

CERTIFICATE OF VETERINARY INSPECTION
TENNESSEE DEPARTMENT OF AGRICULTURE
 Consumer & Industry Services — Animal Health
 Box 40627, Melrose Station
 Nashville, Tennessee 37204
 615/837-5120



DISTRIBUTION:

White — TN State Veterinarian
 Canary — Accompany shipment
 Pink — TN State Veterinarian
 Goldenrod — Issuing Vet. Retain
 (Forward copies within 7 days)

PERMIT NUMBER
D 987916

DATE INSPECTED **8-1-18** Expiration 30 days of issuance

CERTIFICATE ISSUED FOR

SHOW SALE BREEDING
 FEEDING SLAUGHTER _____

OWNER OR CONSIGNOR **JASON SEXTON**

ORIGIN ADDRESS **4940 Mulberry Gap Rd.**

CITY **Speedville** STATE **TN** ZIP CODE **37869**

COUNTY OF ORIGIN **Hancock** PHONE #:

CONSIGNEE **Raul Benavides**

DESTINATION ADDRESS **Farm Rd 1030, mile 2**

CITY **Eagle Pass** STATE **TX** ZIP CODE **78852**

PHONE #: COUNTY

SPECIES	CATTLE/HERD STATUS	LAST TEST DATE	SWINE HERD STATUS	LAST TEST DATE	ANIMALS IN SHIPMENT
<input type="checkbox"/> CATTLE <input type="checkbox"/> SHEEP <input type="checkbox"/> SWINE <input type="checkbox"/> GOATS <input checked="" type="checkbox"/> HORSES <input type="checkbox"/> _____	<input type="checkbox"/> Accredited T B No. _____ <input type="checkbox"/> Certified Bruc. No. _____ <input type="checkbox"/> _____ No. _____		<input type="checkbox"/> Validated Bruc. No. _____ <input type="checkbox"/> Qualified PRV No. _____ <input type="checkbox"/> _____ No. _____		No. of Animals 40

Official Permanent Identification	Other Identification, Name or Description	AGE	BREED	SEX	BRUCELLOS TEST		TB TEST	OTHER TESTS			EQUINE TEMP.
					VAC. TATTOO OR DATE	LAB	INJ.	EIA LAB	PRV	OTHER	
						DATE	OBS.	DATE	DATE	DATE	
		RESULTS		RESULTS	RESULTS	RESULTS	RESULTS	RESULTS			
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This load consists of 40 horses and mules of mixed ages sex and breeds see attached copies for current I.D.

RECEIVED
AUG 08 2018
 Tennessee State Veterinarian's Office

CERTIFICATION OF OWNER / AGENT (Where Applicable)

The animals in this shipment are those certified to and listed on this certificate.

SIGNATURE OF OWNER / AGENT

CERTIFICATION OF ISSUING VETERINARIAN

I certify, as an accredited veterinarian, that the above described animals have been inspected by me and that they are not showing signs of infectious, contagious, and/or communicable disease (except where noted). The vaccinations and results of tests are as indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and Federal interstate requirements. No further warranty is made or implied.

SIGNATURE OF ISSUING VETERINARIAN **Hubert J. Mason DVM** ACCREDITATION CODE **049210**

Type or print the name of issuing veterinarian **Nick L. Mason DVM** email address:

ADDRESS **P.O. Box 670** CITY **Kingsville** STATE **TN** ZIP CODE **37857**

CERTIFICATE OF VETERINARY INSPECTION
TENNESSEE DEPARTMENT OF AGRICULTURE
 Consumer & Industry Services – Animal Health
 Box 40627, Melrose Station
 Nashville, Tennessee 37204
 615/837-5120



DISTRIBUTION:

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 Canary – Accompany shipment
 Pink – TN State Veterinarian
 Goldenrod – Issuing Vet. Retain
 (Forward copies within 7 days)

PERMIT NUMBER

D 987920

DATE INSPECTED 8-11-18	Expiration 30 days of issuance	
CERTIFICATE ISSUED FOR		
<input type="checkbox"/> SHOW	<input checked="" type="checkbox"/> SALE	<input type="checkbox"/> BREEDING
<input type="checkbox"/> FEEDING	<input type="checkbox"/> SLAUGHTER	<input type="checkbox"/> _____

OWNER OR CONSIGNOR Jason Sexton				CONSIGNEE Raul Benavides			
ORIGIN ADDRESS 4940 Mulberry Gap Rd.				DESTINATION ADDRESS Farm Rd 1030, mile 2			
CITY Sneedville		STATE TN	ZIP CODE 37869	CITY Eagle Pass		STATE TX	ZIP CODE 78852
COUNTY OF ORIGIN Hancock		PHONE #:		PHONE #:		COUNTY	

