/> SWINE	<input checked="" type="checkbox"/> EQUINES
COMMERCE ONLY	19. FRESH MEAT OR READY-TO-COOK POULTRY TO BE DISPOSED OF IN COMMERCE 1/					
	<input checked="" type="checkbox"/> BEEF	<input checked="" type="checkbox"/> VEAL	<input checked="" type="checkbox"/> LAMB OR MUTTON	<input checked="" type="checkbox"/> GOAT MEAT	<input checked="" type="checkbox"/> PORK	<input checked="" type="checkbox"/> EQUINE MEAT
PROCESSING	20. PREPARED OR PROCESSED WHEN INSPECTION IS INAUGURATED					
	TYPE OF PRODUCT <input type="checkbox"/> MEAT <input type="checkbox"/> POULTRY <input checked="" type="checkbox"/> BOTH	a. <input checked="" type="checkbox"/> BREAKING/CUTTING (carcasses, primal cuts, whole poultry, poultry parts etc.)	h. <input type="checkbox"/> CANNING (Shelf stable, perishable, cans, pouches, glass)		i. <input type="checkbox"/> DRYING (pork cuts, beef cuts, sausage, dehydrated products)	
	b. <input checked="" type="checkbox"/> BONING (manual boning meat/poultry)	j. <input type="checkbox"/> CONVENIENCE ITEMS (entrees, dinners, pies, pizzas etc.)		k. <input type="checkbox"/> SLICING (bacon, luncheon meats sausage etc.)		
	c. <input type="checkbox"/> MECHANICAL DEBONING (mechanical deboning meat/poultry)	l. <input type="checkbox"/> FATSOILS (lard, tallow, shortening, margarine etc.)		m. <input type="checkbox"/> OTHER (specify)		
	d. <input checked="" type="checkbox"/> FABRICATING (roast, steaks, chops, ground beef, hamburger etc.)	e. <input type="checkbox"/> CURING (pork cuts, beef cuts, turkey, ham etc.)				
	e. <input type="checkbox"/> CURING (pork cuts, beef cuts, turkey, ham etc.)	f. <input type="checkbox"/> FORMULATING (fresh/cured sausages, loaves, poultry rolls, pattie mix etc.)				
	f. <input type="checkbox"/> FORMULATING (fresh/cured sausages, loaves, poultry rolls, pattie mix etc.)	g. <input type="checkbox"/> COOKING/SMOKING (pork cuts, beef cuts, sausage, loaves etc.)				

SECTION III (to be completed for Import Inspection Activities)

21. IMPORT INSPECTION ACTIVITIES

a. CARCASSES

- BEEF
- VEAL
- SWINE
- SHEEP
- GOATS
- EQUINE
- VENISON
- OTHER (describe)

b. FRESH

- CUTS
- BONELESS MFG MEAT

d. COOKED BEEF

- RESTRICTED
- UNRESTRICTED

f. PROCESSED PRODUCTS

- FRESH/FROZEN
- HEATED
- DRIED/SEMI-DRIED

h. POULTRY (Parts)

- RAW
- COOKED
- OTHER POULTRY (describe)

c. FROZEN MFG. MEATS

- CUTS
- BONELESS MFG MEAT

e. CONTAINERS

- PERISHABLE
- SHELF STABLE

g. POULTRY (Whole Carcass)

- RAW
- COOKED

SECTION IV (to be completed for Import and Domestic Inspection Activities)

22. List all persons responsibly connected with the applicant. Include all owners, partners, officers, directors, holders or owners of 10 per centum or more of voting stock, and employees in a managerial or executive capacity in the business. Notify the District Manager of any changes in the listing given.

TITLE (Indicate if partner, manager)	NAME	SOCIAL SECURITY NO.	DATE OF BIRTH	PLACE OF BIRTH (City and State)	PRESENT HOME ADDRESS (Street and Number, City, State, Zip Code)	HOLDER OF 10% OR MORE VOTING STOCK (If Corp)	
						YES (✓)	NO (✓)
Member	Ricardo Delos Santos	[REDACTED]	(b) (6)	(b) (6) TX.	(b) (6) Kc5we 11, NM 88203		

23. Enter the name of each person listed under Item 22 who has been convicted in any Federal or State court of any felony. Enter the name of each person listed under Item 22 who has been convicted in any Federal or State court of more than one violation of any law, other than a felony, based upon the acquiring, handling, or distributing of unwholesome, mislabeled, or deceptively packaged food or upon fraud in connection with transactions in food. Include the nature of the crime, the date of conviction and the court in which convicted. If none write "None."

NONE

24. List each conviction against the applicant (person, firm or corporation) in any Federal or State court of any felony. List each conviction against the applicant (person, firm or corporation) in any Federal or State court of more than one violation of any law, other than a felony, based upon the acquiring, handling, or distributing of unwholesome, mislabeled, or deceptively packaged food or upon fraud in connection with transactions in food. Include the nature of the crime, the date of conviction and the court in which convicted. If none write "None."

NONE

25. SANITATION STANDARD OPERATING PROCEDURES HAVE BEEN DEVELOPED FOR THE ESTABLISHMENT IN ACCORDANCE WITH §416.12 OF THE REGULATIONS. (Check)

YES NO

26. APPLICANT HAS BEEN PROVIDED WITH A COPY OF THE PRIVACY ACT NOTICE (Check)

YES NO

AGREEMENT AND CERTIFICATION: If inspection is granted under the application, I (we) expressly agree to conform strictly to the Federal Meat Inspection Act (21 U.S.C. 601 et seq.), the Regulations Governing the Meat Inspection of the United States Department of Agriculture (9 CFR Part 301 et seq.), or the Poultry Products Inspection Act (21 U.S.C. 451 et seq.), and the Poultry Products Inspection Regulations (9 CFR 381 et seq.), or both I CERTIFY that all statements made herein are true to the best of my knowledge and belief.

WARNING: Persons willfully making false, fictitious, or fraudulent statements or entries are subject to \$10,000 fines or imprisoned not more than five years or both as prescribed by Title 18 U.S. Code 1001.

This is an Equal Opportunity Program. If you believe you have been discriminated against because of race, color, religion, sex, national origin, age or handicap, write immediately to the Secretary of Agriculture or the Administrator, FSIS, Washington, D.C. 20250.

27. TYPED NAME OF PERSON SIGNING APPLICATION

SIGNATURE AND TITLE OF OWNER, PARTNER, OR AUTHORIZED OFFICER MAKING THIS APPLICATION

Ricardo Delos Santos

28. SIGNATURE

[Signature]

29. TITLE

Member

30. OFFICIAL NUMBER ASSIGNED/RESERVED

EST 7299 IP. 7299 E 371

31. IS THIS PLANT PRESENTLY UNDER STATE INSPECTION (Completed by District Office)

YES NO

TO BE COMPLETED BY USDA

32. DATE RECEIVED

33. DATE REVIEWED

34. THIS PLANT TO BE UNDER TALMADGE-AIKEN ACT

YES NO

35. SIGNATURE OF DISTRICT MANAGER

36. DATE