SPECIES	CATTLE/HERD STATUS	LAST TEST DATE	SWINE HERD STATUS	LAST TEST DATE	ANIMALS IN SHIPMENT
<input type="checkbox"/> CATTLE <input type="checkbox"/> SHEEP <input type="checkbox"/> SWINE <input type="checkbox"/> GOATS <input checked="" type="checkbox"/> HORSES <input type="checkbox"/> _____	<input type="checkbox"/> Accredited TB No. _____ <input type="checkbox"/> Certified Bruc. No. _____ <input type="checkbox"/> _____ No. _____		<input type="checkbox"/> Validated Bruc. No. _____ <input type="checkbox"/> Qualified PRV No. _____ <input type="checkbox"/> _____ No. _____		No. of Animals 34

Official Permanent Identification	Other Identification, Name or Description	AGE	BREED	SEX	VAC. TATTOO OR DATE	BRUCELLOS TEST		TB TEST		OTHER TESTS			EQUINE TEMP.
						LAB	INJ.	EIA LAB	PRV	OTHER			
						DATE	OBS.	DATE	DATE	DATE			
						RESULTS	RESULTS	RESULTS	RESULTS	RESULTS			
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RECEIVED
 AUG 15 2018
 Tennessee State Veterinarian's Office

This load consists of 34 head
 of mixed age sex and Breeds of
 Horses. See Attached Coggins for
 Current I.D.

CERTIFICATION OF OWNER / AGENT (Where Applicable) The animals in this shipment are those certified to and listed on this certificate. SIGNATURE OF OWNER / AGENT	CERTIFICATION OF ISSUING VETERINARIAN I certify, as an accredited veterinarian, that the above described animals have been inspected by me and that they are not showing signs of infectious, contagious, and/or communicable disease (except where noted). The vaccinations and results of tests are as indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and Federal interstate requirements. No further warranty is made or implied.		
	SIGNATURE OF ISSUING VETERINARIAN <i>Nick E. Mason DVM</i>	ACCREDITATION CODE 049210	
	Type or print the name of issuing veterinarian Nick E. Mason DVM	email address:	
	ADDRESS P.O. Box 670 Rogersville	CITY Rogersville	STATE TN

CERTIFICATE OF VETERINARY INSPECTION
TENNESSEE DEPARTMENT OF AGRICULTURE
Consumer & Industry Services — Animal Health
Box 40627, Melrose Station
Nashville, Tennessee 37204
615/837-5120



DISTRIBUTION:
 White — TN State Veterinarian
 Canary — Accompany shipment
 Pink — TN State Veterinarian
 Goldenrod — Issuing Vet. Retain
 (Forward copies within 7 days)

PERMIT NUMBER
D 987924

DATE INSPECTED: **8-25-18** Expiration 30 days of issuance

CERTIFICATE ISSUED FOR

SHOW SALE BREEDING
 FEEDING SLAUGHTER _____

OWNER OR CONSIGNOR: **Jason Saxon** CONSIGNEE: **Raul Benavides**

ORIGIN ADDRESS: **4440 Mulberry Gap Rd.** DESTINATION ADDRESS: **Farm Rd 1030, Millie Z**

CITY: **Shelbyville TN** STATE: **TN** ZIP CODE: **37884** CITY: **Eagle Pass TX** STATE: **TX** ZIP CODE: **78852**

COUNTY OF ORIGIN: **Hancock** PHONE #: _____ PHONE #: _____ COUNTY: _____

SPECIES	CATTLE/HERD STATUS	LAST TEST DATE	SWINE HERD STATUS	LAST TEST DATE	ANIMALS IN SHIPMENT
<input type="checkbox"/> CATTLE <input type="checkbox"/> SHEEP <input type="checkbox"/> SWINE <input type="checkbox"/> GOATS <input checked="" type="checkbox"/> HORSES <input type="checkbox"/> _____	<input type="checkbox"/> Accredited T B No. <input type="checkbox"/> Certified Bruc. No. <input type="checkbox"/> _____ No.		<input type="checkbox"/> Validated Bruc. No. <input type="checkbox"/> Qualified PRV No. <input type="checkbox"/> _____ No.		No. of Animals: 34

Official Permanent Identification	Other Identification, Name or Description	AGE	BREED	SEX	BRUCELLOS TEST		TB TEST		OTHER TESTS			EQUINE TEMP.
					VAC. TATTOO OR DATE	LAB	INJ.	EIA LAB	PRV	OTHER		
						DATE	OBS.	DATE	DATE	DATE		
		RESULTS	RESULTS	RESULTS	RESULTS	RESULTS						
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This load consists of 34 head of mixed age, sex and breeds of horses. See attached Coggins for current FID.

RECEIVED
 SEP 04 2018
 Tennessee State Veterinarian's Office

CERTIFICATION OF OWNER / AGENT (Where Applicable)	CERTIFICATION OF ISSUING VETERINARIAN
The animals in this shipment are those certified to and listed on this certificate.	I certify, as an accredited veterinarian, that the above described animals have been inspected by me and that they are not showing signs of infectious, contagious, and/or communicable disease (except where noted). The vaccinations and results of tests are as indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and Federal interstate requirements. No further warranty is made or implied.
SIGNATURE OF OWNER / AGENT	SIGNATURE OF ISSUING VETERINARIAN: <i>Nick L. Mason DVM</i> ACCREDITATION CODE: 049210
	Type or print the name of issuing veterinarian: NICK L. MASON DVM email address: _____
	ADDRESS: P.O. Box 670 CITY: Rogersville STATE: TN ZIP CODE: 37857

CERTIFICATE OF VETERINARY INSPECTION

TENNESSEE DEPARTMENT OF AGRICULTURE

Consumer & Industry Services — Animal Health

Box 40627, Melrose Station

Nashville, Tennessee 37204

615/837-5120



DISTRIBUTION:

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 Canary — Accompany shipment
 Pink — TN State Veterinarian
 Goldenrod — Issuing Vet. Retain
 (Forward copies within 7 days)

PERMIT NUMBER

D 987925

DATE INSPECTED 8-29-18	Expiration 30 days of issuance	
CERTIFICATE ISSUED FOR		
<input type="checkbox"/> SHOW	<input checked="" type="checkbox"/> SALE	<input type="checkbox"/> BREEDING
<input type="checkbox"/> FEEDING	<input type="checkbox"/> SLAUGHTER	<input type="checkbox"/> _____

OWNER OR CONSIGNOR Jason Sexton	CONSIGNEE Paul Benavides
ORIGIN ADDRESS 4940 Mulberry Gap Rd.	DESTINATION ADDRESS Farm Rd 1030, Mile 2
CITY Spookville	CITY Eagle Pass, Tx
STATE TN	STATE TX
ZIP CODE 37869	ZIP CODE 78852
COUNTY OF ORIGIN Wancock	PHONE #:
PHONE #:	COUNTY

SPECIES	CATTLE/HERD STATUS	LAST TEST DATE	SWINE HERD STATUS	LAST TEST DATE	ANIMALS IN SHIPMENT
<input type="checkbox"/> CATTLE <input type="checkbox"/> SHEEP <input type="checkbox"/> SWINE <input type="checkbox"/> GOATS <input checked="" type="checkbox"/> HORSES <input type="checkbox"/> _____	<input type="checkbox"/> Accredited T B No. <input type="checkbox"/> Certified Bruc. No. <input type="checkbox"/> _____ No.		<input type="checkbox"/> Validated Bruc. No. <input type="checkbox"/> Qualified PRV No. <input type="checkbox"/> _____ No.		No. of Animals 35

Official Permanent Identification	Other Identification, Name or Description	AGE	BREED	SEX	VAC. TATTOO OR DATE	BRUCellos TEST	TB TEST	OTHER TESTS			EQUINE TEMP.
						LAB	INJ.	EIA LAB	PRV	OTHER	
						DATE	OBS.	DATE	DATE	DATE	
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This load consists of 35 head of mixed Ages, Sex and Breeds of horses See current Coggins for I.D.

RECEIVED

SEP 04 2018

Tennessee State Veterinarian's Office

CERTIFICATION OF OWNER / AGENT (Where Applicable) The animals in this shipment are those certified to and listed on this certificate. SIGNATURE OF OWNER / AGENT	CERTIFICATION OF ISSUING VETERINARIAN I certify, as an accredited veterinarian, that the above described animals have been inspected by me and that they are not showing signs of infectious, contagious, and/or communicable disease (except where noted). The vaccinations and results of tests are as indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and Federal interstate requirements. No further warranty is made or implied. SIGNATURE OF ISSUING VETERINARIAN <div style="text-align: center; font-size: 1.2em; color: brown;"> Nick L. Mason DVM </div> ACCREDITATION CODE <div style="text-align: center; font-size: 1.2em; color: brown;"> 049210 </div> Type or print the name of issuing veterinarian <div style="text-align: center; font-size: 1.2em; color: brown;"> Nick L. Mason DVM </div> email address: ADDRESS <div style="text-align: center; font-size: 1.2em; color: brown;"> P.O. Box 670 Rogersville TN 37857 </div> CITY STATE ZIP CODE
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